“A Private Little Revolution”: The Home Pregnancy Test in American Culture

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summary: The home pregnancy test went from novelty to norm in twenty-five years. This article explores its cultural impact in the context of the women’s health movement. Though women had long made do without it, the “private little revolution,” as the test was called in an early advertisement, enabled them to take control of their reproductive health care and moved the moment of discovery from the doctor’s office (back) to the home. The article introduces the test, explores its acceptance by physicians and by women, looks at the marketing of the test by drug companies, and traces its use in movies, television, and novels.

keywords: home pregnancy test, women’s health movement, hCG, online survey

The e.p.t In-Home Early Pregnancy Test is a private little revolution any woman can easily buy at her drugstore.1

In March 1978, readers of Mademoiselle found an unusual notice among the mundane assortment of articles on clothing, hairstyles, and relationship advice. Trumpeting a “private little revolution,” the advertisement

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took up an entire page and featured an image of the apparatus needed to complete the featured procedure, which turned out to be a home pregnancy test. Using scientific language to impress readers with the technology gleaned from “many years of costly research,” the text of the advertisement emphasized that the allure of the test was the power of knowledge: “At last,” it claimed, “early knowledge of pregnancy belongs easily and accurately to us all.” This populist message, coupled with the opening salvo of “revolution,” indicated that the marketers of this product were selling more than a plastic test tube: they were promoting a new understanding of pregnancy. “Now, when you call your doctor, you have the results of your test to report,” the advertisement concluded, “and time is on your side at last.”

The home pregnancy test, introduced to American consumers with advertisements like this one in the late 1970s, changed women’s relationship with the early knowledge of pregnancy and thus became a part of late twentieth-century reproductive health. Before the widespread use of the test, pregnancy was diagnosed either by waiting for “natural” signs or by a doctor; today, millions of women discover their pregnancies in the privacy of their homes. Scholars have covered much ground in understanding the larger context of the women’s health movement, from Sue Rosser’s treatment of the ways in which women had been summarily left out of much health-related research to Sandra Morgen’s exploration of how women’s political involvement in local health clinics and elsewhere changed mainstream medicine. The home pregnancy test forged a much smaller revolution, and can serve as an important example of the impact of the women’s health movement by illuminating an area in which women assumed control of knowledge that had previously been in the hands of their doctors. It is an example of the reversing of the medicalization of pregnancy, in fact, for this is a diagnosis that was once in the hands of women and, in the late twentieth century, was returned there. Though the test results will lead most women to the medical establishment—if the test is positive, most will either have an abortion or begin prenatal care—the test returned the moment of discovery to the home, where it had been before the mid-twentieth century moved it to the doctor’s office. It is its reconfiguration of the locus of control at the moment of discovery that makes the pregnancy test into a “revolution.”

2. Ibid.
3. Ibid.
The history of the pregnancy test can also help us understand the history of reproductive technologies, a rich field of inquiry. As technology goes, the test is relatively simple: it can deliver only one of two answers (yes or no), and describes a situation that has already come to pass. Indeed, the feminist writer Naomi Wolf has described taking the test as a kind of “fatalism” because “what will happen has already happened.” Historians, medical anthropologists, literary critics, and sociologists have studied many other reproductive technologies in a quest to understand the social implications of, for example, regarding infertility as a problem or a challenge rather than as a natural state. Scholars such as Gaylene Becker, Ann Rudinow Saetnan, Nelly Oudshoorn, and many others have introduced technologies that became widely used in the late twentieth century—fetal monitoring, sonograms, infertility treatments, etc.—as sites of active negotiation and complexity. Because the pregnancy test, unlike those examples, is relatively unobtrusive and does not allow users to see or hear the embryo, it has not been addressed by scholars interrogating the interactions between women and technological machines that personify the fetus through either pictures or sounds. The pregnancy test, deceptively neutral and ultimately personal, delivers a result that leads people in many different directions depending on a myriad of factors, including age, economic status, religion, access to quality health care, marital status, and many more.


7. As noted above, many scholars have investigated the fetus’s standing as a “social construct” and are interested in the ways in which women are manipulated by machines into believing certain things about their pregnancies that lead them into decisions they might otherwise not have made, regarding life and when it starts and ends. For the purposes of this discussion, the home pregnancy test identifies a biological reality in its identification of a pregnancy.
By learning more about the history of the pregnancy test—how it was developed, marketed, and embraced—we can enjoy a more complete understanding of the state of pregnancy in the late twentieth century.\(^8\) Ann Saetnan has encouraged those interested in the history of human reproduction to “continue the mapping of interactions between users and [new reproductive] technologies,” and this essay contributes to that process.\(^9\) As Saetnan and her colleagues have pointed out, these technologies are among both the “great liberators” and the “great oppressors” of our time.\(^10\)

The pregnancy test has liberated women by giving them information earlier and allowing them to digest the information in the privacy of their own homes. However, it oppresses women when it forces them to make decisions earlier and earlier; when it forces them to confront a miscarriage they might otherwise never have known about; when it falls into the hands of those with whom they did not wish to share the information; and when it proves an untrustworthy narrator and gets the answer wrong.

For millions of women who came of age in the 1980s and 1990s, there is no such thing as pregnancy without the home pregnancy test. How did this relatively new invention come about? How was it developed and marketed to reach an appropriate audience? And how did that audience respond? The home pregnancy test kit, though only a quarter-century old, already has an interesting and meaningful history that scholars have only begun to discover. In this article I will examine the test’s reception by Americans in the last part of the twentieth century by looking at the science behind the test, its acceptance by the medical establishment, the marketing of the kit, the results of an online survey of users, and the test’s appearance in popular culture. What follows is an introduction to the home pregnancy test kit as but one example in a larger story of the women’s health movement and the history of reproductive technology.

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10. Ibid., p. 1.
The Development of the Home Pregnancy Test

The home pregnancy test kit makes use of the fact that pregnant women produce a particular hormone, known as human chorionic gonadotropin (hCG), that is not normally found in the body otherwise. The hormone is one of a group known as gonadotropins, also including luteinizing hormone and follicle-stimulating hormone, which support the testes in men and the ovaries in women and are necessary for reproduction. HCG in particular supports the corpus luteum during a normal pregnancy and begins to be secreted on the day of the implantation of the embryo in the uterine lining. The corpus luteum produces estrogen and progesterone in the early part of the pregnancy, and is therefore vital for maintaining that pregnancy; later, the placenta will produce these hormones. Today, injections of hCG at key points in the pregnancy can be used as part of certain fertility treatments to sustain the corpus luteum, since if it does not function early on, the uterine lining will not support a pregnancy: menstruation will occur and the pregnancy will miscarry. HCG levels in blood and urine increase dramatically during the first several weeks of pregnancy and then decrease as other hormones take over the job of protecting the embryo and, later, the fetus.

Developing this understanding of the role of hormones during pregnancy occupied reproductive endocrinologists for much of the twentieth century. Greater knowledge of human reproduction led to improved prenatal care; to better understanding of the application of hormones in treating problems relating to menstruation and menopause; to more useful, and fruitful, fertility treatments; and, of course, to more accurate pregnancy testing. Certainly there has long been a market for fast, accurate pregnancy testing. People in every era have had unprotected sex—whether intentionally, for the purpose of becoming pregnant, or not—and many would have relished the availability of such a test. Evidence ranging from an ancient Egyptian papyrus to the writings of European “piss prophets” in the Middle Ages shows that identifying pregnancy through urine analysis was of interest in many ages and cultures—but it was not

11. HCG is secreted by some kinds of tumors, including those in men with certain testicular cancers.

12. See J. Burstein and G. D. Braunstein, “Urine Pregnancy Tests from Antiquity to the Present,” Early Pregnancy: Biol. & Med., 1995, 1: 288–96. The Egyptian reference can be found in the Berlin Medical Papyrus, 1350 BCE, translated in Germany in 1958. As Burstein and Braunstein note, these pregnancy test descriptions were written into the Demotic Magical Papyrus of London and Leiden, a translation of which can be found in F. L. Griffith and Herbert Thompson, eds., Leyden Papyrus: An Egyptian Magical Book (New York: Dover, 1974).
until scientists began identifying so-called sex hormones in the 1920s and decoding the role of such “chemical messengers” in human reproduction that accurate testing became possible. In later decades scientists learned about the roles of estrogen, progesterone, and gonadotropins during pregnancy.\textsuperscript{13}

In 1927, the German scientists Selmar Aschheim and Bernhard Zondek developed a test to identify the presence of hCG in human urine.\textsuperscript{14} In what became known as the “A-Z test,” a woman’s urine was injected into an immature female rat or mouse: in the case of pregnancy, the rat would show an estrous reaction (be in heat) despite its immaturity. This test helped prove that during pregnancy there was an increased production of the hormone. The Friedman test substituted rabbits for the mice used in the Aschheim-Zondek tests of the late 1920s, and led to the idea of rabbit-killing as a culturally popular image of pregnancy testing: in these tests a woman’s urine was injected into an unmated female rabbit and the rabbit’s ovaries were subsequently checked for the presence of a corpus luteum. Innovations in the 1950s introduced cheaper and more readily available toads as the test animal. All of these tests, however—known as bioassays—required laboratory animals and were therefore unwieldy, to say the least, for regular use or mass-production.

The introduction of the immunoassay for pregnancy testing in 1960 meant that animal sacrifice was no longer necessary, which meant, in turn, that the tests could be done more regularly in doctors’ offices. To perform the immunoassay, a laboratory technician added a urine sample to a test tube or slide containing antibodies against hCG; in a positive pregnancy test, the hCG present in the urine would combine with the antibodies, causing a reddish brown ring at the bottom of the tube or on the slide.\textsuperscript{15} Several companies manufactured these hemagglutination inhibition tests, making them available through medical supply catalogs to clinics and


\textsuperscript{15} See, e.g., “Directions and Technical Information on the UCG-TEST, Wampole’s 2-Hour Pregnancy Test,” Jenny Knauss Collection, McCormick Library of Special Collections, Northwestern University, Evanston, Ill.
hospitals. Over the next decade, the process was streamlined and the test became available to consumers in this form in Europe and Canada in the early 1970s; those in the United States would wait until the end of that decade for the immunoassay tests to be available for private use.

Meanwhile, researchers worked on ways to make the test for hCG more accurate and reliable. In the early 1970s, scientists at the National Institutes of Health (NIH), in search of a tumor marker for certain kinds of cancer in which hCG was secreted, discovered a new method for pregnancy testing. It was a period of intense study for the scientists involved and they were more interested in the applications for cancer research; one of the investigators, Judith Vaitukaitis, remembered years later that "while we were doing this, we had no idea of the impact on early pregnancy detection, [or] abnormal pregnancy detection." While working on structure-function studies of hCG to learn more about the hormone, they found that the biologic specificity (i.e., what made it different from other hormones) was found in the beta-subunit. By generating an antibody that would be specific to the beta-subunit of hCG, then, they developed a sensitive assay that would identify precise hCG levels without cross-reacting with other hormones in the body. The results, published in the *American Journal of Obstetrics and Gynecology* in 1972, immediately entered the public

16. See, e.g., the 1972 edition of the S/P (Scientific Products) catalogue, which sold pregnancy tests from Wampole, Roche, and Organon. The tests included reagent anti-hCG serum (usually from rabbits) and all the necessary materials to perform between 20 and 100 tests per kit: *S/P Catalog: Equipment and Supplies for Clinical, Industrial, Educational, and Research Laboratories* (McGaw Park, Ill.: Scientific Products, a Division of American Hospital Supply Corporation, 1972), pp. 166–68, Stetten Museum Manual Collection, Office of NIH History (hereafter NIHH), Bethesda, Md.

17. The question of why the tests became available earlier in Europe and Canada than in the United States has less to do, probably, with the FDA approval process (since Warner-Chilcott did not apply for approval until 1976), and more with the reluctance of American drug companies to accept that this technology would be a money-maker for them.

18. Judith Vaitukaitis (NIH), interview by the author, 18 August 2003, transcript, Oral History Collection, NIHH.

19. Glenn Braunstein (UCLA), in discussion with the author, 3 October 2003; Vaitukaitis interview (n. 18); D. Lynn Loriaux, “History of NICHD Intramural Clinical Research,” Session 1, Clinical Sciences, 40th Anniversary Scientific Symposium, 8 September 2003, videotaped remarks, NIHH. Independently, scientists in other laboratories were working on the same type of research. Om Bahl at the University of Buffalo, e.g., patented an antigen he used in developing an early pregnancy test, and licensed the technique to Carter-Wallace, Inc.; Carter-Wallace marketed the Answer home pregnancy test through its subsidiary Diagnostic Testing, Inc.; see *University of Buffalo Reporter*, 22 January 1999, p. 17. Bahl, an NIH grantee, was honored with the Medical and Life Science Award of the National Council of Asian Indian Organizations.
domain when the NIH counsel determined that the results could not be patented. This research led to a radioimmunoassay, which was far more accurate than the animal-sacrifice method or even the immunoassay. The radioimmunoassay, used in blood tests that are given in doctor’s offices today, features levels of specificity and sensitivity unavailable in the immunoassay: these tests are able to calibrate exact hCG levels, instead of giving simply a “yes/no” result, and can therefore identify problems such as an ectopic pregnancy in which the levels do not rise as high as they should for a normal pregnancy.

In the 1970s, American pharmaceutical companies moved toward translating the scientific understanding about the properties of hCG into a usable, portable test for home use. Warner-Chilcott, a division of Warner-Lambert, submitted its materials to the Food and Drug Administration (FDA) for approval of its “e.p.t” (for Early Pregnancy Test) in 1976. The company produced prototype sales materials, samples of packaging for the tests, and results to back up its various claims. Each statement in the packaging materials, such as the time necessary to take the test and the percentage of accuracy for positive and negative results, went through testing by the FDA. The agency’s 1976 Medical Devices Act had introduced stricter oversight of devices, especially those that operated inside the body such as the intrauterine device (IUD) or the pacemaker. The pregnancy test, posing no physical danger (only the risk of false results), was approved relatively quickly. After approving the e.p.t, the FDA deemed


21. Exhibits on e.p.t Pregnancy Test Kits, Administration Files, Assignment 8169: OTC Pregnancy Test Kit, e.p.t, vol. 17, AF16-980, EIR (Establishment Inspection Reports), Files of the Food and Drug Administration (FDA), Washington, D.C. The e.p.t brand was originated by Warner-Chilcott and is now owned by the current manufacturer of the tests, Pfizer, Inc. Many early writings about the e.p.t test used all capital letters (EPT), but the correct spelling is “e.p.t” (with no period after the “t”).

Acu-Test, Answer, and Predictor, the brand names for home pregnancy tests developed by other pharmaceutical companies, “substantially equivalent” in 1977.25

When Warner-Chilcott announced a “breakthrough in home diagnostics” in its FDA materials, it was not an unfounded claim.24 At the time, home testing was an unusual occurrence for most Americans, who probably counted the thermometer as their only home diagnostic tool. The culture of health-care testing with which Americans are now familiar carries men, women, and children from test to test throughout their lives, making diseases more visible and often more manageable. The process begins before birth, with prenatal testing, and continues in iron and lead tests for children, blood-sugar testing for diabetics, workplace drug testing, highway blood-alcohol testing, anonymous and quick HIV testing, and paternity testing. Consumers can purchase tests at drugstores for a myriad of conditions.25 The home pregnancy test was one of the first of these tests to become widely available for people to use in the privacy of their own bathrooms.

Preparing for the nationwide release of its new product, Warner-Chilcott sent letters and samples to hundreds of pharmacists and physicians across the country at the end of 1977. Knowing that other corporations had their own tests to market, Warner-Chilcott was eager to get its merchandise onto the shelves first.26 The letter to pharmacists described the product, explained how it worked, and even included suggestions for counter display, noting that “the e.p.t consumer advertising campaign has been designed to direct the consumer to their drug store,” rather than

24. Exhibits on e.p.t Pregnancy Test Kits (n. 21). For current FDA guidelines on over-the-counter hCG tests, see the FDA Web site at www.fda.gov.
25. In 1978, home testing was still a rarity, but new tests were beginning to appear on the market. Good Housekeeping introduced a few of them in May 1978, including the pregnancy test kit and tests for urinary-tract infection and cervical cancer: Arlene Rosenblum, “24 New Medical Miracles,” Good Housekeeping, May 1978, p. 257. For more on testing, see Trevor Pinch, “Testing—1,2,3 Testing: Toward a Sociology of Testing,” Sci. Technol. & Hum. Val., Winter 1993, pp. 25–41. Studies of testing have covered diabetes tests, drug tests, HIV tests, and home-based paternity testing. Thanks to Janet E. Childerhose, McGill University, for discussing the history of testing.
26. Other tests on the market by the end of 1978 included Answer, manufactured by Diagnostic Testing, Inc., a division of Carter-Wallace; Acu-Test, manufactured by J. B. Williams, a division of Nabisco; and Predictor, manufactured by Whitehall Laboratories, a division of American Home Products.
the doctor’s office. The kit consisted of a test tube, two droppers, and a plastic tube-holder fitted with a special mirror to reveal the results from the bottom of the tube. “The test,” remembered a woman who took one in those early years, “was [only] easy to use for someone with lab experience.” Consumer Reports complained: “to use the EPT, a woman must follow a nine-step procedure that permits ample opportunity for error.” Despite these drawbacks, however, Warner-Chilcott’s e.p.t kit was more accurate and more private than anything currently available. In 1977, the company sent out boxes of pregnancy tests to select markets across the country, giving American women access to the new technology for the first time.

Doctors and the Home Pregnancy Test

What did women do before the advent of the home pregnancy test? Actually, pregnancy testing at doctors’ offices, clinics, and hospitals was widely available in the 1960s and 1970s, thanks to a confluence of better technology and the nascent women’s health movement. However, advice books dismissed the idea of pregnancy tests—“there is no need for one,” claimed the Better Homes and Gardens Baby Book in 1966—and there was some stigma associated with the need for an early result. As Consumer Reports insinuated in 1978, the need for an early pregnancy test was seen as evidence of promiscuity. A state health official told the magazine: “there is no reason for a woman in Maryland to buy a kit such as the EPT unless she doesn’t want to be seen at the health department.”

30. The test was sent to selected cities in Virginia, Pennsylvania, Maryland, Arkansas, Alabama, Nebraska, Ohio, Iowa, Georgia, Tennessee, North Carolina, and Delaware. The company sent them as “guaranteed sale,” meaning it would pay for tests not sold at individual drug stores: e.p.t market nationwide, November 1977, FDA files, AF16-980, file no. 2210721.
test kit led the magazine to conclude that “even if it is used correctly, the EPT appears to be a needless purchase” for its readers. The editors recommended that women visit their doctor or a clinic to get results instead—but women found ways around these strictures and increasingly demanded access to private, personal, informed, and nonjudgmental health care, of which the pregnancy test was a part.

A review of the pregnancy testing available in the late 1970s showed that some states offered testing through the county health departments. Doctors’ offices in many areas tried to adjust themselves to the new reality and, as Mademoiselle found in 1978, many “gynecologists are responding positively to the challenges of the women’s movement.” Some doctors’ offices offered relative privacy by allowing women to leave urine samples in outdoor drop-off boxes and to call later for the results without appearing in person before a doctor. Planned Parenthood clinics also offered, and continue to offer, pregnancy testing and counseling—both for free, if necessary—at hundreds of locations nationwide. However, many women felt that these measures were not enough to make pregnancy testing available to all who needed the information the test could provide. Newly politically active groups of women began calling attention to the fact that most health research in the twentieth century had been done by, for, and about men. With pamphlets, booklets, and mimeographed fliers, activists encouraged women to learn more about their bodies and to demand more attentive health care from doctors and clinics.

Before the Supreme Court made abortion legal nationwide in 1973, secret networks offered the procedures, to be performed by qualified and secretive doctors, through word of mouth. These organizations offered

33. Ibid.
34. Family planning services, including pregnancy testing, are still available at most county health departments; see individual county Web sites (e.g., www.montgomerycounty.md.gov) for more information. Many counties also continue to provide free pregnancy testing for teens and young adults.
38. For contemporary looks at the changing women’s health movement, see, e.g., Rodgers, “Who’s Running the Show?” (n. 35); Susan Ruzek, The Women’s Health Movement: Feminist Alternatives to Medical Control (New York: Praeger, 1978). For more on the women’s health movement in this period, see Morgen, Into Our Own Hands (n. 4); Rosalyn Baxandall and Linda Gordon, eds., Dear Sisters: Dispatches from the Women’s Liberation Movement (New York: Basic Books, 2000).
anonymous pregnancy testing as well. Groups such as “Jane” in Chicago
offered secrecy, privacy, and safe abortions in an era when the mainstream
medical establishment in most states could offer none of those things.\textsuperscript{39}
Allegations that some doctors were delaying pregnancy testing or lying
about results to prevent their patients from having abortions surfaced
in the 1960s; women’s health advocates rallied to provide women with
pregnancy testing more easily and inexpensively by making arrange-
ments with certain doctors, and organized testing facilities on a grassroots
level. Radical groups in California, for example, which organized trips
to Mexico for women to get abortions when that procedure was illegal
in the States, also offered quick and cheap pregnancy testing as part of
their operations.\textsuperscript{40} These groups—and presumably also the women they
served—felt that knowledge about pregnancy belonged with the pregnant
(or not-pregnant) woman herself.

More publicly, student manuals and private women’s groups spread
the word about locally available pregnancy tests and, if necessary, abor-
tions. The first class of women at Yale University, for example, prepared a
booklet in 1970 advising women to mail in their urine samples to a certain
clinic, and naming safe abortion facilities in New Haven.\textsuperscript{41} In 1973, the
Boston Women’s Health Collective published its first volume of what would
become the book synonymous with the women’s health movement, \textit{Our
Bodies, Ourselves}. The authors insisted that the instructions for “collecting
and submitting your urine are simple,” though not by modern standards:
“Drink no liquids after dinner the night before, then as soon as you awake
in the morning collect a urine sample in a clean, dry, soap-free jar and
take it to a laboratory.”\textsuperscript{42} Several laboratories—they suggested one in North
Carolina—would test women’s urine for the presence of hCG and then
mail back the results. Certainly this process, though more private than

\textsuperscript{39} For more on “Jane” and other secret pregnancy-testing and abortion services in the
1960s and 1970s, see Laura Kaplan, \textit{The Story of Jane: The Legendary Underground Feminist Abor-
tion Service} (Chicago: University of Chicago Press, 1995); Leslie Reagan, \textit{When Abortion Was
a Crime: Women, Medicine, and Law in the United States, 1867–1973} (Berkeley and Los Ange-
les: University of California Press, 1997); and the special feature of the Chicago Women’s
Liberation Union Web site at \url{http://www.cwluherstory.com/CWLUFeature/feature.html}

\textsuperscript{40} See Leslie Reagan, “Crossing the Border for Abortions: California Activists, Mexican

\textsuperscript{41} Committee on Human Sexuality, \textit{Sex and the Yale Student}, 1970, Manuscripts and Ar-
chives, Sterling Memorial Library, Yale University, New Haven, Conn. The booklet’s medical
consultant was Philip M. Sarrel, professor emeritus of obstetrics/gynecology and sex coun-
selor of the Division of Mental Hygiene of the University Health Services.

\textsuperscript{42} The Boston Women’s Health Book Collective, \textit{Our Bodies, Ourselves} (New York:
visiting the doctor, did not have either immediacy or convenience to recommend it. Before the technology could safely and privately provide them with answers, many women found ways to get the information they needed as quickly and easily as possible. But in the late 1970s, the pregnancy-test scene was about to change.

To prepare the public health community for the onslaught of women demanding at-home pregnancy testing instead of having to rely on their doctors for this information, the pharmaceutical companies launched a publicity campaign to convince doctors that home pregnancy tests would prove to be a positive addition to the health-care field. Advertisements in medical and public health journals, such as the American Journal of Public Health, served as an attempt to convince health-care professionals that the early detection of pregnancy would lead to better prenatal care and therefore was good for health care and for the medical field in general. “Acu-Test advertising,” trumpeted a notice in AJPH in 1979, “will help make 40 million women of child-bearing age aware of the importance of early pregnancy detection”; the copy continued: “extensive promotion of Acu-Test to the public may result in calls from some of your patients,” and added that further information was available from the company upon request.43

Another advertisement in the same journal noted: “After two months of pregnancy, 56% of women have not yet consulted a physician. Acu-Test in-home pregnancy test can help bring women to earlier care.”44

In fact, however, most physicians did not consider the home test to be proof of pregnancy and exhibited mixed feelings about the test. The staff of the women’s magazine McCall’s conducted a survey in the spring of 1978 and found that the “physicians we interviewed about the [home pregnancy] tests endorse the concept.”45 However, the obstetricians consulted by Consumer Reports in an article that same year all said they “would insist on confirming the diagnosis with another pregnancy test.”46 Even a quarter-century later, when millions of women take a pregnancy test before appearing at the clinic for prenatal care, the test is merely a first stop on the way to the doctor’s office. Many women in a recent online survey about pregnancy tests mentioned that, though they relished the privacy and immediacy of the home-based pregnancy test, they still relied on their doctors for absolute confirmation. One respondent who took the test in 1990 noted that she “did not really believe it until I went to the doctor

44. Ibid., p. 1.
and had a test there. I did not think of the home pregnancy test, which I was sure I or the manufacturer could get a mistaken reading from, as a definite answer, but rather as the sign that it was time to go to the doctor for her to confirm it.” Indeed, though accuracy has improved over the decades, the test manufacturers concede that the home pregnancy test is not 100 percent accurate and always recommend a visit to the doctor in their packaging materials.

Pregnancy is a time in which healthy women spend many hours at the doctor’s office. The pregnancy test does not reduce their reliance on doctors, and prenatal care in the late twentieth century involved more and more testing and more incursions of technology. The pregnancy test is the first step: each positive result will lead to the woman’s interaction in some manner with the health-care establishment, whether doctors, midwives, nurses, or other professionals. Pregnant women in the American health-care system get their blood and urine tested for various diseases and conditions, including HIV and gestational diabetes. They take glucose tests and alpha fetal protein tests, and if they are considered to be at high risk the list grows longer and amniocentesis and nonstress tests abound. Most will have at least one ultrasound. Childbirth itself brings more technology, including fetal monitors, both internal and external. The initial test is merely a diagnosis—but significantly, it is now a diagnosis that can happen at home, in private. The home pregnancy test relocates the beginning of the long relationship with doctors that a pregnancy brings. It allows a woman to share the first moment of discovery with her partner, friends, or family before sharing the news with her doctor.

Marketing

Within its first ten years on the market, e.p.t claimed that a pregnancy test was sold “every 30 seconds,” and a decade after that, millions were sold annually. Pharmaceutical companies believed—and they turned out to be correct—that the market would trend toward home use of technology, and that pregnancy carried with it enough doubt and intimate feelings

47. “Your Stories” (n. 28).
49. Print advertisement for e.p.t, 1988: Drug Topics, 7 November 1988, Warner/Chilcott Clinical Summary Folder, NMAH.
50. Category sales data for pregnancy test kits sold by Pfizer, Inc.; source: A. C. Nielson. This figure does not reflect sales through Wal-Mart, and therefore presents an understated picture of actual sales for both the category in general and e.p.t in particular.
that women would appreciate removing this particular test from the public world of the doctor’s office. As we have seen, the first print advertisement for e.p.t appeared in popular women’s magazines (Mademoiselle, Vogue, Good Housekeeping, Redbook, McCall’s, Family Circle, and Ladies’ Home Journal) in March 1978, and television advertisements began around the same time. The advertisements emphasized accuracy rather than delving into what a woman’s response might be to the results. The test was presented as a boon for women specifically, without the context of a couple or a family. The first few advertisements for e.p.t in 1978 and 1979 featured a woman holding the box and speaking directly to the camera about the test, which, she assured viewers, was “fast, safe, and private.”

Though a Diagnostic Testing representative told Consumer Reports in 1978 that it planned to market its Answer brand of tests to “middle-income married women in their 30s,” marketing campaigns did address women who did not want to be pregnant as well as those who were looking for a positive result. Advertising for home pregnancy tests in the 1980s often featured an image of a woman’s face with an ambiguous expression: the images were designed to reach sexually active young women reading Vogue on the subway to work, and appeared next to advertisements for birth control—but they also needed to reach out to a cadre of mothers reading Good Housekeeping while their older children napped, and appeared in that magazine next to advertisements for baby food. The woman’s face did not change expression, but the context in which she appeared could make her look either excited or anxious. As the decade progressed, couples replaced single women in most advertisements. In concert with the 1980s ideals about family values, in which it was assumed that a married father and mother should raise each baby, many advertisements emphasized family. One of e.p.t’s commercials showed a woman singing songs with the word “baby” in them to her husband, until he finally caught on that she was trying to tell him the good news. By putting the pregnancy test in the context of a family, the commercials helped the company to market the test to people who wanted to be pregnant, and solidified the test’s place at the beginning of every happy pregnancy. The test itself was seen as a part of the family’s joy.

To reach an important audience for pregnancy tests, the drug companies marketed the tests to pharmacists. In these advertisements, the different brands claimed high standards of accuracy and trust. By the

51. The advertisement was a full-page spread and contained mostly text. It appeared in these magazines almost monthly throughout 1978.
52. Television advertisement for e.p.t, 1978, provided to the author by Pfizer, Inc.
54. Television advertisement for e.p.t, undated, provided to the author by Pfizer, Inc.
1980s, with a full field of available tests, companies touted the numbers of tests sold and the speed with which the customer could get her results. Claiming to be the industry leader in 1988, e.p.t, “the home pregnancy test women have trusted for over a decade,” noted that its brand was uniquely supported by “across the board TV, print, and trade programs, professional and public relations campaigns, and a toll-free consumer hotline.”\(^\text{55}\) Clearly, the home pregnancy test had reached a high level of market saturation and widespread cultural acceptance. A 1988 Fact Plus advertisement touted its new look: “the only home pregnancy test with the Fact Plus cube, a remarkably new testing technology that gives an unmistakable result.”\(^\text{56}\) Though all the tests on the market used substantially similar technology, marketers experimented with different looks to see what would be most appealing to consumers—wands, sticks, cubes, tubes, lines, circles, plus-signs, and, by the turn of the twenty-first century, even digital readouts. Advertising for pharmacists focused on the look of the test and the salability of the product. Though the look and accuracy were certainly important to the consumers, more-general advertising campaigns appealed to the emotional level of the test in addition to its mechanics.

In the 1990s, e.p.t introduced “reality advertising” with the launch of its “These Are Not Actors” campaign.\(^\text{57}\) These advertisements showed several different couples finding out on-camera whether or not they were pregnant, and featured some of the first people of color to be seen in advertisements for the pregnancy test.\(^\text{58}\) One married couple seen in these spots wanted a positive result but did not get one; “It will happen someday,” they said to the camera and each other.\(^\text{59}\) Many happy couples got the hoped-for positive result, but one young couple was actually delighted not to be pregnant; toward the end of that segment, the husband even wiped his brow in relief.\(^\text{60}\) This advertising campaign also featured two single women who showed palpable relief at their negative results: “I want kids,” one woman told the camera, “it’s just not the right time.”\(^\text{61}\)

\(^{55}\) Advertisement for e.p.t, \textit{Drug Topics}, 21 March 1988, NMAH collections.  
\(^{57}\) Television advertisements for e.p.t, undated, provided to the author by Pfizer, Inc.  
\(^{58}\) According to Pfizer, the only advertisement for the product to appear in \textit{Essence} or \textit{Ebony}, magazines with an African American female readership, appeared in 1990; it did not feature a model, just the image of the test itself. Television advertisements in the 1990s, however, featured couples of many different races.  
\(^{59}\) Television advertisement for e.p.t, undated, provided to the author by Pfizer, Inc.  
\(^{60}\) Television advertisement for e.p.t, undated, provided to the author by Pfizer, Inc.  
\(^{61}\) Television advertisement for e.p.t, undated, provided to the author by Pfizer, Inc.
What went missing here, of course, was the woman who did not want to be pregnant but was—presumably such people did exist, but it is unknown what might have happened to the tapes of their reactions. The reality series continued through the turn of the century with new innovations and different couples. The hook continued to be anxious and hopeful real people to whom the audience could relate. The concept that the pregnancy test appealed to people with problems and worries and uncertainties made the test seem modern, fresh, and exciting.

The inherent suspense of the pregnancy test brought edgy film director David Lynch to direct an advertisement for Clear Blue Easy in 1997. Lynch is said to have been interested in the advertisement because “it involves the psychological torture of a beautiful young woman,” a theme he has explored in other media. More famous for movies such as *Blue Velvet* and the surreal television show *Twin Peaks*, Lynch has also directed several advertisements, beginning with a 1990 commercial for perfume. His Clear Blue Easy spot, shot in black and white, shows a woman looking at herself in the bathroom mirror. A narrator says, “when you’re waiting to find out if you’re pregnant or not, nothing else in the world matters until you know,” as the numbers on the clock and the handles of the hot and cold faucets on her sink begin to read “yes, no, yes, no, yes, no” and a clock ticks loudly in the background. The woman looks down at the test, looks back up at the mirror, and smiles. The advertisement respects her privacy: the viewer is left not knowing the results. Lynch created an advertisement that captured the pressure and stress inherent in finding out the results of such an important test: though it takes only a minute, it will be the longest minute of this woman’s life, for so much hangs in the balance. Whereas taking the test can be a family event, it can also be an isolating experience for many women, which Lynch captures quite effectively. This woman gains power from the results. As she smiles at herself in the mirror, viewers smile with her, even without knowing any particulars about her circumstances. That she knows is made more important here than the specific results.

The Consumers’ Stories

Fundamentally, the history of the pregnancy test is the history of individuals for whom the test was a turning point. Some of these stories can

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63. To see some of David Lynch’s advertisements, go to www.lynchnet.com/ads.
be accessed through the data from a recent online survey of people who have taken the tests. Scholars have introduced a range of sources for the study of the influence and importance of reproductive technologies. Clare Hanson, in her treatment of the history of pregnancy in Britain, notes that her work draws equally from medical texts and from popular fiction and advice books for women; she notes that none of the sources are “value-free,” and she explains that literary texts and medical texts can offer contributions to our understanding of the “ideas and cultural representations” of pregnancy.64 The online survey, presented through a Web site linked with the National Institutes of Health beginning in December 2003, can point us in interesting directions regarding the place of the pregnancy test in the American public consciousness.65 It is neither authoritative nor representative, but the personal stories provide insight into the experiences of individual women. Tellingly, the responses have a similar tone and content despite describing events over a twenty-five-year period. The responders, though from a range of backgrounds, are presented here in brief “electronic oral histories” and open a window to the voices of women nationwide who have welcomed the pregnancy test into their experience of pregnancy.

The survey provides a glimpse into the demographics of the pregnancy-test consumer, a difficult population to assess.66 Though sales figures are available from companies that sell the tests, these numbers do not address demographics, or indicate reasons for the purchases; the survey can begin to answer these types of questions. Most respondents wrote about their experience with the test in the 1990s, telling how they had felt when buying the test, taking the test, and seeing the results appear. One woman, who took the test in 1990, noted that she had saved the sticks, which she called “treasured items,” in each child’s baby book—while another lamented her lack of such foresight when she took the test in the mid-1990s: “I wish I had saved the wand,” she wrote, “as my first memento of my son.”67 Women for

64. Hanson, Cultural History of Pregnancy (n. 8), p. 5.
65. “Your Stories” (n. 28). The stories were collected, for the most part, in 2004, but they relate histories going back as far as the late 1970s. Since they are all dependent on memory, they are useful as impressionistic views of the impact of the pregnancy test on individual lives. They are presented here as evidence that women take the tests, think about the tests, and remember the tests years later. For many women, the pregnancy test is an inextricable part of their memory of the pregnancy and the birth itself.
66. This demographic overview is limited in its usefulness because all the respondents had computer and Internet access, but it can provide us with some helpful ideas about who is using these tests.
67. “Your Stories” (n. 28); subsequent survey quotes are from this same source.
whom pregnancy remained only a fantasy viewed the test kits as a symbol of their dream: “As I type this,” one wrote, “a box of home pregnancy tests is menacing to me from my medicine cabinet upstairs.” For those who did not want to be pregnant (often teenagers), the tests symbolized their pain: “I knew I was pregnant,” wrote one young woman who could not bring herself to look at the results when she took the test back in 1986, “but that damn little test would confirm all my worst fears.” One woman wrote about being terrified upon seeing the second blue line in 2003: “No matter how much we wanted to be pregnant, I watched the second line appear,” she wrote, “and began shaking with anxiety.” Seeing the opposite result comforted others, who did not want to be pregnant: “I was very much not ready to be pregnant and was very relieved to be told by science that I was not pregnant,” wrote one survey responder about her experience with the test in 1992; “my boyfriend,” she added, “was even more relieved.”

Though the taking of the test itself brings privacy, purchasing the test in the first place can put women on public display. Survey respondents told how it felt to buy the test. One woman, who ended up crying with joy upon seeing the negative result in 2003, felt “extremely uncomfortable buying the tests. I live in a small town and know a lot of people. I refused to go to Wal Mart because I just knew that I would run into someone I know. I went out of town to get them both times.” Teenagers had the hardest time buying a test, but even older, married women who wanted a positive result wrote of the difficulty, as in this example from 1990, of “sharing a part of my life with the public (or, at least with the people in the grocery store) that I wouldn’t have chosen to otherwise.” One clerk asked a respondent “if we hope its positive which I thought was none of his business.” Another woman, describing her experience in 1986, noted that she “was not the least bit embarrassed to buy it; on the other hand, I didn’t tell anyone I knew about it, let alone my boyfriend.”

Sexually active women of all ages take pregnancy tests. In the online survey, the youngest was sixteen and the oldest in her forties. However, in a cultural and political climate that makes teenage sex taboo or at least disapproved of, home pregnancy tests are not routinely marketed to teenagers. Teen magazines do not contain print advertisements for pregnancy tests, for example, though they are available to all ages in most drugstores, grocery stores, and even gas stations. Certainly, teenagers find the pregnancy tests when they need them. More than a third of the respondents

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68. Of the sixty-three people who gave their ages at the time they took their first pregnancy test, twenty-three were between 16 and 20; twenty-four, between 21 and 30; fifteen, between 31 and 40; and one, in her 40s.
to the online survey took their first test as a teenager. “I did feel a little weird purchasing the test because I felt so young,” wrote one woman of her experience as a nineteen-year-old in 1992; “I thought the check-out girl was scrutinizing my purchase and making a judgment of me.” Several women pointed out how useful the home tests were “for terrified young girls” who would have grave difficulty visiting a doctor’s office without alerting their parents. One respondent, however, pointed out that not all teenagers were praying for a negative result: “I was . . . seeing a guy my parents strongly disapproved of,” she wrote, and when her period was late, she and her boyfriend bought four tests at the “99 cent store”; unable to perform the test at home, they “met for breakfast at a local restaurant.” The positive result, received in 2002, left her “shocked” but also “happy,” and she gave birth to a little girl.

The rise in the use of expensive fertility treatments in the past few decades has helped create a market for pregnancy tests among a population that has been given new hope of conceiving. Also, the 1980s and 1990s saw a major increase in the numbers of working women and mothers who, having delayed starting a family, may have been more anxious about getting pregnant and therefore more likely to use pregnancy tests. Women trying to get pregnant often buy ovulation kits, which predict the best time of the month to try, and many ovulation kits are now sold in boxed sets with pregnancy tests—indicating that the tests are specifically marketed toward those who are trying to start a family. Though it is still unusual in many areas, the 1990s saw an increase in gay couples having children, often through the use of IVF or other fertility methods, which resulted in an onslaught of pregnancy testing. “I’m 32, a lesbian, and my partner and I were using a known sperm donor to try to conceive,” wrote one woman in the online survey about her experience in 2003; “I stocked up on multiple packs of home pregnancy tests, figuring it could take a few months.” For women trying to get pregnant, the pregnancy test becomes a symbol of hope.

Pregnancy-test users can often spend up to fifty dollars buying multiple brands and extra “back-up” tests, which makes the testing process untenable for many consumers. When the tests first arrived at drugstores in 1978 they cost about ten dollars each, and the cost has remained remarkably steady over time; most currently sell for between ten and twenty dollars for a two-pack.69 In the United States, where insurance plans charge a

co-pay for a visit to the doctor, it costs about the same to take the test at home as to see a doctor. Many people mentioned the cost of the test in the online survey. “I bought the generic brand [in 1999],” one woman wrote, “because I didn’t want to spend the extra money if I wasn’t pregnant.” Another sent her husband out to get the product, and “he commented on the high cost of the test.” One woman, a teenager at the time she set out to purchase her home pregnancy kit in the early 1990s, wrote: “I was so afraid to buy it but couldn’t mix it up with anything else because I had no money. I finally decided I’d just steal it but was afraid of the consequences of getting caught and getting caught stealing a pregnancy test.” Wal-Mart and other discount stores sell off-brands or generics for less, and the tests can be even cheaper over the Internet, which increases access to the test.

With literally dozens of brands of pregnancy tests on the market, consumers are confronted with varied claims about ease of use, quick results, and accuracy. Consumer Reports (a magazine with a readership of 19 million that provides judgments of common household products) first rated the kits upon their introduction in 1978 and revisited the subject in 1996 and 2003.\footnote{70} Though in 1978 the magazine had disdained the technology, two decades later the editors conceded that there was a market and a use for home pregnancy testing, noting that “more consumers are turning their bathrooms into medical labs,”\footnote{71} and that “few women hoping to get pregnant today remember when the only way to know for sure was to go to the doctor”—quite a changed statement from the earlier report. Over the previous two decades, the test had ingrained itself deeply in the home-testing culture of Americans, leading to its acceptance by most mainstream health-care advisors and consumer advocates.

Clearly assuming that most women would take a pregnancy test only when they wanted to become pregnant, the 1996 Consumer Reports article did not mention any course of action as the result of a positive test other than to see the doctor for prenatal care. In 2003, the magazine noted only that the test should appeal to women who “consider it important to test at the very first suspicion of pregnancy.”\footnote{72} The 1996 article cautioned readers not to trust the accuracy claims of the different brands, concluding: “women need to use home pregnancy-test kits with a clear understanding

This article warned women not to be too confident with a positive result because of the risk that the test was merely identifying a pregnancy destined to end in miscarriage, and the editors noted that “in certain circumstances, a less sensitive test might be more preferable,” since these tests would be less likely to catch abnormally high or low levels of hCG in nonviable pregnancies.

When something goes wrong with a pregnancy, consumers often find themselves buying several home tests to reconfirm the results. In the case of miscarriage, the pregnancy test serves as proof that there was a pregnancy in the first place, and assumes a more significant role. For one pregnancy in 1996, wrote a survey responder, “I took 8, yes, 8 tests. The lines seemed to get fainter and the days went on and this pregnancy again ended in miscarriage at 5½ weeks.” Another, who described holding her test stick up to the light and pulling apart the plastic to determine the color inside, wrote: “I became a regular at the CVS [drugstore]—throwing around the cash to buy more tests. The faint tests were foreshadowing. I miscarried on Halloween [1998] at 5 weeks/4 days.” Both of these women miscarried before six weeks—before they heard the heartbeat, before they had an ultrasound, before any of the traditional ways that mothers-to-be “see” their future children. The positive pregnancy test had been a “scientific” link to the pregnancy, something confirming that what they felt was real.

Pregnancy loss must begin with an identifiable pregnancy. Miscarriage has its own history that scholars have recently begun to investigate. The event took on an increasingly tragedy-laden language in the late twentieth century that it had not carried earlier. Pregnancy tests have contributed to this change by relocating the time frame of pregnancy identification and making early information of nonviable pregnancies more widespread. Women who find out they are pregnant early in a pregnancy may be more likely to tell more people earlier, making the miscarriage more of a community event. Home pregnancy tests have shifted much of the excitement that comes along with having children to an earlier and more precarious stage in the pregnancy, and thus must be seen as contributing to the culture in which women refer to their lost pregnancies as “angels” and hospitals issue extensive information packets on how to grieve after

74. “Bringing Medicine Home” (n. 69), p. 49.
75. Ibid.
Home Pregnancy Test in America  

a pregnancy loss. Because the home pregnancy test does not reveal the level of hCG, but simply its presence, it can claim a positive for a nonviable pregnancy where the hCG levels never rose high enough to sustain the embryo. It is not an infallible technology.

For the most part, pregnancy tests are easy to overlook because they identify something that will become fairly obvious even to casual observers in a mere matter of weeks after the test is taken. In most scenarios, pregnancy tests, though significant at the time, fade out of consciousness quickly, whether because the taker was not in fact pregnant, or because the pregnancy itself then assumes a greater psychic role. The online survey, still available for people to add their stories, provides poignant glimpses into intimate situations that are otherwise difficult to access. It provides a rare look at pregnancy-test consumers and introduces readers to women who felt “single and pregnant and alone,” and also those who took the test while “praying to God that it was positive” and, when it was, feeling “elated and blessed.”

Home Pregnancy Tests and Popular Culture

A sure sign that a medical device has entered the public consciousness in this country is its regular appearance in Hollywood movies and on network television. The home pregnancy test has also been used as a plot device in many forms of popular literature, such as romance novels. In 2003, viewers of the provocative filmmaker Quentin Tarantino’s *Kill Bill 2* witnessed a startling transformation when Uma Thurman’s character halted her killing spree upon discovering that she was pregnant: she held up her positive pregnancy test as a symbol of motherhood, virtue, and compassion. One of the first pregnancy tests shown on the small screen actually predates the first home kit: on the hit 1970s sitcom *M*A*S*H*, Margaret “Hot Lips” Hoolihan thought she might be pregnant, and Hawkeye performed the test using Radar’s pet rabbit “Fluffy.” In this example, the focus was on the teamwork and friendships among the unit members, and on the complex and nonprivate nature of the test; the pregnancy scare itself was seen in the context of the personal relationships. Since then, characters ranging from teenagers to senior citizens have taken pregnancy tests on television.

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77. See Reagan, “From Hazard to Blessing to Tragedy” (n. 76).
Perhaps the most unfulfilling use of a pregnancy test on television occurred in 2001 when Jerome, a character on the teen show Moesha, found a used positive test in the trashcan on the show’s season finale, but was not sure whose it was. Could it be Niecy’s? Alicia’s? Brenda’s? Viewers were never to know, for the show was subsequently canceled.\footnote{Moesha, episode 127, “Paying the Piper,” 14 May 2001.}

In several storylines, the kit provides a lead for characters to have serious conversations with each other. The kit is a catalyst for family interaction, as the privacy of the test is rarely respected. Emotional confrontations ensue in many cases—for example, when parents, such as Brenda’s on Beverly Hills, 90210, discover that their little girl is having sex; the test then serves to bring parents and children together for an important conversation about both premarital sex and safe sex.\footnote{Beverly Hills, 90210, episode 23, “Beach Blanket Brandon,” 11 July 1991.} In other cases, the test is taken by one character in private but, when found in the trashcan, is thought to have been taken by somebody else. This can be used to foster discussion among the characters about who is having sex—an intimate act that suddenly becomes public. The test helps to show that sex, though private, has the potential to become something bigger that will affect the whole family.

When Lily takes a pregnancy test on Once and Again, she is not sure whether she and her boyfriend are ready to take the step of having a child together; emphasizing that the characters have already chosen to take the step of having sex, the pregnancy test can bring up issues such as the responsibility of a committed relationship without sexually explicit drama.\footnote{Once and Again, episode 208, “Life Out of Balance,” 10 January 2001.} The test itself led Lily and Rick to have a discussion they might not have had otherwise, forcing them to confront their relationship. On the teen drama Felicity, the test was used to convince the title character to tell her boyfriend that she had slept with another man.\footnote{Felicity, episode 66, “Miss Conception,” 31 October 2001.} In all of these cases the test is used in the drama to compel characters to confront situations that they had been avoiding. Its use as a truth serum demonstrates its ability to force resolution simply by providing answers.

In shows featuring single women, the test serves as a tool to enable a main character, such as Carrie on Sex and the City, to evaluate her own position on whether or not she is ready to have children.\footnote{Sex and the City, episode 10, “The Baby Shower,” 9 August 1998.} When Carrie misses her period she is forced to confront the idea of being pregnant. Taking the test is an ambivalent act for her, since she is not sure what she wants the results to look like; suspended in time for a minute as she takes the test,
all answers are viable. When Paige takes a home pregnancy test on *Ellen*, the group of friends discusses whether they are ready to be mothers.\textsuperscript{86} The specter of the test itself—without even knowing the results—leads women of childbearing age to consider their fertility, their biological clocks, and their maternal instincts. At the other end of the life cycle, senior citizens, such as Blanche on *The Golden Girls*, use the test in the course of discovering that they have missed their period due to menopause, not pregnancy.\textsuperscript{87} The test then is a marker of a change in life for which the character is unprepared. Though Blanche did not want to be pregnant, the test leads her to the realization that this will never be possible again, which is a difficult message to hear. As in real life, the pregnancy test serves as a point of departure for intimate and often difficult confrontations.

The pregnancy test helped cause a national scandal in the early 1990s, when the character of Murphy Brown took several dozen tests in the process of discovering that she was going to be a single mother.\textsuperscript{88} This was arguably the most famous TV episode to feature pregnancy tests, inspiring condemnation from then-Vice President Dan Quayle, who famously mentioned Murphy Brown in a speech on family values: noting that the character intended to keep the baby even though the child’s father was not in the picture, Quayle declared that “some things are good, and other things are wrong.”\textsuperscript{89} The national conversation that followed ranged from the pathology of working mothers and the benefits of two-parent families to the moral bankruptcy of network television. Though there have been other single working mothers on television, notably Rachel on the long-running sitcom *Friends* (who also took several pregnancy tests), none has captured the national media as thoroughly as Murphy Brown. Another controversial issue raised by pregnancy testing—gay couples having children—has also been addressed on television: the Showtime series *The L Word* introduced lesbian parenting with a pregnancy test, when Tina surprised Bette by setting the dinner table for three and putting the positive test stick at the third setting. *Will and Grace* also used a pregnancy test in a plotline about Grace’s artificial insemination by Will, her gay best friend, though that test came out negative.\textsuperscript{90}

\textsuperscript{88} *Murphy Brown*, episodes 75 and 76, “Uh Oh,” 20 May and 16 September 1991.
\textsuperscript{89} Vice President Quayle, in an address in San Francisco, September 1992; the text of the speech is available in several places online.
Countless other examples of pregnancy testing on television and in the movies—especially on daytime soap operas and talk shows, where sex is always a story line—attest to the test’s omnipresence in our culture. In its role as a methodology to prove promiscuity, the pregnancy test is seen as an authority. Talk-show host Maury Povich, in a 2005 segment on “Women who suspect their teenage daughters are sexually active and may be pregnant,” used pregnancy tests during the course of the show, in real time, to test the daughters and determine whether or not they were lying about having sex. The test here served as a lie-detector, since a positive test belies the claim that a girl has not had intercourse. In this example the test is not the flowery, happy, life-affirming test of many advertisements and romantic novels but instead a tool to bring shame on the featured families. The audience cheers when the sexually promiscuous teenagers are forced to submit to taking the test on national television, their privacy denied. The test in this case was used to make pregnancy—and more to the point, sexuality—visible in a public forum.

Romance novels often base entire plotlines on the pregnancy test in a far softer context. Aimed at a general female audience, Silhouette and Harlequin romances have explored the various themes and scenarios set up by the pregnancy test over the past several decades. Though often dismissed as shallow, these novels can be seen as bellwethers of our culture’s understanding of the role of women in relationships and in the greater society. In Carla Cassidy’s Pregnancy Test Series, which includes If the Stick Turns Pink and What if I’m Pregnant?, the author explores what happens when a woman who wants a baby seeks a partner who will not necessarily be her lover or husband, but rather will enable her to have a baby on her own. In each case, of course, things get complicated and romance ensues. The pregnancy test in these novels is the receptacle for dreams. For women like these characters who want to be pregnant more than anything, the test assumes a mythic stature and unwieldy importance. In the Harlequin novel A Baby of Her Own, the protagonist Delaney loses her virginity to a man she picks up in a bar, hoping to get pregnant on her first try. When the test stick turns pink a few weeks later she is forced to confront the responsibility of parenthood. Luckily, her one-night stand

93. Carla Cassidy, If the Stick Turns Pink, Silhouette Romance #1645 (Toronto: Harlequin, 2003); What if I’m Pregnant? Silhouette Romance #1644 (Toronto: Harlequin, 2003).
94. Brenda Novak, A Baby of Her Own, Harlequin Superromance #1083 (Toronto: Harlequin, 2002).
moves to town and wants to be a father—but meanwhile, the test itself represented for her both her recklessness and her success. Lauren Baratz-Logsted’s novel *The Thin Pink Line* uses the pregnancy test as the lead-in to a satire on pregnancy and women’s longing for validity through childbearing.\(^{95}\) Wanting to be pregnant like her friends and colleagues and, above all, wanting the attention that comes along with the condition, the protagonist Jane converts her negative pregnancy test to a positive result with the swipe of a pink marker pen. The book follows her throughout the next nine months as she continues the charade of being pregnant. The “proof” of the pregnancy test helped convince her boyfriend and the rest of the world that she was telling the truth, acknowledging the implicit trust that people place in the fallible technology.

Books outside the romance-novel genre have also used the pregnancy test as a tool for generating storylines. Lauren Grodstein’s recent novel entitled *Reproduction Is the Flaw of Love* takes place entirely within the time frame of a woman taking a pregnancy test while her boyfriend waits outside the bathroom door and contemplates the course of his life.\(^{96}\) Here the pregnancy test serves as a lens through which Joel sees his life—his choices, his actions, his indecisions, his past relationships with women, and his troubled relationship with his parents. Even the few minutes it will take to get the results prove excruciating, as Joel ponders his readiness for fatherhood. He tries to figure out the meaning of love from behind a closed door, the pregnancy test having forced the inner searching. The novel highlights the importance of the home pregnancy test to men as well as women. Americans, having accepted that the pregnancy test will be present at such moments of introspection and anxiety, have welcomed the technology into their lives even as they struggle with the answers it reveals.

**Conclusion**

As that final example tantalizingly suggests, with its story of the pregnancy test from a man’s point of view, there is much more to be learned from the home pregnancy test. My discussion here has focused on the development, marketing, and cultural use of the test. Its popularity arose in a historical

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\(^{95}\) Lauren Baratz-Logsted, *The Thin Pink Line* (Toronto: Red Dress Ink, Harlequin, 2004). Although Red Dress Ink is a Harlequin imprint, it captures a wider audience and was featured at chain bookstores such as Barnes & Noble and Borders, Inc. in the summer of 2004 as “chick lit” summer reading.

moment that privileged the importance of personal health-related knowledge and the significance of control of that knowledge. The women’s health movement of the 1970s encouraged women to come to their doctors more informed, and the pregnancy test helped them to do that. Though women have found ways throughout history to find out about impending pregnancy, it has only been within the last quarter-century that this information was available to so many women with such reliable accuracy. Women in this generation who take home pregnancy tests are able to know something about themselves and their futures in a time frame that was simply not possible for their grandmothers, or even their mothers. The kit modified the network of actors involved in diagnosing pregnancy, taking the event from the doctor’s office to the home. It has also modified the time frame of pregnancy by reconfiguring the original discovery. Its revolutionary status, therefore, is small but personal, removing the moment of pregnancy diagnosis from the institutional gaze of the doctor to the private gaze of the pregnant (or not-pregnant) woman herself. It is an example of the way in which the women’s health movement worked to recapture women’s control over much information related to pregnancy. The kit itself has an important history that needs to be addressed along with the histories of other reproductive technologies, and along with the histories of the women’s health movement and the history of pregnancy and childbirth in the last quarter of the twentieth century.

By continuing to gather information and testimonials about the use of the pregnancy test, we can expand our understanding of the history of women’s health in the late twentieth century. As the use of the pregnancy test in television dramas, literary texts, survey responses, and advertising has shown, the little plastic wand—or tube, or stick—is present at moments when people’s lives change and when they make wrenching life decisions. That these decisions are of interest to politicians and other policymakers only makes the history of the pregnancy test more compelling. Its assertion, by its very presence, that Americans are engaging in unprotected sex, makes the home pregnancy test an important symbol of fertility, family, and, for some, freedom. Family planning has become, in our culture, a political act as well as an intimate decision. The pregnancy test introduces new questions for historians about sexuality, reproduction, and incursions of science and technology into our most intimate acts. It deserves a place in future studies of reproductive health technology and human behavior. Meanwhile, as Mademoiselle’s readers learned a quarter-century ago, the ability of this small plastic tool to present women with answers quickly, neutrally, and privately indeed served as a small but important revolution.
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