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## REVIEW ESSAY

# History of Childbirth in America

Nancy Schrom Dye

Despite the centrality of pregnancy and birth in women's lives, historians have only recently turned their attention to the changing customs and attitudes Americans have carried into the lying-in chamber and the delivery room. Until a few years ago, the history of childbirth could more accurately be termed the history of obstetrics. Medical histories, such as Harvey Graham's *Eternal Eve*, Palmer Findley's *Priests of Lucina*, and Herbert Thoms's *Chapters in American Obstetrics*,<sup>1</sup> provide useful information on leading obstetrical practitioners and an outline of medical developments, such as forceps, but they ignore the social context of childbirth. Virtually all histories of obstetrics conceptualize the development of modern obstetrical practices in a linear, progressive fashion: a handful of dedicated men in the late eighteenth and nineteenth centuries brought birth out of the realm of ignorance and superstition and laid the foundation for a scientific understanding of the birth process.

Recent studies have been less concerned with the history of obstetrics than with the social aspects of childbirth and its management. Works such as Richard and Dorothy Wertz's *Lying-In*<sup>2</sup> which, as the only full-

1. Harvey Graham, *Eternal Eve* (London: William Heineman, 1950); Palmer Findley, *Priests of Lucina: The Story of Obstetrics* (Boston: Little, Brown & Co., 1939); Herbert Thoms, *Chapters in American Obstetrics* (Springfield, Ill.: Charles C. Thomas, 1933); Irving Cutter and Henry Viets, *A Short History of Midwifery* (Philadelphia: W. B. Sanders Co., 1964).

2. Richard W. Wertz and Dorothy C. Wertz, *Lying-In* (New York: Free Press, 1977).

length historical study of American childbirth, is the best introduction to the subject, investigate the social relationship between a woman and her birth attendant, midwifery as a female institution, childbirth and female bonding, and the relationships between the professionalization of medicine and changes in the status of women. At their best, new studies integrate medical developments, such as anesthesia, with women's responses to these developments.

The history of childbirth in America can be broken into three periods. Until the late eighteenth century, birth was an exclusively female affair, a social rather than a medical event, managed by midwives and attended by friends and relatives. The second period, extending from the late eighteenth century through the first decades of the twentieth, was a long transition between "social childbirth" and medically managed birth. Gradually, male physicians replaced midwives and transformed birth into a medical event. By the 1920s, the beginning of the third period, this major transformation had been completed. The medical model of childbirth emerged unchallenged as the medical profession consolidated its control of birth management.

The major theme underlying this chronology is that of control: who has determined where birth has taken place and how it has been handled? Who has had access to knowledge about the birth process—male professional medical practitioners, female midwives, parturient women themselves? Recent studies have been concerned primarily with two aspects of this question of control: the impact that professionalization, with its attendant mystification and monopolization of knowledge, has had upon the management of birth, and the patriarchal values that fostered male control of a female experience.

### *Childbirth in Early America*

Scholars who have investigated childbirth in the seventeenth and eighteenth centuries have been concerned with the role, status, and practices of midwives; childbirth management; and women's experience of and attitudes toward birth. Until the last decades of the eighteenth century, midwives were the sole American birth attendants. Despite their importance, however, it is very difficult to ascertain their identity, status, and knowledge. Because midwifery practice was less formal in the colonies than in England<sup>3</sup> and because few materials exist that shed light on midwives' work, historians have been forced to generalize from bits and

3. For good recent discussions of the history of English midwifery, see Jean Donnison, *Midwives and Medical Men: A History of Interprofessional Rivalries and Women's Rights* (New York: Schocken Books, 1977); and Ann Oakley, "Wisewoman and Medicine Man: Changes in the Management of Childbirth," in *The Rights and Wrongs of Women*, ed. Juliet Mitchell and Ann Oakley (Harmondsworth, Middlesex: Penguin Books, 1976); also see Thomas Rogers Forbes, *The Midwife and the Witch* (New Haven, Conn.: Yale University Press, 1966).

pieces of information. Unlike traditional medical historians, who generally accept eighteenth- and nineteenth-century physicians' descriptions of their competitors as ignorant and dangerously incompetent,<sup>4</sup> recent scholars have been favorably disposed toward midwives. According to recent studies, many midwives were very knowledgeable empirically about the birth process. Competent midwives knew the stages of labor, recognized and managed a variety of difficulties such as abnormal presentations, and employed a variety of mechanical and pharmacological means to alleviate pain and speed labor.<sup>5</sup> At least some midwives enjoyed high social status.<sup>6</sup> The paucity of sources, however, makes it impossible to determine such basic facts as the extent of literacy among midwives or their social class. The question of competence is also impossible to evaluate in the absence of objective standards, such as licensing requirements. Because we know so little and because the midwife is so closely associated with female-controlled childbirth, it is easy to romanticize her and to see her solely as a persecuted female protoprofessional.<sup>7</sup>

Similarly, it is easy to romanticize the experience of childbirth in early America. Because birth took place at home, because it was an exclusively female affair, and because it was not defined as a pathological process, scholars sometimes give the impression that childbirth was a calm, joyful occasion, preferable to the medically managed experience of subsequent centuries. Birth was a time for female friends and relatives to care for the parturient mother and her household, provide reassurance, and offer expertise and advice. As such, birth in early America is a good example of female bonding. As Wertz and Wertz describe social childbirth, "birth continued to be a fundamental occasion for the expression of care and love among women."<sup>8</sup>

This picture alone, as the Wertzes and others are careful to point out, is distorted. There is much evidence that birth was often a terrifying ordeal. In eighteenth-century Chesapeake, for instance, diarists described birthing as a "scene of sickness," a time of "confusion and distraction." As Landon Carter described one of his wife's confinements, "I found everybody around her in a great fright and she almost in despair [*sic*]."<sup>9</sup> Fear of death and fear of pain that could not be controlled help

4. See, e.g., Cutter and Viets.

5. Claire Elizabeth Fox, "Pregnancy, Childbirth and Early Infancy in Anglo-American Culture: 1675-1830" (Ph.D. diss., University of Pennsylvania, 1966); Catherine Scholten, "'On the Importance of the Obstetrick Art': Changing Customs of Childbirth in America, 1760-1825," *William and Mary Quarterly*, 3d ser. 34 (July 1977): 426-45; Wertz and Wertz, pp. 6-18.

6. Wertz and Wertz, pp. 8-9; Scholten, p. 432.

7. See, e.g., Barbara Ehrenreich and Deirdre English, *Witches, Midwives, and Nurses: A History of Women Healers* (Old Westbury, N.Y.: Feminist Press, 1973).

8. Wertz and Wertz, p. 6.

9. Quotations from Daniel Blake Smith, *Inside the Great House: Planter Family Life in Eighteenth-Century Chesapeake Society* (Ithaca, N.Y.: Cornell University Press, in press); also see Wertz and Wertz, pp. 20-25; and Scholten, pp. 428-29.

explain why women often dreaded their confinements. Then, too, we know from European sources that well into the eighteenth century birth was believed to be fraught with supernatural perils as well—hence, the close association between midwifery and witchcraft.<sup>10</sup> The extent to which colonists carried these beliefs to the New World has not been adequately explored.<sup>11</sup>

How dangerous was childbirth in early America? Because data that exist suggest that maternal mortality was not very high, at least compared with European rates, some scholars have suggested that women's fears of death were due to cultural and religious factors. Puritan ministers, for example, stressed the likelihood of death in childbirth. Wertz and Wertz suggest that "women may have dreaded birth more because of this cultural emphasis on birth as potential death than because of high rates of mortality."<sup>12</sup> This argument, although it may follow logically from an analysis of mortality rates, fails to take other than purely statistical considerations into account. The experience of knowing someone who had died in childbirth may well have been common and would also help explain women's fears.

### *Childbirth in the Nineteenth Century*

By the mid-eighteenth century, increasing numbers of Americans were traveling to Britain for medical training. There they learned to consider midwifery a part of medical science. In the decades following the American Revolution, many upper-class urban American women began to turn to these new physicians for care during parturition.<sup>13</sup> This importation of the "new obstetrics" marks the beginning of the second period in the history of childbirth, the medical management of birth. Because medicine was an exclusively male occupation, this change marked not only a shift from a nonprofessional attendant to a professional one, but also a transition from a female-controlled experience to a male-controlled one. The transition from midwife to doctor, however, was gradual. Not until the second and third decades of the twen-

10. Forbes; Keith Thomas, *Religion and the Decline of Magic* (New York: Charles Scribner's Sons, 1971).

11. Wertz and Wertz (p. 23) argue that in the American colonies Protestant authorities were successful in eliminating magical practices and beliefs but do not present evidence for this argument.

12. Ibid., p. 21. For a similar argument about early American attitudes toward death generally, see Maris Vinovskis, "Angels' Heads and Weeping Willows: Death in Early America," in *The American Family in Social-Historical Perspective*, 2d ed., ed. Michael Gordon (New York: St. Martin's Press, 1978). For a discussion of maternal mortality in one colony, see John Demos, *A Little Commonwealth: Family Life in Plymouth Colony* (New York: Oxford University Press, 1970), p. 131.

13. Scholten, pp. 434-39.

tieth century did physicians succeed in gaining full acceptance for the medical model of childbirth.

Jane Donegan's *Women and Men Midwives: Medicine, Morality, and Misogyny in Early America*<sup>14</sup> is the fullest account of the transition from midwife to physician from the late eighteenth through the mid-nineteenth centuries. Donegan's work is primarily a study of the cultural context in which nineteenth-century obstetrics developed and of the interplay between medical practice and attitudes toward women. Paradoxically, obstetrics and gynecology developed as male medical specialties in a period characterized by excessive preoccupation with female modesty and delicacy.

Male physicians did not incorporate obstetrics into their practices unopposed. Social conservatives, health reformers, and feminists fought male physicians' involvement with birth. Donegan is at her best in the discussion of social conservatives' arguments against male midwifery and physicians' attempts to overcome these objections. Conservatives regarded the presence of males in the lying-in chamber as an affront to women's natural delicacy and feared a general breakdown of moral standards. To overcome these objections, physicians argued that parturition was a dangerous, pathological process that required medical intervention. Physicians also did their best to accommodate themselves to social mores. Male physicians examined women rarely, conducted deliveries in darkened rooms with the patient fully draped, and adopted new devices, such as the vaginal speculum, with reluctance. Donegan's work contradicts the argument that nineteenth-century doctors were influential in shaping standards of femininity and morality.<sup>15</sup> Rather, her work suggests that medical practices were themselves shaped by prevailing cultural attitudes.

In good part because male physicians began to attend women in labor, the social customs surrounding birth changed dramatically in the nineteenth century. Several studies integrate medical history with women's descriptions to reconstruct the nineteenth-century birth experience. Catherine Scholten<sup>16</sup> uses diaries, journals, and medical texts to reconstruct women's birthing experiences in both the colonial period and the early nineteenth century. Affluent urban women, she finds, turned eagerly to male *accoucheurs* as early as the 1770s. In the process, women surrendered the female customs that had accompanied birth in the belief that doctors could make labor less dangerous and painful. Above all, physician-managed childbirth was a secluded, private experience. Physi-

14. Jane Donegan, *Women and Men Midwives: Medicine, Morality and Misogyny in Early America* (Westport, Conn.: Greenwood Press, 1978).

15. For an example of this argument, see Carroll Smith-Rosenberg, "From Puberty to Menopause: The Cycle of Femininity in Nineteenth-Century America," in *Clio's Consciousness Raised*, ed. Mary Hartman and Lois Banner (New York: Harper & Row, 1974).

16. Scholten, pp. 426-45.

cians banned female friends and relatives from participation, in part because visitors undermined doctors' authority, but also because in the increasingly privatized family life of the nineteenth century, the birth process "embarrassed both patient and physician."<sup>17</sup> Scholten links these changes to urbanization. Nineteenth-century urban women and their physicians shared a new consciousness about birth. Many women were no longer willing to endure passive suffering; many physicians were convinced that suffering could and should be avoided.

Janet Bogdan<sup>18</sup> contrasts midwife-managed and physician-managed birth in the nineteenth century and argues that many middle- and upper-class women continued to employ midwives in a desire to continue female birth rituals and preserve modesty and because they trusted midwives' noninterventionist practices. Women feared doctors and called upon them only as a last resort. Because physicians regarded childbirth as a pathological process, they were rarely content to let nature take its course. They intervened with needless and often harmful practices, such as bleeding, purging, large quantities of ergot to speed labor, and indiscriminate use of forceps. Women's fears of physicians, Bogdan concludes, were realistic.

Why did women turn to physicians? The promise of safer, less painful labor through the use of forceps, drugs, and anesthesia certainly helps explain this decision. But were physicians more competent than the midwives they replaced? To answer this question, scholars have focused their attention on clinical developments and medical training. The eighteenth and nineteenth centuries saw great advances in the scientific understanding of the birth process. Increasing knowledge of the physiology of labor, growing ability to handle difficult labors with forceps, knowledge of the techniques of cephalic and podalic version, and developments in anesthesia and gynecological surgery held at least the potential for greater safety and less pain.<sup>19</sup> It is not at all certain, however, that the average nineteenth-century practitioner was either aware of these developments or capable of applying them clinically. Obstetrical instruction in medical schools was, at best, haphazard. Considerations of modesty made clinical obstetrics virtually unknown. Lack of training combined with the general tendency in nineteenth-century American medicine toward heroic intervention made so-called meddlesome mid-

17. Ibid., p. 444.

18. Janet Bogdan, "Care or Cure? Childbirth Practices in Nineteenth-Century America," *Feminist Studies* 4 (June 1978): 92-99.

19. For overviews of medical developments, see Donegan, pp. 9-109; and Thoms, pp. 21-84. On anesthesia, see John Duffy, "Anglo-American Reaction to Obstetrical Anesthesia," *Bulletin of the History of Medicine* 38 (January-February 1964): 32-44; M. Pierce Rucker, "An Eighteenth-Century Method of Pain Relief in Obstetrics," *Journal of the History of Medicine* 5 (Winter 1950): 101-4. On gynecological surgery, see J. Marion Sims, *The Story of My Life* (New York: D. Appleton, 1884).

wifery a real danger.<sup>20</sup> The history of puerperal sepsis, or childbed fever, is one illustration of the disparity between scientific knowledge and clinical practice. Despite knowledge of how to prevent the disease as early as the 1840s, it continued to be the major cause of maternal death through the first decades of the twentieth century.<sup>21</sup> Many American doctors were unconvinced by or ignorant of the importance of anti-sepsis, a practice that did not become routine in American hospitals until the end of the nineteenth century.<sup>22</sup> There was a similar lag between the introduction of obstetrical anesthesia and American physicians' willingness to adopt it.<sup>23</sup>

Physicians' growing control of childbirth management spelled midwifery's decline. Although midwives continued to attend the majority of American births until 1920,<sup>24</sup> they steadily lost ground to doctors. The fullest account of American midwifery and its decline is Judy Barrett Litoff's *American Midwives, 1860 to the Present*.<sup>25</sup> Litoff's book is a good corrective for historians' tendency to romanticize the midwife. Nineteenth-century midwifery emerges in her study as prototypical "pink-collar" work: midwives were usually poor, untrained, immigrant or black women with low social status and little occupational prestige. They were essentially domestic workers, with household and child-care duties as integral parts of their job. Unlike their European counterparts, American midwives had no professional identity. They worked in isolation, serving small local populations. Unlike doctors, who worked to professionalize medicine by upgrading entry requirements and establishing professional networks, midwives had no way to set standards or disseminate knowledge. Their exclusion from formal training kept them in ignorance about forceps, anesthesia, and other obstetrical developments.

20. John Duffy, *The Healers: The Rise of the Medical Establishment* (New York: McGraw-Hill Book Co., 1976); William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore: Johns Hopkins University Press, 1972); Richard H. Shryock, *Medicine and Society in America, 1660-1860* (Ithaca, N.Y.: Cornell University Press, 1972).

21. On puerperal sepsis, see Wertz and Wertz, pp. 119-28; Harold Speert, *The Sloane Hospital Chronicle* (Philadelphia: F. A. Davis Co., 1963), pp. 182-91; Frederick C. Irving, *Safe Deliverance* (Boston: Houghton Mifflin Co., 1942), pp. 140-67. Oliver Wendell Holmes first published his conclusions on the "contagious" nature of puerperal fever in 1843 (Oliver Wendell Holmes, "The Contagiousness of Puerperal Fever," *New England Quarterly Journal of Medicine and Surgery* 1 [April 1843]: 503-30); for a medical biography of Holmes, see Eleanor Tilton, *Amiable Autocrat: A Biography of Dr. Oliver Wendell Holmes* (New York: H. Schuman, 1947).

22. See Duffy, *The Healers*, for a discussion of heroic intervention.

23. Duffy, "Anglo-American Reaction to Obstetrical Anesthesia."

24. Frances E. Kobrin, "The American Midwife Controversy: A Crisis of Professionalization," *Bulletin of the History of Medicine* 40 (July-August 1966): 350.

25. Judy Barrett Litoff, *American Midwives, 1860 to the Present* (Westport, Conn.: Greenwood Press, 1978).



Midwives themselves sometimes get lost in Litoff's account. We learn only general information about their identity, local social standing, and practices. Specific studies on early twentieth-century midwives suggest that they had high social status in their own communities.<sup>26</sup> Work on black southern midwives reveals that they often had a high degree of skill and knowledge. In the absence of formal training programs they often devised highly structured apprenticeship systems.<sup>27</sup> Early twentieth-century midwives generally had mortality records better than those of general practitioners at the same time.<sup>28</sup>

Around 1910, physicians began to agitate for the drastic curtailment of midwifery practice. Their efforts were successful. Some states outlawed midwifery altogether; most enacted regulatory requirements that the great majority of midwives could not meet. Several scholars have investigated this attack on midwifery, or the so-called midwife debate. Litoff's study is valuable in that she explores the reasons why midwives themselves remained an unorganized, inarticulate group with virtually no role to play in determining their future. Frances Kobrin<sup>29</sup> outlines the debate from two perspectives—that of the medical profession, and that of public health officials, who wanted to regulate midwifery rather than eliminate it altogether. Above all, doctors' efforts were stimulated by increasing public attention to the United States' high maternal death rate. The midwife, isolated and powerless, was an easy scapegoat. Then, too, obstetrics was emerging as a new medical specialty, and obstetricians were anxious to bolster their status within their profession and build their practices by convincing Americans that there was a crying need for their services. Ideally, they argued, all women should be delivered by obstetricians. In that way, "the midwife would be eliminated and the basis established for enormous advances in obstetrics, since students would then get ample training."<sup>30</sup>

There are still many unanswered questions about nineteenth-century childbirth. Thus far, no study has dealt with mortality in other than a brief, impressionistic way. Notwithstanding the lack of complete data, it is imperative to an understanding of birth in the past that we have a better sense of the dangers it posed for mother and child. In

26. K. Osgood, D. L. Hochstrasser, and K. W. Deuschle, "Lay Midwifery in Southern Appalachia: The Case of a Mountain County in Eastern Kentucky," *Archives of Environmental Health* 12 (June 1966): 759-70; Beatrice Mongeau, Harvey L. Smith, and Ann C. Maney, "The 'Granny' Midwife: Changing Roles and Functions of a Folk Practitioner," *American Journal of Sociology* 66 (March 1961): 497-505; Alex S. Freedman, "The Granny Midwife: An Example of Pariah Medicine," *Research Studies* 42 (June 1974): 131-37.

27. Mongeau et al., pp. 501-2.

28. U.S. Department of Labor, Children's Bureau, *Standards of Child Welfare: A Report of the Children's Bureau Conferences, May and June, 1919* (Washington, D.C.: Government Printing Office, 1919), pp. 158, 164, 165; Kobrin, p. 351.

29. Kobrin, pp. 350-63.

30. *Ibid.*, p. 359.

particular, we need to assess the extent to which new medical practices themselves were harmful.

Social class is another factor that few historical studies of childbirth consider. We know little about how a woman's social class affected the medical treatment she received. Similarly, we know little about the nineteenth-century lying-in hospitals in which many poor women received maternity care. Virginia Drachman's study of demonstrative midwifery provides a useful model for future investigations.<sup>31</sup> Through an analysis of the 1850 controversy and litigation prompted by a medical professor's decision to allow his students to observe a domestic servant's labor and delivery, Drachman illustrates some of the relationships between class and medical practice. Allowing social class to determine medical treatment provided a way to resolve the conflict between propriety, on the one hand, and scientific investigation and clinical instruction, on the other. As Drachman concludes, "In the post Civil War period doctors evolved a working though unspoken agreement with the growing population of poor urban women. . . . They gave them medical attention, and, in return, used them as a resource for medical instruction."<sup>32</sup>

Although Donegan, Scholten, Bogdan, and the Wertzes deal with birth management and Duffy with obstetrical anesthesia, there is much more to learn about the interaction between social attitudes toward women and the medical treatment they received. In particular, we need to know more about when and why parturition came to be regarded as a disease. Is there a connection between this development and the labeling of other female physiological processes, such as menstruation, as pathological? What relationships can be established between physicians' assumption of childbirth management and their assumption of control over other aspects of female reproductive life, namely, contraception and abortion?<sup>33</sup> Finally, we need to know more about how obstetrical practices compared with nineteenth-century medical practice generally, so as to be able to assess the extent to which doctors' attitudes toward women influenced their treatment.<sup>34</sup>

31. Virginia G. Drachman, "The Loomis Trial: Social Mores and Obstetrics in the Mid-nineteenth Century," in *Health Care in America: Essays in Social History*, ed. Susan Reverby and David Rosner (Philadelphia: Temple University Press, 1979).

32. *Ibid.*, p. 80.

33. For a discussion of medical control of contraception, see Linda Gordon, *Woman's Body, Woman's Right* (Harmondsworth, Middlesex: Penguin Books, 1977).

34. Initial interpretations of female medical treatment and doctor-patient relationships in the nineteenth century stressed the victimization of women. See, e.g., Ann Douglas Wood, "The Fashionable Diseases," *Journal of Interdisciplinary History* 4 (Summer 1973): 25-52; Ben Barker-Benfield, "The Spermatic Economy: A Nineteenth-Century View of Sexuality," *Feminist Studies* 1 (Summer 1972): 45-74. For a good critique of this perspective, see Regina Morantz, "The Lady and Her Physician," in Hartman and Banner, eds. (n. 15 above).

*Childbirth in Contemporary America*

Midwifery's demise marked the beginning of the contemporary period in the history of childbirth. The dominant characteristic of this period has been the consolidation of medical control: since the 1920s, physicians have been the unchallenged birth attendants. (Although nurse-midwifery was introduced in the United States in the 1920s, nurse-midwives were not an alternative for many women until very recently. Most nurse-midwives practiced only in areas without doctors.)<sup>35</sup> Since the 1920s, birth has been handled primarily as a surgical procedure. Interventionist practices, such as forceps, episiotomies, general and conduction anesthesia, and induction, have become commonplace. The consolidation of medical control has also been marked by a shift in the place of birth. In the 1920s, nearly three-fourths of American births took place at home. By 1960, 96 percent took place in hospitals.<sup>36</sup> Throughout the contemporary period, maternity patients have been expected to be passive, to surrender control of their bodies and the birth process itself to professionals. Women's responses to these developments have only begun to be documented historically. Sociological and popular investigations of contemporary childbirth, however, indicate that women have found the experience alienating, isolating, and fearsome.<sup>37</sup>

Richard and Dorothy Wertz offer the most comprehensive account of developments in twentieth-century childbirth management. *Lying-In* is particularly useful for its discussion of the move from home to hospital. Hospitalization was the physicians' response to criticism of high maternal and infant mortality and morbidity rates. The hospital seemed to offer greater safety because aseptic conditions could be maintained. Also, by the 1920s many physicians were practicing "radical obstetrics" and procedures such as the "prophylactic forceps" delivery could be performed safely only in the hospital. But mortality rates did not begin to decline until the late 1930s, in large part because hospitalization fostered the routine use of risky interventionist procedures.<sup>38</sup>

Neal Devitt's study of twentieth-century hospital birth documents that hospitalization did not significantly lower maternal and infant mor-

35. On the introduction of nurse-midwifery in the United States, see Mary Breckinridge, *Wide Neighborhoods: A Story of the Frontier Nursing Service* (New York: Harper & Bros., 1952).

36. Wertz and Wertz, p. 135.

37. Adrienne Rich, *Of Woman Born* (New York: W. W. Norton & Co., 1976), is a powerful indictment of childbirth as managed in patriarchal culture. Also see Doris Haire, "The Cultural Warping of Childbirth" (Seattle: International Childbirth Education Association, 1972); Nancy Stoller Shaw, *Forced Labor: Maternity Care in the United States* (New York: Pergamon Press, 1974); Suzanne Arms, *Immaculate Deception* (Boston: Houghton Mifflin Co., 1975).

38. Wertz and Wertz, pp. 160-63.

tality.<sup>39</sup> Organizations, such as the Frontier Nursing Service, that continued to do home deliveries had better mortality records, with fewer causes of sepsis and fewer deaths. Devitt concludes that the evidence does not indicate that "healthy women with normal pregnancies benefitted from hospital obstetric care."<sup>40</sup>

Joyce Antler and Daniel Fox<sup>41</sup> also discuss the relationship between hospitalization and puerperal mortality in their work on the response of the medical profession to the problem of maternal deaths. Although midwives were usually blamed for the high death rate in the first two decades of the century, mortality rates increased after midwives had been all but eliminated as birth attendants. Furthermore, a large percentage of deaths were clearly preventable. The medical profession and public health officials ascribed the persistently high death rate to a variety of causes but came back again and again to two major reasons for it: inadequate prenatal care and the fact that hospitalization encouraged surgical intervention. The "great increase in radical, or operative, obstetrics after 1915 appeared to be a primary cause of rising puerperal mortality, counterbalancing lives saved as the result of the introduction of asepsis and improved prenatal care."<sup>42</sup> Not until the late 1930s, with the publicity occasioned by the New York Academy of Medicine's Committee on Public Health Relations' report on maternal mortality in New York City, did the medical profession make a concerted effort to upgrade and oversee obstetrical practices.

Very few historical studies have explored women's responses to the depersonalization, isolation, and lack of control that have characterized twentieth-century childbirth. One subject that has proved useful for shedding light on women's responses to twentieth-century developments is the twilight sleep movement. Judith Leavitt<sup>43</sup> and Lawrence Miller<sup>44</sup> explore the public and medical controversies over the use of the scopolamine and morphine combination that obliterated women's memory of their labors. From a present-day feminist perspective, as Leavitt points out, the use of such an amnesiac would clearly indicate women's powerlessness and passivity in the birth process. But in 1914-15, at the height of the twilight sleep movement, many women viewed the right to

39. Neal Devitt, "The Transition from Home to Hospital Birth in the United States, 1930-1960," *Birth and the Family Journal* 4 (Summer 1977): 47-58.

40. *Ibid.*, p. 57.

41. Joyce Antler and Daniel M. Fox, "The Movement toward a Safe Maternity: Physician Accountability in New York City, 1915-1940," *Bulletin of the History of Medicine* 50 (Winter 1976): 569-95.

42. *Ibid.*, p. 575.

43. Judith Walzer Leavitt, "Birthing and Anesthesia: The Debate Over Twilight Sleep," *Signs: Journal of Women in Culture and Society*, in this issue.

44. Lawrence G. Miller, "Pain, Parturition, and the Profession: Twilight Sleep in America," in Reverby and Rosner, eds. (n. 31 above), pp. 19-44.

painless childbirth as a feminist issue and demanded that physicians do all in their power to obliterate birth pain. Leavitt concludes that women who participated in the movement were trying, above all, to assert control over the birth process. She argues that for twilight sleep advocates, "loss of control during the process was less important . . . than their determination to control the decision about what kind of labor they would have."<sup>45</sup>

The "natural childbirth" movement also holds potential for an understanding of women's perceptions and feelings about childbirth in the twentieth century. At present, the only historical account of natural childbirth is in the Wertz and Wertz volume, *Lying-In*. They emphasize the importance of the "feminine mystique" of the late 1940s and 1950s for explaining the popularity of Grantley Dick-Read's and Ferdinand Lamaze's teachings.<sup>46</sup> Only through experiencing childbirth fully, according to influential psychoanalytic theorists such as Helene Deutsch, could a woman completely accept her feminine nature and role. But women's growing interest in natural childbirth can also be seen, much like the twilight sleep movement, as a female effort to regain control over the birth process. As such, although not often articulated explicitly, it has been a feminist issue.

Given the continuing interest in women's history and the social aspects of medical history, there is every indication that childbirth will continue to be a subject of vital interest to historians. If such studies continue to integrate the medical and the social aspects of childbirth, we will soon know much more both about how childbirth has been managed and about how the experiences of pregnancy and birth have affected women's feelings about themselves and their role throughout American History.

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45. Leavitt, p. 23.

46. Wertz and Wertz, pp. 178-200.

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### **[Footnotes]**

<sup>18</sup> **Care or Cure? Childbirth Practices in Nineteenth Century America**

Janet Bogdan

*Feminist Studies*, Vol. 4, No. 2, Toward a Feminist Theory of Motherhood. (Jun., 1978), pp. 92-99.

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<sup>26</sup> **The "Granny" Midwife: Changing Roles and Functions of a Folk Practitioner**

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<sup>27</sup> **The "Granny" Midwife: Changing Roles and Functions of a Folk Practitioner**

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<sup>34</sup> **"The Fashionable Diseases": Women's Complaints and Their Treatment in Nineteenth-Century America**

Ann Douglas Wood

*Journal of Interdisciplinary History*, Vol. 4, No. 1, The Historian and the Arts. (Summer, 1973), pp. 25-52.

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<sup>34</sup> **The Spermatic Economy: A Nineteenth Century View of Sexuality**

Ben Barker-Benfield

*Feminist Studies*, Vol. 1, No. 1. (Summer, 1972), pp. 45-74.

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