

Nadija Palinich, "How and why did women's experience of childbirth change in the course of the twentieth century? Do you think it was a positive or a negative change?" (History 367)

The experience of childbirth changed substantially for many women of the Western world in the twentieth century. There were two broad changes – the decline in maternal mortality rates from the 1930s and the hospitalisation of childbirth, shifting births from the home to the hospital.<sup>1</sup> This essay explains the reasons behind these changes by consulting and critiquing different historiographies. Many argue that improved nutrition and sanitation measures led to declining maternal mortality rates before hospital admission and medical advancements – sulphonamides, penicillin, and blood transfusions – had been introduced. Doctors, recognising the increased need for medical intervention, advocated for the hospitalisation of childbirth. The motivation of doctors is challenged by historiographies that claim the advocacy for hospital births sought to strengthen the power and professional status of doctors. The midwife's role had been subverted to something inferior to the doctor despite her long history of being the sole attendant, in most cases, for home births. In this historiography, the medical profession was also accused of forcing women to give birth in hospitals by monopolising technology they made them believe was vital for safe delivery, instilling them with an unnatural fear of labour. While these interpretations may reflect real views, they also have limitations. Women's agency is ignored. With a growing familiarity and trust in medical science, women demanded all its benefits – effective pain relief, expert care, and rest. In addition, this essay will also assess whether the hospitalisation of childbirth was a positive or negative change for women in the twentieth century.

The decline in maternal mortality from the 1930s was a positive change in women's childbirth experience during the twentieth century. While general mortality rates were declined from the end of the nineteenth century to the mid-1930s, maternal mortality rates did not.<sup>2</sup> In England, the maternal mortality rate remained constant with 44.4 per cent in 1867, 44.1 in 1898 and 44.2 in 1934.<sup>3</sup> The distribution of maternal death was similar across social classes and in

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<sup>1</sup> L. Bryder, "What Women Want!: Childbirth Services and Women's Activism in New Zealand, 1900-1960" in J. Greenlees and L. Bryder (eds), *Western Maternity and Medicine, 1880-1990*. London: Routledge, 2015, p. 81.

<sup>2</sup> I. Loudon, "Some international features of maternal mortality, 1880-1950," in V. Fildes, L. Marks and H. Maryland (eds), *Women and Children First: International Maternal and Infant Welfare, 1870-1945*. London: Routledge, 1992, p. 5.

<sup>3</sup> Loudon, p. 5.

all Western countries.<sup>4</sup> High maternal mortality was due to a combination of factors.<sup>5</sup> The immediate clinical causes of maternal death during childbirth were puerperal fever (post-partum sepsis), toxæmia (blood poisoning), and haemorrhage. Puerperal fever, caused by  $\beta$ -haemolytic *Streptococcus pyogenes*, accounted for the most maternal deaths in nineteenth-century lying-in hospitals. The failure to prevent puerperal fever was due to inadequate antiseptic techniques, a lack of knowledge, and a tendency to interfere with normal labours, increasing the risk of infection.<sup>6</sup> Therefore, hospitals were not safe for women to give birth in the early twentieth century, even as mothers began to favour hospital births.<sup>7</sup> Home births were safer as midwives were less likely to intervene in childbirth, less likely to be a carrier of *S. pyogenes*, and often better at the basic obstetric techniques than general practitioners.<sup>8</sup> Thus, between 1880 and the mid-1930s, it was safer to be delivered at home by a trained midwife, as hospital admission did not reduce mortality rates.<sup>9</sup> Maternal mortality rates decreased before the introduction of important medical advancements with improvements in nutrition and sanitation.<sup>10</sup> However, this should not take away from the later introduction of sulphonamides that was highly effective against *P. pyogenes*, penicillin in 1944, and the availability of blood transfusion, reducing deaths from haemorrhage.<sup>11</sup>

Prior to the twentieth century, childbirth was managed by midwives at the mother's home and doctor intervention was only sought under certain medical circumstances. During this time, childbirth was considered a natural physiological process that should only require medical assistance under certain complications.<sup>12</sup> Birth attendants were not expected to interfere in normal labours; instead, their duty was to "watch, wait, and be patient."<sup>13</sup> By the twentieth century, this view had already begun to change. The hospitalisation of childbirth was due to medical advancements advocated by doctors and lobbied by women who increasingly

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<sup>4</sup> Loudon, p. 11.

<sup>5</sup> Loudon, p. 9.

<sup>6</sup> Loudon, p. 13.

<sup>7</sup> Bryder, p. 92.

<sup>8</sup> Loudon, p. 17.

<sup>9</sup> Loudon, p. 22; A. Nuttall, "Taking 'Advantage of the Facilities and Comforts ... Offered': Women's Choice of Hospital Delivery in Interwar Edinburgh," in J. Greenlees and L. Bryder (eds), *Western Maternity and Medicine, 1880-1990*. London: Routledge, 2015, p. 69.

<sup>10</sup> Bryder, p. 81; H. Maryland, "Childbirth and Maternity" in R. Cooter and J. Pickstone (eds), *Companion Encyclopedia of Medicine in the Twentieth Century*. London: Routledge, 2003, p. 571.

<sup>11</sup> Loudon, p. 23.

<sup>12</sup> I. Loudon, *Death in Childbirth: An International Study of Maternal Care and Maternal Mortality 1800-1950*. New York: Oxford University Press, 1992, p. 340.

<sup>13</sup> Loudon, *Death in Childbirth*, p. 340.

demanded the associated expert care, effective pain relief, and rest.<sup>14</sup> By the 1970s, hospital births had become a social norm women wanted to adhere to.<sup>15</sup> There is a trend amongst early historiographies to assert that male doctors pushed hospitalisation for their own advantages and forced women into making this change, inducing them with fear over what should be a natural physiological function exempt from artificial interference.<sup>16</sup> It was then women's fear of childbirth that allowed a gradual acceptance of the benefits of medical care.<sup>17</sup> While these interpretations can give us insight into the period, they are narrow and simplistic, implying a "gendered perspective" that ignores complexities and other voices.<sup>18</sup> The shift to hospitalised births was achieved by the interplay of obstetricians, women's organisations, and mothers.

The move towards hospitalisation was initially advanced by research into the clinical causes of maternal mortality and a growing medical interest in maternal health.<sup>19</sup> The medical profession argued that maternal mortality reduction required adopting medical techniques that could not correctly be used at home. Obstetrics developed as a speciality and, for the most part, went unchallenged because hospitalisation of childbirth was associated with progress and providing a better service.<sup>20</sup> However, early historiography tends to believe that the hospitalisation of childbirth was driven by male doctors who sought to strengthen their power and professional status at the expense of midwives and force these changes upon women.<sup>21</sup> Marjorie Tew argues that as doctors' interest in childbirth grew, they soon recognised midwives as their professional and commercial rivals who undermined their own status and the market by charging lower fees than doctors would.<sup>22</sup> Tew believes that although the increasing hospitalisation of birth advocated by doctors claimed to ensure the heightened safety of mothers and babies, it was also an effective way to gain a "competitive advantage" over the midwife.<sup>23</sup> It subverted the power and status of midwives beneath that of doctors.<sup>24</sup> Therefore, according to Tew, the change to hospital birth was a negative change that removed midwives from their

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<sup>14</sup> Nuttall, p. 80.

<sup>15</sup> Bryder, p. 81.

<sup>16</sup> J. Lewis, *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939*. Montreal: McGill-Queen's University Press, 1980, p. 134; M. Tew, *Safer Childbirth? A critical history of maternity care*. New York: Springer, 1995, pp. 7-17.

<sup>17</sup> Nuttall, p. 65.

<sup>18</sup> Bryder, p. 82.

<sup>19</sup> Lewis, p. 122; Nuttall, p. 66.

<sup>20</sup> Maryland, p. 561.

<sup>21</sup> Bryder, p. 82.

<sup>22</sup> Tew, p. 7.

<sup>23</sup> Tew, p. 7.

<sup>24</sup> Tew, p. 7.

long-held role for the sake of selfish doctors desiring greater power, status, and wealth. However, to reduce this profession to petty rivalries ignores the real health issues and the possibility of death in childbirth that would have genuinely, at least for most doctors, driven their support for hospital births.

In addition, Tew describes how obstetricians forced women into hospitals by creating a “monopoly” over technology and inducing unnatural fear in expecting mothers.<sup>25</sup> This monopoly included obstetric forceps, pain relief, and other “intrusions of birthing technology” that ensured women’s safe childbirth.<sup>26</sup> To establish their monopoly, doctors advocated compulsory hospitalisation, deeming that the home-birth alternative was dangerous and that a baby could only be delivered safely under obstetric control.<sup>27</sup> Tew criticises the view that women choose hospital delivery by arguing that “[t]he strength of forces propelling them in that direction left women with little alternative.”<sup>28</sup> They were instilled with fear of labour, making them dependent on doctors and removing the natural physiological aspect of pregnancy.<sup>29</sup> However, women had a right to be fearful of death during labour, considering the high maternal mortality rates in the early twentieth century. Even women not who did give birth during times of high maternal mortality would likely have heard about experiences of maternal deaths. The increasing familiarity with the medical world was thus, unsurprisingly, what women wished to put their trust in.<sup>30</sup> This is not something accounted for in Tew’s interpretation inaccurately. She implies that greater medical knowledge on pregnancy was something to manipulate women, perhaps preferring them to be ignorant.

The hospitalisation of childbirth was linked to the increased demand for pain relief and rest in the twentieth century.<sup>31</sup> Women wanted to be eased of pain during childbirth, and this could only be achieved at the hospital. Pain relief was available from 1847 with ether and was soon replaced by chloroform as it was easier to administer as it was given in small quantities and faster to inhale.<sup>32</sup> Chloroform remained the most popular form of anaesthesia until the Second World War and was often administered by a general practitioner at the patient’s home.<sup>33</sup>

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<sup>25</sup> Tew, pp. 9-17.

<sup>26</sup> Tew, p. 9; Maryland, p. 561.

<sup>27</sup> Tew, p. 10.

<sup>28</sup> Tew, p. 17.

<sup>29</sup> Tew, p. 19.

<sup>30</sup> Nuttall, p. 74.

<sup>31</sup> Maryland,

<sup>32</sup> Loudon, *Death in Childbirth*, p. 345.

<sup>33</sup> Maryland, p. 566.

Then ‘Twilight Sleep’ – a combination of morphine and scopolamine – was introduced in 1902.<sup>34</sup> Twilight Sleep induced amnesia so that the patient would not remember her labour. It was primarily successful due to vigorous lobbying by women-led groups who accused the medical profession of withholding medical knowledge and demanded the drug for themselves.<sup>35</sup> Thus, Twilight Sleep demonstrates how women drove the demand for medical intervention in childbirth.<sup>36</sup> Alison Nuttall reports that, by 1935, pain relief was offered more regularly to women in normal labour at the Edinburgh Royal Maternity Hospital, suggesting that it had become a significant attraction for patients.<sup>37</sup> Hospital births also allowed recuperation by providing mothers with rest and regular meals. Additionally, hospitalisation freed women of their domestic demands that complicated childbirth in the home. In East London, medical reports from the 1920s state that women demanded to be hospitalised rather than confined at their homes.<sup>38</sup> Some women saw hospitalisation as a “holiday” to escape from poor conditions at home – overcrowding – and the pressure of housework and family.<sup>39</sup> Therefore, access to pain relief and rest was a positive aspect of hospital birth for many women.<sup>40</sup>

There is no doubt that declining maternal mortality rates positively changed women’s experience of childbirth. Regardless of the factors that have led to its decline, sustained medicalisation has kept these rates low in Western countries today. However, the assessment of the shift from home to hospital births can differ depending on how the change and its effects on women are interpreted. Ultimately, the ability of women to choose is something that should be seen as positive. Women were not passive subjects in a medicalising process that they had no control over. Women demonstrated agency in the move to hospital birth by demanding what they increasingly recognised as benefits – effective pain relief, expert care, and rest – provided by advancements in medical science.

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<sup>34</sup> Loudon, *Death in Childbirth*, p. 346.

<sup>35</sup> Loudon, *Death in Childbirth*, p. 346.

<sup>36</sup> Maryland, p. 567.

<sup>37</sup> Nuttall, p. 77.

<sup>38</sup> L. Mark, "Mothers, babies and hospitals: 'The London' and the provision of maternity care in East London, 1870-1939," in V. Fildes, L. Marks and H. Maryland (eds), *Women and Children First: International Maternal and Infant Welfare, 1870-1945*. London: Routledge, 1992, p. 64.

<sup>39</sup> Mark, p. 64; Nuttall, p. 73.

<sup>40</sup> Nuttall, p. 78.

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