

BOOK REVIEW

Claire L. Wendland. *Partial Stories: Maternal Death from Six Angles*. Chicago: University of Chicago Press, 2022. 384 pp. Halftones. Tables. Notes. References. Index. \$35.00. Paper. ISBN: 978-0226816883.

Claire Wendland's ethnography, *Partial Stories: Maternal Death from Six Angles*, covers a difficult topic—maternal mortality in Malawi—with creativity, humanity, and humility. She begins by asking a seemingly simple question: “Why did she die?” The question offers Wendland a productive space to probe the historical, structural, and local conditions that contribute to maternal death in Malawi and globally. Throughout the book, Wendland shares the story of Faith Chisoni, a woman whose experience of birth and death reveals the complications with, and inadequacy of, singular narratives of maternal mortality. The book adeptly presents a large-scale perspective while still returning to an individual woman's life. It's an effective and moving reminder that numbers correspond to real people, and that maternal mortality is ultimately the tragic death of individual women. Wendland's writing doesn't lose sight of these tragedies, and the book is as sensitive and beautiful as it is frank and honest.

The book draws together “explanations for maternal health that usually circulate in different bodies of literature, different epistemic communities, and even different parts of the world” (16). This allows her to argue that “deaths related to pregnancy are easily misreported or misclassified. Almost any given death ... can be explained in many ways” (7). Wendland goes on to show that maternal mortality is not random, but produced through inequities and resource (in)access. But perhaps most important is her point that in order to grasp the wholeness of the maternal mortality crisis, we must contend with the partiality of stories and data available. Wendland makes invisible, disconnected maternal deaths more tangible and interconnected. Years of practice as a clinician and an anthropologist position her well to take on this complex topic. Her dual impulses—as an obstetrician-gynecologist, to cure and heal, and as an ethnographer, to observe and document—allow her to synthesize the depth and diversity of experience and data present in this book.

Wendland draws on over a decade of work and study in Malawi, and over 100 interviews conducted in English and Chichewa with people “consulted as experts by pregnant women” (8), including *azamba* (traditional birth attendants), nurse-midwives, *asing'anga* (traditional healers), adult and motherhood counselors, herbalists, and biomedical clinical officers. Wendland also weaves in her ethnographic field notes and quantitative data on maternal mortality, both local and global. Much of Wendland's time was spent in ethnographic observation and participation in clinical spaces such as Queen Elizabeth Central Hospital in

Blantyre, Malawi. Her careful and humble observations reflect the extensive time she's spent in hospital spaces, and with patients, observing their care and concerns.

Partial Stories is innovatively organized around six different perspectives on maternal mortality, which allows for a balancing of storytelling and data presentation. Each chapter begins with a concise and moving narrative centering on a maternal health practitioner in Malawi. One of the beauties of this book is its accessibility. The book is understandable for people without prior knowledge of medical anthropology, gynecology, or Malawi. Wendland clearly and concisely explains specialized terminology and clinical shorthand. While accessible to nonexperts, the book will be thought-provoking for specialists. Anthropologists will be satisfied with her theoretical engagement and careful ethnography; historians will be impressed with her attention to historical change over time, and her presentation of dynamic healing practices.

This book is a welcome addition to studies of medical anthropology on the African continent, and to larger discussions about global health. It is appropriate for advanced undergraduates and graduate students, and it is particularly well suited to be assigned as individual chapters. This would be an excellent book to use for courses in medical anthropology, African studies, and the history of disease. We hope it will also be read by medical students, global health students, and global health practitioners.

Speaking of practitioners, some might find this book frustrating. Wendland refuses to offer simple solutions to the crisis of maternal mortality. However, we'd argue that uncomplicated answers are not the promise or purpose of this book. Wendland's work serves to complicate single narratives, provide thick descriptions, and add African voices to this heartbreaking topic. The book ultimately shows that it is the multiplicity of truths surrounding maternal mortality that are essential, clarifying, and provide a more whole account. This is not a book of solutions; it is a book of questions and partial truths—encouraging our generative imagining of different outcomes and future change.

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