

MOTHER-WOMAN CONSTRUCTION: DEVICES WHICH INVOLVE MATERNITY, MEDIA AND THEIR CURRENT MOVEMENTS

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ABSTRACT. Prenatal care has become a way to invest in gestation, but the way each woman will carry it out involves a heterogeneous set of practices. This article is aimed to problematize how the discourses are articulated in the social networks and may direct the woman to a specific model of maternity. The methodological course is given by cartography, having as a basis the Foucauldian tools: truth, power and subjectivity. In the discussions and the results, it is possible to realize that the medicalization discourse of the body unfolds in an investment for the modern family, which would be a privileged agent of medicalization, and that women are directly interpellated by this process. It was concluded that the medicalization process acts in the body through a series of knowledge and discourses and composes a normative policy of a maternity model based on different enunciations.

Keywords: Cartography; motherhood; corporeity.

CONSTRUÇÃO MULHER-MÃE: DISPOSITIVOS QUE ENVOLVEM MATERNIDADE, MÍDIA E SEUS MOVIMENTOS ATUAIS

RESUMO. O pré-natal tornou-se um modo de investir na gestação, porém, a forma como cada mulher vai exercer o cuidado envolve um conjunto heterogêneo de práticas. O objetivo deste artigo é problematizar como os discursos se articulam nas redes sociais e direcionam a mulher a um modelo específico de maternidade. O percurso metodológico dá-se pela cartografia, com apoio de ferramentas foucaultianas: verdade, poder e subjetividade. Nas discussões e resultados, percebemos que o discurso de medicalização do corpo se desdobra em um investimento na família moderna, que seria um agente privilegiado de medicalização, e que as mulheres são interpeladas diretamente por este processo. Concluiu-se que o processo de medicalização atua, no corpo, por meio de uma série de saberes e discursos e compõe uma política normativa de um modelo de maternidade a partir de diferentes enunciações.

Palavras-chave: Cartografia; maternidade; corporeidade.

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CONSTRUCCIÓN DE LA MADRE-MUJER: DISPOSITIVOS QUE INVOLUCRAN LA MATERNIDAD, MEDIOS DE COMUNICACIÓN Y SUS MOVIMIENTOS ACTUALES

RESUMEN. El prenatal se hizo una manera de invertir en la concepción, sin embargo, la forma en que cada mujer ejercita el cuidado involucra un grupo heterogéneo de las prácticas. El objetivo de este artículo es problematizar como todos los discursos que se articulan en las redes sociales y van dirigiendo a la mujer hacia un modelo específico de maternidad. El itinerario metodológico se da por la cartografía, con el soporte de herramientas foucaultianas: la verdad, el poder y la subjetividad. En las discusiones y los resultados, nos dimos cuenta de que el discurso de medicalización del cuerpo se desdobra en una inversión en la familia moderna, que sería un agente privilegiado de medicalización, y que las mujeres son interpeladas directamente por este proceso. Se concluyó que el proceso de medicalización actúa en el cuerpo a través de una serie de saberes y discursos y compone una política normativa de un modelo de maternidad basado en diferentes enunciados.

Palabras clave: Cartografía; maternidad; corporeidad.

Introduction

In this article, we enter a field of discussion that relates pregnancy, to the media, as an investment tool, and maternity. The objective of the article was to problematize how discourses are articulated in social networks and direct women to a specific model of maternity. This objective is based on the perspective that discourses aimed at the 'education of the pregnant body' stand out in the maternity process, because, according to the way women will be conducted during pregnancy (delivery and puerperium, in addition to pregnancy), they act and interfere with the way they will constitute themselves as mothers, based on the modality of subjectivation of the 'Good Mother'.

The relevance of discussing and problematizing how pregnancy care has been enunciated in the media is in the pedagogical action, in the political investment in the pregnant woman's body, through media technologies (in this case, electronic and digital), which consist of efficient education tools to form a way of being a mother. In this process, a game of power strategies and truths is established that invest in this body, preparing it for maternity.

According to Lungano and Tosta (2009), based on Winnicott's concept of the good-enough mother. The state of primary maternal concern ensures her identification with the child, making it easier for her to understand and meet their needs. To ensure the exercise of her role, the social environment helps by guaranteeing the mother a safe environment.

The media is a privileged space for the circulation and production of discourses, which are present in it in various ways, capillarizing the policy of the pregnant body. The media goes beyond the space for communication; with the development of social media and personal pages, it is increasingly present in the construction of the identity of maternity. This space allows power-truth relations, discourses, and technologies to become a pedagogical tool for teaching a certain model of maternity. Acts on women and instructs them; it is a

space where they recognize themselves and also produce materials that intertwine with other knowledge, a materiality that obeys the mechanisms of economy, interest, and power.

In order to think about how normative knowledge is operationalized in the media space, how it is articulated and invested in the pregnant woman's body, aiming to instruct for a specific model of maternity, taken here as the concept of 'Good Mother', and also how it has acted as someone who needs to carry out a series of attributions, which educates this woman for this process, we seek to show how power can be articulated in different spaces, as well as the media and produce discourses and ways to regulate and govern pregnant women, considering the media and social networks.

This article is part of a research whose methodological path is guided by cartography, supported by Foucauldian tools: truth, power, and subjectivity

We refer to this ongoing process as the 'politicization of the pregnant body' (Meyer, 2004), since it is placed at the center of life management policies "[...] a network of practices and knowledge – prenatal care, specialized courses, consultations, gyms – that aim to maximize, through maternal health, the health of the fetus" (Schwengber & Meyer, 2012, p. 134).

For Foucault (2011), the development of modern and private medicine that begins to be established within the European scenario focused on the medicalization of the family. It describes how this medicalization occurs, with the emergence of a medical and market corporation, and at the same time, a strengthening of 'nosopolitics'. Subsequently, this concept of nosopolitics is also fundamental because, according to Foucault (2011, p. 363), it focuses on the "[...] privilege of childhood and the medicalization of the family".

The education of the 'pregnant body' submits the woman's body to a strict regime of surveillance and regulation, leading to a normalized maternal model. According to Meyer (2004), it is a broad process we can understand as the politicization of the pregnant body, which produces subjectivities. It is possible to perceive, through the trajectory of the research, that the discourse of medicalization of the body unfolds in an investment in the modern family, which would be a privileged agent of medicalization, and that women are directly questioned in this process. To follow the constitution of this modality of subjectivation – 'Good Mother' – through cartography, posts on the social media Facebook that involved the theme of pregnancy were selected. Among them, the magazine *Pais & Filhos* stands out, which has countless visits and shares on the social network.

According to Ferigato and Carvalho (2011), cartographic research in health seeks to value a public policy with different subjectivities, as they recognize free subjectivation lines in the production of knowledge and health production. For the authors, "[...] the health-disease-intervention processes, the subjectivity and objectification of care are in constant metamorphosis in the health programs that promote them, as well as the subjects that operate them" (p. 669).

The selected magazine, at first, was *Pais & Filhos*. The choice of this magazine is because of its wide circulation in the country and is recognized for targeting mothers and fathers and also for having its posts shared by pregnant women on their respective personal pages. During this journey, other sources emerged and had posts with a large number of visits on the networks, such as blogs about maternity. Later, *Crescer* magazine, which is also nationally known, came up with several posts on this theme and was then included as a reference source for this work.

The media: practices and subjectivation

To think of discourse as an object of reflection in Foucault's (1979) thinking, we need to consider how the narratives found in the media become possible through discourses, that is, they emerge as conditions for updating regimes of truth. When we take this social body – the pregnant body –, the behavior and the narratives are not individual, but possible arrangements between the discourse and the real in a given time, of what one lives, of the time, of knowledge, truths, and investments.

In the materialities pointed out here by the posts, the process of subjectivation is perceived, where women who seek to assert themselves and recognize themselves as 'Good Mothers' produce speeches and behaviors that reinforce the model of maternity; they are judged and judge by the same attitudes; are reinforced as a good or bad example of conduct. Being a 'Good Mother' becomes a regime of truths that is updated by relations of force and produces a certain modality of experience. There is, in this case, a form of relationship between the subject and the truth through a heterogeneous set of technologies that establish ways of caring for oneself, feeling, thinking, desiring, and behaving. The 'Good Mother' becomes a substance through which the subject transforms their own experience of themselves.

We highlight the speech of lungano and Tosta (2009, p. 111) when they affirm that Destacamos a fala de lungano e Tosta (2009, p. 111) ao afirmarem que

Winnicott (1987/2006) tirelessly stated that a baby is not just a baby, but that its environment must be considered, the same can be said, perhaps to a lesser extent, about each of the individuals inserted in a specific social context.

By taking the media as a space where arrangements are made between discourse and reality, the emergence of a pregnant body policy appears in a game between the public and the private, insofar as it will locate the experience of pregnancy not only in an individual existence but in a collective experience of how to behave. Shifting from the private to the public from this pregnant body, which gestates, there is in this movement the production of a type of experience in which the private body becomes a coextension of the public body. The individual's relationship with themselves and the way they will think, behave and conduct themselves transform themselves. The individual becomes public.

The maternal figure and her mother model cease to be the gestation/raising of children within the domestic space and become a mode of subjectivation, a conduct, a public act that requires a kind of 'accountability' of maternity. The mother subject, in addition to exercising her role in the maternal model, also needs exposure, proof of such acts, and reaffirmation of the same discourse. Photos on social networks, posts, opinions, and conduct materialize this process.

Management of pregnancy progressively became interventionist (Schwengber, 2007). Modern society is marked by investment in bodies. For Foucault (1999), at this moment, the individual body and the collective body enter the register of politics. In interventions for the regulation and control of life, the body and health become evident.

These interventions occur through codes of regimes of truth, which are in constant change, acting on women. Science validates certain data in the form of knowledge and uses ways of disseminating (medical discourse, the media, and policies) to educate, by disclosing and forming truths, establishing models of maternity. This discourse and knowledge are forged by political investment strategies and disseminated (and reinforced) by institutions such as universities, science, and the media. It is a form of investment, governmentality of

bodies, and production of subjectivities, in order to make pregnancy a modality of conducting oneself and the other to produce a certain experience, that is, a certain subjectivity.

This subjectivity is related to the experiences of oneself, based on their history and the ‘truths they have for themselves’, inviting the subject to analyze and recognize themselves. Several practices direct women to think about the form of the ‘Good Mother’ they want to be and to take the necessary actions to become that maternal model. Subjectivation processes are linked to political and historical factors and interests; they are forms learned within the relationship of power and knowledge that are in the process of change and adaptation, leading to a certain possibility.

Social media is considered a space for what can be said or not. There are different games of truth that, despite being articulated, point to different procedures of veridiction: these differences mark spaces where certain enunciations can occur and others cannot. It is, therefore, a question of considering that experts multiply – in addition to ‘health technicians’, other figures and spaces are created as ways of conducting oneself and the other.

Regulatory technologies and the media

Given the above, that is, how the media is constituted as a form of investment in the pregnant body, it is important, following this line of reflection, to turn to how the discourse, which is updated and produced in the media, becomes a tool for the production of subjectivities. The power of discourse, as constitutive of a regime of truth, takes place precisely in addition to forging truths – discourse updates them through techniques and technologies that operate on the subject. There is, in this case, a work that the subject does on themselves from the relationship with the truth, therefore, the truth becomes a way of conducting behaviors, insofar as it is updated as power relations. Power is exercised in a diffuse way, it is implanted, it creates forces that penetrate the most diverse places, and knowledge channels these forces.

In modern society, it is not only in institutions that technologies are; they are everywhere, permeating all spaces. The proliferation of investment in the body based on experiences and how they are regulated normalizes pregnancy in different spaces. Therefore, “[...] behind all knowledge, what is at stake is a power struggle. Political power is not absent from knowledge, it is woven with knowledge” (Foucault, 2005, p. 51). Knowledge permeated by customs is relevant to a given meaning, and the media is a means of propagating the maternal model. Truths are regulated by discipline, and through it we observe power relations operating on bodies, making them docile and useful. As health policy is fundamental to governing, “[...] in the management of human existence, it takes a normalizing stance, which not only authorizes it to distribute advice for a balanced life but to govern the physical and moral relationships of the individual and the society in which they live” (Foucault, 2003, p. 39). In the previously analyzed material, the care for the pregnant body goes beyond body care, health, or aesthetics; it is about care with morals and behavior – the mother’s previous model to prepare her body during pregnancy, taking care of herself and the other. The body is watched over by itself and must take care of itself and others. In social gestation, everyone can and should “help guide care”, as in the following post:

She was at a restaurant with her husband, Caio, and their youngest son, who was sleeping in the chairs, while the couple had dinner and talked. In the midst of this, a woman left a note on her table with the message “You are a terrible mother.” (Simonini, 2017, authors emphasis).

The pregnant body becomes a privileged regulation instrument, not only because it becomes docile and useful, but because it subjectivates in terms of becoming a 'Good Mother'; it is effectively a way of life.

No one told me that everyone would have an opinion about their baby – how to feed him, how to dress him, what to call him, how to carry him, why you should only rock him for five seconds a day, or else he'll be spoiled, or what a terrible mother you are if you don't carry him 24/7 [...] And so on (Leonardi, 2017).

Although the gestation period will end after delivery, the woman-mother's regimen of regulation will extend throughout her life. New knowledge and new technologies will emerge, directing certain ways of giving birth, breastfeeding, caring, and educating.

One of the fundamental factors present in this journey was the power to 'make live' individuals and the population, seeking to ensure regulation over them "[...] through a continuous and scientific power" (Foucault, 1999, p. 294). The appearance of practices and political interests and economic observations, related, in this case, to birth problems and maternal and neonatal mortality, lead to different techniques and pedagogies to govern populations. In the process of conducting the pregnancy, in this political body, the pregnant woman is taken as responsible for the care of her body, her life, and the health of the child to be gestated.

Thinking about the capillarization of discourses and their different arrangements in social media, through cartography, there is the *Programa nacional de humanização do parto: humanização no pré-natal e nascimento* (Brasil, 2002), which organizes prenatal care into three phases, namely: registration, follow-up, completion of prenatal care at the time of delivery; such a strategy intensifies the investment focus of social media. These, in turn, are organized and described only with the behaviors and routines of procedures to be performed, not being mentioned in the article, the attention and active listening of the pregnant woman.

This cartographic articulation between politics and social media appears in a post from 03/11/2011, which was shared by some women: "[...] you see, girl, you need to do prenatal until the end". The article said *Exames que você precisa fazer antes de tornar-se mãe* (Pais & Filhos, 2011), with the following excerpt:

This gestational monitoring helps to identify problems that may affect the mother and the fetus. Preventive action is the best way to avoid the development of diseases that could harm pregnancy. Prenatal exams must be performed by all pregnant women, whether or not they are at risk (Pais & Filhos, 2011).

Faced with this meeting that naturalizes certain technical aspects or shows the relevance of technical knowledge, it is understood that in social media there is an articulation between different discourses – public policy, biomedicine, and maternity, among others – that are strengthened. In a survey carried out by Haberland (2015), the pregnant women verbalized their relationship with health professionals in their speeches: "That's right, physicians don't talk much, right?"; "I take the opportunity when he/she is measuring my belly to ask questions, but once he said: 'do what I say, it will work!'"

The speeches indicate the lack of time to answer questions involving mothers and family members, as the consultation becomes very technical and restricted to palpation, auscultation, and evaluation of laboratory tests. According to (Brasil, 2005, p. 13),

Welcoming is indicated as an essential aspect of the humanization policy; it implies welcoming the woman, from her arrival at the health unit, taking responsibility for her, listening to her complaints,

allowing her to express her concerns, and anxieties, ensuring resolute attention and articulation with other health services for the continuity of care, when necessary.

One way of looking for subjects is through the media, as a micropolitical strategy for the colonization of everyday life. Through it, meanings and subjects are produced through biopolitics and control technologies (Bernardes & Guareschi, 2007). Women were reinventing their maternal identities through knowledge, discourses, and cultural aspects with which they identified (Schwengber, 2007). Celebrities appear as a reference for pregnancy. A post in *Pais & Filhos* (2018a) read: *Veja quais são as mães famosas mais procuradas na web!* Women, in addition to identifying themselves, create models of mothers, highlighting famous women, the new specialists in the process of gestation.

The choice of the media as a privileged place to address (or advise) on body care and preparation for maternity was due to the understanding that it is an effort by Brazilian society to educate women to become a 'Good Mother'. Today, there is a 'modern mother' approach, due to the new roles that women occupy, as women and workers. There are not only guidelines on baby care but especially guidelines regarding the woman's own body, which should be taken care of in order to better take care of the children and the family.

The amount of scientific information and popular knowledge, guidelines, blogs, books, products for mother and baby, guidelines that 'educate' parents on raising children and on how women will take care of their families and their bodies, signals the media as a privileged space for controlling this population. When doing an internet search with the descriptors 'How to be a good mother', approximately 148,000,000 results were retrieved. It is impressive how the first contents use exactly these descriptors. The image of the 'Good Mother' is sold in books and disseminated in tips on blogs, reports, and courses for pregnant women, which work as a kind of manual and recipe to achieve a certain figure. Many advertise famous models as examples; others bring speeches by technical experts; others address everything from health and education to ways of consuming body care products and classes (the 'good mother' should think of everything: the baby's room, layette, baby shower).

Although technology provides this ease of access to information, these do not only have an interpellation of scientific medical discourse, but innumerable forms, with testimonies based on personal experiences available for access and 'guidance' of women who are experiencing this process. The intention here is not to naturalize pregnancy or maternity; as stated by Medeiros (2008), we move from seeing them as natural facts to thinking about them with a multiplicity of forces in a given historical field. Although Foucault did not dedicate to analyze the media, there is a comment on the 18th century in the book *Microfísica do poder* (Foucault, 1979) which says that the reformers were unaware of the real conditions of opinion and the media: "[...] a materiality that obeys the mechanisms of the economy and power in the form of press, edition, later cinema and television" (Foucault, 1979, p. 224).

The media constructs meanings through different strategies and affirms the discourse of the relationship between health and biotechnology, forging the modes of concept and health experience (Haberland & Scisleski, 2018). Power actions produce ways of regulating working women through the gestational process; the body is educated about pregnancy and how to conduct it, to produce a healthy and hard-working mother.

Como minimizar a volta ao trabalho depois da licença maternidade (Pais & Filhos, 2017a). This post deals with the experience of a couple returning to work after the birth of their child. I brought tips to address both situations proactively. Another post, from

02/03/2016, announced: *Chegou a hora de voltar ao trabalho após a licença-maternidade. E agora?* (Pais & Filhos, 2016). A professional psychologist said how this process could be conducted.

The first thing to think about is what the job and profession represent for women. Yuri says that the woman shouldn't think that after the birth of the child, she can no longer have a job. In addition, it is also interesting for the family to have a satisfied mother, either at home or at work 'Where to leave the child when you go back to work? At home or at school' (Pais & Filhos, 2016, p. 5, authors emphasis).

There are different political investments in the body of the bourgeois and working women. This study focuses on middle-class women who work, but who need to be a mother and pregnant body in the world of work. Regardless of the experts who experienced the situation or the technical discourse, the way in which the woman will subject herself will lead her actions as a working body and also as a caregiver for family management.

The 'Pregnant Body' policy

The body here is not the biological body, full of physiological functions, but the body as an experience of the body, in which there is political interest. Especially, what is focused on as the object of this research – the pregnant body – is considered, for the understanding of a process of subjectivation to become a 'Good Mother'. This concept of the body appears throughout the work of Michel Foucault (2000) as a set of forces that collide and are in constant conflict. The body is not limited to organic concepts; primarily, it presents as a field on which different devices operate, that is, the materiality of the body gains density from a heterogeneous set of political investments. Therefore, the figure of the biological body, in this case, with gestation, is seen only from the physiological point of view of fetal formation and will not be the concept used to refer to the body. According to Foucault (1979), the body is molded and takes shape in its relationship with the power mechanisms present in social discourses and practices, constituting subjectivities in relation to and in function of the body, or being a biopolitical reality, where social control begins.

This complex network of meanings operationalized to promote the objectification of these bodies contributes to the continuous production of bodily practices related to maternity. Power relations articulate power and knowledge, producing truths and certain discourses for the creation of a mode of maternity, a way of being a mother. The self-care technologies, constant in the posts, convey procedures aimed at the relationship of the mother-individuals with themselves, establishing modes of female subjectivation and linking self-care – of their body – and care for the other – of the child to be gestated.



Doctor, is it a boy or a girl? I need to post on Facebook

Figure 1. The modern mom on social media.

Source: Grávidas Online (2017).

The post above presents the relationship between ‘accountability for pregnancy and maternity’. Many women feel the need to prove, through their social network, that they have received prenatal care, that they had a normal delivery, and that they are breastfeeding, all with photos and in almost real-time. Many posts are still shared by unknown people, with comments such as ‘delivery goal’, ‘I will also be able to give birth with vaginal delivery and I will show you’, and ‘following the pregnancy diet’. This post characterizes the moment we are in when social media exerts influence on pregnant women in relation to their bodies and their lives.

The device present and disseminated in social media, in particular, enables rapid dissemination of information and participation by people, who read them and can instantly recommend them to someone else, acting in the production of meanings and behaviors about body care and maternity, in the figure of the ‘Good Mother’. Thus, power produces subjects – the mother subject – and allows them visibility, in addition to conducting and systematizing how women relate to themselves during pregnancy. These forms of visibility through which women recognize themselves as mothers direct them to recognize themselves as responsible for their bodies, for their behavior, and for the way they will exercise maternity.

According to Marcello (2003, p. 203), when recognizing herself through the device of maternity, the woman “[...] directs and employs towards herself investments of visibility and also enunciability”. When she becomes an object of herself, the mother must observe herself, in a continuous process of surveillance, producing specific and previously oriented ways of seeing and talking about herself, as we find in the post from 23/04/2017, on the Mamãe page, with 5,362 shares. The post said: ‘12 things a pregnant woman should never

forget' (Mamãe, 2017). The first item started with eating every three hours; the others involved body care, sleeping eight hours a day, not stressing out, and exercising.

The policy of the pregnant body is constituted by a set of technologies, and a very characteristic example brought in the aforementioned post is the food during pregnancy. The speeches are about how to assemble a meal for a certain stage of pregnancy, about exercises that should be performed by pregnant women, or even care to maintain weight or balance during pregnancy, materialize the discourses about these bodies. These technologies appear as a response to a social field and act by modifying medical practices to regulate pregnancy. These are guidelines and care that ceases to be a natural process to invest in pregnancy. According to Marcello (2003), actions such as controlling oneself, organizing oneself, and enunciating oneself, in addition to constituting technologies of the self, are also related to the character of resistance of the maternity device produced. It is necessary to publicize, give visibility and affirm that these practices are important so that women-mothers do not escape such logic. As much as making a certain way of experiencing maternity a natural fact, it is about characterizing and managing non-standard modalities, characterized and questioned in the difference, and making this become an object of knowledge.

The pregnant body, therefore, is produced from a specific model of maternity, constituted by a pregnant body policy, which has standards to care for and guide. Thus, those who escape this pattern must also be governed, generating a characterization of this deviation. Currently, the relationship between the private and the public, in maternity, has become increasingly mixed, becoming a place of interest in the management of contemporary life. By relating the concept of health to a behavior called 'normal', any change in the predetermined pattern will escape the rule and will be related to the unhealthy and the pathological.

The media can act as a 'naturalization of truth', but it is above all a strategy of the politics of the pregnant body, in order to enhance the negative impression of actions outside the norm and act as part of a 'normalizing' society (Grohmann, 2009). Biotechnologies, which are acted upon by biopolitics and which make up the politics of the pregnant body, have been gaining an ever-increasing foothold in the production of ways of thinking about and relating to oneself. The possibility of control over bodies and existences has been created, and it is possible to acquire artifacts that better serve life; health has become a consumer product (Haberland & Scisleski, 2017).

Given the above, it is important to think about the use of the media tool to control populations, by teaching learned behavior and outlining an exact way of proceeding. Women do not opt for body care taught in magazines, for vaginal childbirth because it is a biological fact or because they have received information about their advantage in the type of pregnancy they are going through, but they choose certain behaviors because they feel confident with the image of famous people or with the reproduction of a behavior; thus, this has a direct impact on the way they act and think: *9 famosas que arrasaram falando sobre amamentação* (Pais & Filhos, 2017b). This text says: *Para ser bem-sucedida na amamentação você precisa de bastante suporte e é ótimo saber que as celebridades estão aqui também para nos apoiar com depoimentos nas redes sociais* (Pais & Filhos, 2017b).

The use of the media tool to control populations teaches and encourages learned behavior, outlining an exact way to proceed. Women feel confident with the image of famous people, with whom they are so familiar, and this has a direct impact on the way they act and think. The body care model during pregnancy, childbirth, or maternity does not postulate a

single way to exercise government, but precisely a diversity of constitutive elements of relationships that impact the subject and the population. In this sense, the choice of celebrities to feature in campaigns related to maternity, childbirth, and breastfeeding is not random or fortuitous, since the state realizes the impact that this generates in terms of social effect.

Pregnancy, which was previously taken as a family matter, shifts to a 'social' relationship that involves numerous specialists, and there is a need to 'prove' a certain model of mother. Countless speeches about pregnancy reaffirm the conception of the centrality of women in a mother model in the gestational process.

Foucault (1979) tells us about this 'regime of truth', installed and produced all the time. From it, conditions of possibility are constructed for the constitution of objects of knowledge, as well as the possibility of modes of subjectivation of individuals. It is possible to say that here there is already a celebration of the flexibility and mobility of bodies. There is no place for inactivity. Among different standards, there is physical exercise as a new policy of scientific truth (Foucault, 2000). From gait and self-discipline to body care, everything helps to build the muscular power of pregnant bodies and also to add youthfulness and mobility (Schwengber & Rohr, 2015). We can see this in the cases: *IMC das grávidas - ganho de peso ideal para grávidas* (Pais & Filhos, 2018b); *Ivete Sangalo posta vídeo dançando com barrigão* (Pais & Filhos, 2017c).

Taking care of the pregnant body, guiding the exercise towards a healthy body that will also benefit the body in formation, is based on the truth of medical knowledge when articulated with other discourses that allow shifts to everyday life: it is the physician who speaks, but also a sports expert as well as a celebrity. The pregnant body policy is constituted to the extent that it allows certain combinations of different elements, whether technical or everyday. What also draws attention to the post is that, in the end, there are links to access other posts of the same content: one teaching women to exercise at home 'How to exercise in all stages of pregnancy', which could be carried out even without a specific location; another about singer Ivete Sangalo, who was physically active throughout her twin pregnancy. In this case, there was a report that dealt with the subject. Therefore, this indicates many forms of subjectivation in which women recognize or identify themselves as subject mothers, pregnant women.

The way these discourses circulate and act on these bodies is not just in the media – it is in care, in religious knowledge, and in the protocols of public health policies, which are disseminated and gain fields of visibility and grids of intelligibility. Moral codes are created from which women begin to relate to themselves to become pregnant bodies and 'good mothers'.

When thinking of social media as a place where practices circulate, teach, and produce the education of pregnant bodies, it is possible to consider that the identity of the mother subject is formed, produced, and represented within an immense network of truths and power relations in a capillarized way. In addition to producing truths, this construction process of the modern mother is articulated in several instances: health, morals, religion, and culture. It multiplies with the possibility of speeches created and conveyed and with the validation of experts' truths. The wide use of social networks allowed several experts to participate in this process and also made it possible for pregnancy to leave the private dimension and reach the public dimension. The women-mothers publicize the experience of the pregnant body, and pregnancy ceases to be an individual experience, becoming public.

Final considerations

The need to assert oneself and talk about oneself, to expose oneself as accountability, interferes with how the mother becomes subjective. The cartography carried out so far allows to consider, based on the analysis of a pregnant body policy, through discourses and technologies, how a manual that guides and directs the production of the “Good Mother” is produced and how this process of subjectivation occurs and is created, signaling a whole policy of interest in the body – the pregnant body.

This pregnant body policy and the form it takes in terms of a manual of conduct point to a shift from the private to the public, from the pregnant body, which becomes a coextension of the public body. The subject-mother plays her role in the maternal model, the role of ‘Good Mother’, but also needs exposure, proof, and reaffirmation of the same discourse, the posts materialize this process. It should be said that we are not contextualizing the importance of prenatal care and the care provided in the assistance, we are proposing a reflection on how this process takes place.

From what has been described so far, the media’s performance composes different discourses, articulations, and experts who appear in social media, which points to the dispersion character of the policy of investment in bodies and the forms of subjectivation that are constituted in the process in which women construct themselves (and are constructed) as mothers. The politicization of the pregnant body presents discourses and knowledge that lead to the education of this body and the devices that direct to a specific model of maternity: the ‘Good Mother’. The woman, if she wants to be a mother, must observe herself (take care of herself), as in a continuous process of surveillance. All this investment, in the way of taking care of oneself and the other, leads to ways of acting and thinking, acts in the discipline of oneself and others. The same women who are judged and go through the experience of social pregnancy also reproduce the behavior towards other women, updating the discourse.

When thinking of pregnancy as a social process, full of knowledge, media devices emerge as another strategy that regulates how the modern pregnant woman must take care of her body and the management of the pregnancy, which will form a new biological and also political body. Therefore, the micro and the macro are parts of each other, involved in continuous interests and investments that are articulated in all phases of life. These strategies effectively act on how women take care of their bodies; the practices value, judge, teach, reinforce, qualify or disqualify, enunciate, identify, and give visibility to the mother-subjects, to the figure of the ‘Good Mother’, in this device that promotes specific modes of subjectivation of women-mothers.

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