

Introduction

Childbirth, as any granny will tell you, was once a journey into the unknown. Rather than ponder which pushchair to buy or fret over towelling or disposable nappies, previous generations of women worried about what lay ahead. Sex education at school was unknown, and some of those pregnant for the first time had no idea how the baby emerged from their swollen tummy. Medical staff rarely gave explanations and would push and prod with little offer of pain relief let alone sympathy.

Today, we hear stories of over-worked midwives and short-staffed hospitals, but the truth is that childbirth has never been easier.

In Ancient Greece, doctors often refused to take pregnant women as patients because the risk of death was high and too many fatalities could ruin a reputation. Medea, a Greek war maiden, was so turned off pregnancy that she said:

I would rather stand three times in a battle line than give birth to one child.ⁱ

More than two thousand years later and little had changed. In the 1920s a group of women working for social change used the slogan:

It's four times more dangerous to bear a child as to work in a mine; and mining is man's most dangerous trade.ⁱⁱ

The main dangers in childbirth are heavy bleeding, infection and obstructed labour. Small women, especially girls who haven't stopped growing, are especially vulnerable to obstructed labour. If the pelvis is too small for an infant to pass through then the birth becomes blocked. Without a Caesarean Section, both the infant and mother can die as contractions overwork in an effort to push the baby out.

Older women who have had many children can suffer a similar fate. After numerous pregnancies, their stomach muscles may be loose and overstretched so that an infant is not tucked into the tight up-down position. As a result, the baby can lounge across the womb in any position and, when labour begins, the infant's shoulder or abdomen sits over the opening of the womb. A child cannot be born naturally in this position and, without a Caesarean Section, both mother and baby face death.

And even after the birth of a healthy infant, there are still dangers. If the afterbirth is not delivered quickly from the womb, its bulk can prevent the womb from deflating. This leaves blood

vessels open and dripping like faulty taps. Under these conditions, it doesn't take long for a woman to bleed to death.

Infections can happen in the days following birth. As the womb sheds its bloody waste, the warm moist flow provides a hothouse for germs to grow. Bacteria can be quick to multiply, travel upstream to the womb and pass into the blood stream. Many years ago, when bathing was infrequent and hygiene was lax, this was known as Childbirth Fever and caused untold deaths.

Early interventions

In Medieval times, the Christian church had a biblical explanation for the perils of childbirth. They put the blame firmly on Eve and her misdemeanours in the Garden of Eden. The church decreed that women were the "Sisters of Eve", and the rigours of labour were God's punishment for her sins.

Any effort to relieve women's pain in childbirth was looked at suspiciously. *The better the witch; the better the midwife*, was a damning but popular Medieval saying.ⁱⁱⁱ To guard against witchcraft the church took charge of maternity care. Midwives had to be licensed by a bishop and swear an oath not to use magic when assisting women through labour.^{iv}

And pregnant women weren't only advised against witchcraft. In Sunday sermons, churchmen advised them to prepare their shroud in case of death, and special prayers were said so that pregnant women would be delivered through the path ahead. Women close to childbirth were encouraged to confess their sins, and water was kept close at hand for a quick baptism by midwives.^v

Royal women were given the church's highest prayers as they carried heirs to the throne. But this barely compensated for the fact that these regal women gave birth in rooms thronged with courtiers and churchmen who all felt duty-bound to witness that the newborn babe and heir came truly from the royal womb.

James II, an unpopular 17th century monarch, banished the royal observers from his wife's birth chamber after she became ill. James' wife was Catholic and ministers feared a male child, a future king, would be raised with Catholic sympathies. The ministers became suspicious when they saw a large brass warming pan being carried to and from the queen's chamber. When the birth of a healthy son was announced, the ministers accused the king of swapping infants in the warming pan. Their conviction was so strong that James, along with his wife and child, were forced to flee England.

When Marie Antoinette gave birth for the first time a century later, ministers and court officials crammed into the

birth chamber and even jostled for space on top of furniture to get a view. The room became so stuffy that the poor woman fell into a coma due to the lack of air.

Science lends a hand

After centuries of avoiding childbirth, scientific strides in the 17th century gave doctors the confidence to finally enter the childbirth chamber. To help in difficult births, surgeons developed pincers, or forceps, that could be used to grasp the infant and pull it out from the mother's birth canal. However, some of the instruments were crude and grasped more than the baby. As a result, it was not unusual for women to be left with torn bladders or ripped wombs.

Surgeons, and their inventions, did help many women with difficult births, but letting men into the bed-chamber was not a popular trend among husbands. Many feared that the male doctors might become too intimate with their wives. As a result, doctors were forced to adopt a strict code of behaviour to protect the modesty of their patients. Questions relating to periods, bladder or bowel problems could be asked only through an older female attendant. Vaginal examinations were done during a contraction when the woman would be distracted by pain. Childbirth rooms were kept dimly lit and women's bodies covered by bedcovers at all times. Even the delivery was done under the bedcovers and the doctor was forced to feel his way blindly.

One doctor wrote of his first examination of a labouring woman:

Whether it was head or breech, hand or foot, man or monkey, that was defended from my uninstructed finger by distended membranes, I was as uncomfortably ignorant, with all my learning, as the foetus itself that was making all this fuss.^{vi}

Working blind made forceps deliveries especially difficult. Inexperienced doctors were never sure which part of a woman's anatomy they had caught in their instruments. Even the cutting of the umbilical cord was done under the bedcovers, and some doctors reported male infants losing their penis.

There are few statistics to show whether doctors actually helped reduce the number of women dying in childbirth. A few physicians suggest they made it worse. Oliver Wendell Holmes, a 19th century obstetrician, accused doctors of spreading infection by carrying instruments from patient to patient and not washing their tools between births.^{vii} Dr. Holmes pointed out that midwives had fewer cases of infection than doctors

because they used materials from the patients' own homes. He charted the story of a doctor who lost three patients after he attended their births with samples of a dead woman's afterbirth in his pocket. The doctor continued to deny he was at fault and was well supported by others in the profession.

But Dr. Holmes was ahead of his time. This was an era when even washing hands between patients would have been considered a bizarre ritual. It wasn't until the 1870s, that Joseph Lister's ideas of germs gained credibility and doctors began cleaning up their act.

The Pain

Alcohol was the traditional anaesthetic but it took a lot of beer or gin to have any effect on long and painful labours. In the 18th century the rich began using opium, but addiction and death were both problems.

Chloroform was the first great stride forward. A small amount was dropped onto a handkerchief and the labouring woman held it against her mouth and nose. As she fell into a sleep, her arm would fall away and she would no longer inhale the fumes. As the drug wore off, she was able to reapply the handkerchief and drift back into unconsciousness. Women seeking a pain-free birth clamoured to try it.

But some doctors weren't keen and refused to offer it saying it loosened women's morals. Dr. George Gream, a royal physician in the 1860s, claimed that women were inclined to use obscene language under chloroform. Another physician, Dr. Tyler Smith said that anaesthesia produced "excitement of sexual passion."^{viii}

Poor women couldn't afford the medicines, or the doctors who came with them. Instead, they had to make do with alcohol or gripping a knotted sheet that hung from the bedpost.

The 20th Century

In the early part of the 20th century, it is estimated that 17 percent of mothers died in childbirth. A study by the Ministry of Health in the 1920s blamed many of the deaths on poor sanitation, heavy work and Rickets, a bone softening disease caused by poor diet.^{ix}

Concern over the number of deaths was so high that the government set out regulations on the training of midwives. Many young women took the opportunity to train, and the profession gained credibility.

But to earn a living the newly-trained midwives had to charge for their services. As a result, pregnant women would save up a few shillings so they could pay the midwife to stay with them through labour. A few lucky women also had relatives move in to take care of the house and the other children.

As theories about sanitation and hygiene became more accepted, hospitals became cleaner and the number of deaths from infection began to fall. Wealthier women began to choose to give birth in hospital as they could have 24-hour professional care. However, that professional care came with institutional rules on bed rest, infant feeding and even who could visit and when.

On arrival at hospital, women were told to leave their husbands at the front door. Initial care was often a pubic shave, bath and an enema. Painkillers were strong and swift. Women often remembered little of the spotlessly clean delivery room, sterile gowns and glinting forceps. They also didn't hear their baby's first cry.

Sometimes the sedation proved too strong, and some mothers died due to excessive medication. There were also complaints about the system. In a letter to the *Ladies Home Journal*, one mother wrote:

"They give you drugs, whether you want them or not, and strap you down like an animal."

Dr. Grantly Dick-Read was horrified by the fear and pain he saw among London women in his care. He believed that fear caused muscular tension, which in turn exacerbated the pain of childbirth. He said that if women were told what was happening to their bodies then this would reduce their tension and ease their pain. He published groundbreaking books, *Natural Childbirth* in 1939 and *Childbirth Without Fear* in 1942, and these were read eagerly by the middle classes.

But for many young women, knowledge of birth was limited. Many had no knowledge of what lay ahead, and elderly midwives tell tales of naïve pregnant women who believed the baby would erupt from their belly button.

World War II made life even more difficult, but it also brought medical advancements that made childbirth safer. Penicillin to treat infections, and improvements in blood transfusions were developed for the battlefield. In 1948, the National Health Service was born bringing free health care to all who needed it.

But women still had little control over what happened to them in pregnancy and labour. Physicians and nurses dictated all care, and patients had little option but to accept it. In addition, the church maintained a strong role in childbirth. For

many new mothers their first trip outdoors was to church to give thanks for delivering them safely. Churching, as it was known, was popular until the 1960s.

The women's movement in the 1960s and '70s gave many pregnant women the confidence to demand a voice in childbirth. As women took on careers, they were no longer willing to lie unquestioning as mostly male obstetricians made decisions about this momentous event. Armed with information, they said no to enemas, shaving, medication and instrumental deliveries.

The natural childbirth movement was helped along by the growth of female obstetricians who brought a more empathetic attitude to their practice. In addition, the Patients' Charter, launched by the National Health Service in the 1980s, gave women greater choices in their care. Today, providing medical conditions and staffing rates allow, women can select birth at home, hospital and even in a tub of water.

More importantly, the fear and superstition that once made childbirth a torturous experience has been replaced by joyful anticipation.

The women whose stories are documented in this book went through pregnancy when it was known as 'confinement'. Rather than show pride in their pregnancy, many had to hide all evidence of a bump. Few even discussed their experiences. And no one complained.

"We just had to get on with it. There was no choice," said a woman who raised three children when most working class homes still had outdoor toilets and no hot-water plumbing.

I didn't think about these women when I had my own children. Like many modern women, I expected childbirth to be a pain-free emotional experience. And I was lucky. My labours both went well, and I have two beautiful boys. But I also had the cheek to complain. After my first birth I was hungry and there was not even tea and toast on offer. It was a Sunday evening and all the nurses could offer was ice cream and jelly left over from another patient's meal. I'd worked hard that day and felt terribly let down.

Today we groan about poor maternity leave from work and forget that previous generations of women struggled with outdoor toilets, coal fire heating and, for some, there was a war on.

ⁱ Euripides: *Medea*

ⁱⁱ The Workers Birth Control Group, Westminster, 1928

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- ⁱⁱⁱ Fleming, Stuart. "Musings on Midwifery", *Archeology*, Jan/Feb 1988: 69
- ^{iv} Aveling, J.H., *English Midwives, 1872*, London, AMS Press, 1977
- ^v Hughes, Muriel Joy, *Women Healers in Medieval Life and Literature*, New York, Books for Libraries Press, 1968
- ^{vi} Leavitt, Judith Walzer, Science Enters The Birthing Room, *Journal of American History*, September 1983, pp 285
- ^{vii} Holmes, Oliver Wendall. "The Contagiousness of Puerperal Fever". *Classics of Medicine and Surgery*. 1843.
- ^{viii} Smith, F.B., *The People's Health: 1830-1910*, Holmes and Meier Publishers Inc. 1979
- ^{ix} *Maternal Mortality: Report of Meeting Held at Central Hall, Westminster*, The Maternal Mortality Committee, 1928