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The professionalization and Medicalization of Childbirth

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"Hippocrates, the ancient Greek father of Western medicine, said: 'do not refuse to believe women on matters concerning parturition'".[1]

At the turn of the 20th century half of all recorded births in the United states, and likely more, were attended my midwives, however by the 1930s only fifteen percent of births were occurring outside a hospital. Today, less than two percent of all births occur outside of a hospital. The hospital is generally supposed to be the best place to labor and deliver a baby, yet nearly forty percent of women report their childbirth experiences being traumatic, much more than would be expected given the aforementioned reputation.[2] While historically, infant and maternal mortality rates are at an all-time low, the correlation between safer childbirth and increased hospitalization and professionalization of childbirth attendants is not the causation. The medicalization and subsequent professionalization of labor and delivery ultimately occurred via exclusion of women from education and certification which became necessary to provide health care. This exclusion, as well as the usurpation of traditional midwifery practices resulted due to the desire of male physicians to maintain education, specifically forms of higher or formal education as a male space, to benefit monetarily from such a monopoly, and to generally exert authority and control over women and their bodies. Ultimately the lack of information afforded

[1] Varney, Helen, and Thompson, Joyce Beebe. *A History of Midwifery in the United States : The Midwife Said Fear Not*. New York, NY: Springer Publishing Company, LLC, 2016. 9

[2] Reed, Rachel et al. "Women's descriptions of childbirth trauma relating to care provider actions and interactions." *BMC pregnancy and childbirth* vol. 17,1 21. 10 Jan. 2017, doi:10.1186/s12884-016-1197-0

to midwives and rhetoric which steered their clientele toward—often unexperienced—male physicians for childbirth decimated midwifery practices in the US. Changes in priorities in the outcomes of labor and delivery, came with the rise of medicalization and male-professionalized childbirth such as sacrificing emotionally positive and optimally heathy birthing experiences for quick, easy and uninvolved labor. Hospital maternity wards have for a long time been considered the safest choice and the most responsible maternal choice for expectant mothers. The choice of birthplace outside hospitals not being a choice centered on their own health and comfort but a reflection of poor mothering lacking concern for one's unborn child. Contrary to these messages, however, is the reality that hospitals being superiorly safe is not only historically untrue but not holistically accurate in the twenty-first century either. Though modern medicine has improved physical outcomes of complicated birth, it has had widespread negative consequences for how women experience childbirth. Women in the twentieth century experienced high rates of abuse and trauma as a direct result of the control and profit men sought to gain from women through the professionalization of childbirth, the effects of which are still pervasive and result in negative physical and emotional outcomes for many women today.

Before the medicalization of Labor and delivery, which shapes most of our imagery of childbirth today, women went through the labor of childbirth and delivery with the expertise of midwives and surrounded in female community. In A History of Midwifery in the United States: The Midwife Said Fear Not, authors Joyce E. Thompson, and Helen Varney Burst, both midwifery educators, aptly point out "The history of midwifery in the world dates back to the beginning of *homo sapiens*.[3] What we think of as early (European) American midwifery was

[3] Varney, H., & Thompson, Joyce Beebe. (2016). *A history of midwifery in the United States : the midwife said fear not*. Springer Publishing Company, LLC.

carried over European midwifery practices which naturally were taken up in the colonies. Though midwifery was a timeless role in all childbearing communities, midwives often were the object of scrutiny. Midwives in the colonies were especially accused of being witches due to the reproductive knowledge they near exclusively held. Their intimate involvement in the delivering of babies, mysterious seeming to men who were widely uninvolved, left them particularly open to superstitious beliefs and accusations. With high infant and maternal mortality rates, and no common understanding of female reproductive biology, things from sterility to stillbirth presented the possibility to be seen as the result of curses or evil from outside actors. Despite lasting suspicious views of knowledgeable women and the process of childbirth on the whole, colonial US American midwives were highly valued, being given stipends, housing and incentives to serve as a midwife in certain communities.

Ultimately, there is really little known about midwifery practices in the colonies or in history in general. As in much of human history, the majority of women in the colonies *70% of women were illiterate*[4] this, and the the fact that women's dealings were ongoingly viewed as not particularly important. A view which limits both primary details of many women's lives and experiences, and for a long-time academic or official interest in learning about or recording it. Especially for childbirth, which took place in such a private sphere, few records, life stories or firsthand accounts of birthing practices, or midwifery knowledge are available through the mouths of women at the time.

Childbirth was unique in being an exclusively female sphere. "Female midwives took the lead in childbirth, and it was a truly communal event during which women shared both pain and

[4] Varney, H., & Thompson, Joyce Beebe. (2016). *A history of midwifery in the United States : the midwife said fear not*. Springer Publishing Company, LLC.

joy" which were important and central to giving and guiding birth.[5] Not only was knowledge about labor and delivery near exclusively in female hands but, "Childbirth in the colonies and early America was a social event with female family members, friends, and neighbors in attendance as well as the midwife"[6] women labored and gave birth in their own spaces, which often meant it "took place in their homes" though some women returned to childhood homes where they felt more comfortable to go through labor.[7] Not only was childbirth seen as occurring through and by women and surrounded and supported by women for the moments of birth, but the event of childbirth was aptly seen as not something which concluded with delivery. The support around the event of childbirth traditionally stretched on for a considerable time. Women in community with the new mother "stayed for several weeks and helped during the "lying-in" period with household tasks and child-care. Their presence enabled the new mother to rest, lie-in with her new baby, and regain her strength before resuming her household responsibilities".[8] Which not only speaks to a prioritization of the mother but also understanding surrounding the feeling and needs of a postpartum body, both physically and emotionally. The actual physical practice of delivering children was mother centric as well. Unlike later physician practices which prioritized birthing positions and the like they deemed to be "correct", midwives following the inclination of the mother's own body to move or push while in labor. During these times

[5] Tamulis, Samantha Cohen. "Maternity, Midwifery, and Ministers: The Puritan Origins of American Obstetrics." *Literature and Medicine* 32, no. 2 (2014): 365-87.
[6] Varney, H., & Thompson, Joyce Beebe. (2016). *A history of midwifery in the United States : the midwife said fear not*. Springer Publishing Company, LLC. p.9
[7] Varney, H., & Thompson, Joyce Beebe, *A history of midwifery in the United States : the midwife said fear not*. p.9
[8] Ibid. p.9

midwives were handling complicated and normal births which would soon change, beginning the shift into patriarchal influence over midwifery and the experience of childbirth as a whole.[9]

Men soon came to have a much more pronounced role in the practice of midwifery and the experience of childbirth. Though "women would remain the experts in childbirth in the centuries that followed"[10] the ground work for the usurping of reproductive health from women began in "the intellectual awakenings of the sixteenth century" shaking off "darkness, religious dogma, persecutions, ignorance, and superstitions of the middle ages.". These intellectual awakenings meant "More men began attending universities and medicine emerged as a study." [11] It also meant "While women were being murdered across Western Europe, medicine emerged as a profession and physicians began to gain status and recognition.", physicians which were necessarily men. [12] Though women were still the primary care givers for labor and delivery in the seventeenth century amidst great scientific discovery, male physicians and scientists began to take particular interest with the processes of childbirth, resulting in the "the "new mid-wifery" [which] was labeled "scientific" because it opposed the traditional magic and religious explanations of labor and birth"[13] which were closely associated to midwifes and women more generally, such as with Anne Hutchinson. With increased interest in birth, the previously "immodest, improper, indecent, and even immoral" prospect of men involved in childbirth

[9] Capitulo, Kathleen Leask. "The RISE, FALL, and RISE of Nurse-Midwifery in America." *MCN, the American Journal of Maternal Child Nursing* 23, no. 6 (1998): 314-21.
[10] Brodsky, Phyllis L. *The Control of Childbirth : Women versus Medicine through the Ages*. Jefferson, N.C.: McFarland &, 2008. p.43
[11] Brodsky, Phyllis L. *The Control of Childbirth : Women versus Medicine through the Ages*. p.42-43
[12] Ibid. p.45
[13] Varney, H., & Thompson, Joyce Beebe. (2016). *A history of midwifery in the United States : the midwife said fear not*. Springer Publishing Company, LLC. p.13

started to change and ushered in increased participation. [14] Male physicians and barber surgeons started to be utilized in complicated births "when the midwife determined that the birth was not going to occur normally, she called for the help of the physician surgeon for him to perform a craniotomy, dismember and extract the fetus—hopefully, before it was too late to prevent the death of the mother". [15] though male presence during a birth was not taken lightly. If a physician was deemed necessary because of a particularly complicated or abnormal birth, often "the physician surgeon had to do everything by touch. Often, he crawled into the lying-in chamber in dim light. Cushions, blankets, and sheets were arranged in such a way that the woman could not see the person examining her. If there was too much light and the woman could see that a man was in the room, the examination was done under sheets tied around the physician's neck so that her body, and especially her perineum, was not exposed to his view" due to lasting views of immodesty of labor and male presence in the birthing chamber. [16]

While medicine was becoming increasingly professionalized, women were barred from formal education. Ongoing theory, research and discourse was also not available for most women of midwives due to high rates of illiteracy among particularly lower-class women. Midwives also were kept on the outside of what became "perhaps the turning point in history of obstetrics" the obstetrical forceps. [17] The invention of which "mark[ed] a revolution in the future ways childbirth would be managed" (46) [18] ultimately setting up female midwives to be even

[14] Varney, H., & Thompson, Joyce Beebe. (2016). *A history of midwifery in the United States : the midwife said fear not*. Springer Publishing Company, LLC. p.9
[15] Varney, H., & Thompson, Joyce Beebe, *A history of midwifery in the United States : the midwife said fear not*. p.9
[16] Ibid. p.9
[17] Brodsky, Phyllis L. *The Control of Childbirth : Women versus Medicine through the Ages*. Jefferson, N.C.: McFarland &, 2008.
[18] Brodsky, Phyllis L. *The Control of Childbirth : Women versus Medicine through the Ages*. p.46

farther behind in new knowledge and practices at the forefront of healthcare. Though the most disadvantaged in the new world of medical science and professionalized healthcare, women were not alone in lack of access to the forceps after their conception.

The invention and utilization of obstetric forceps are revealing of the new priorities of economic gain, expediency and control childbirth was treated with. Forceps while later mostly over used to compensate or over power lack of midwifery knowledge, did occasionally provide another option to aid in births where babies or mothers may have otherwise died. However, the creators of the contemporary forceps, barber-surgeon brothers from the Chamberlen family "for materialistic and self-righteous motives, the invention of the forceps was not shared with their colleagues, but instead kept a secret within the family for three generations" (47) a monopoly which economically benefitted their family for hundreds of years.[19] The Chamberlen obstetric forceps "was in the form of two wide flat blades that were curved to fit over the fetal head" (47) and while "the forceps were effective for delivering an impacted fetus that might be born alive" (47) the true impact of these during labor is not truly known, "no one can say what condition the baby was in following birth or even the poor mother's condition was following the use of this crude instrument" (47). [20] A reality which suggests as is seen in later obstetric practices, the success of childbirth under the hand of patriarchy and medicalization is solely lack of mortality. Eventually, the secret of the forceps was sold to those who could afford it, ultimately putting all male physicians wishing to break into midwifery at a further advantage, and "their introduction amongst male practitioners in England brought into being the possibility of a male-dominated

[19] Brodsky, Phyllis L. *The Control of Childbirth : Women versus Medicine through the Ages*. Jefferson, N.C.: McFarland &, 2008. p.47 Though "a crude form of this instrument had been known since ancient times...knowledge of this earlier form had been lost for centuries" (46)
[20] Brodsky, Phyllis L. *The Control of Childbirth : Women versus Medicine through the Ages*. p.47

practice of midwifery".[21] Perhaps to the determent of the laboring mother, for "once the secret was out, men were eager to try out these new instruments, which could be deadly" foreshadowing centuries of profit and overzealous medical intervention to come.[22]

Male claim continued to insert themselves into labor and delivery practices to control and profit under the guise of medical superiority until midwives were all but eradicated from birthing practices in the US. Following the "development of "man-midwives" and physician interest in midwifery, the invention of the obstetric forceps, and the development of medical schools" the tradition of female midwifery was severely threatened. The "exclusion of female midwives from this learning and developments" meant, despite the little to no explicit understanding of childbirth in medicine, their male counterparts were armed with new information and understanding midwives had no access to.[23] With exclusively male progress in professionalized medicine, and women unable to catch up "the time would come when man would view midwifery as a profitable enterprise".[24] In the Unites States, "Medicine did not become professionalized in the U.S. until the last half of the 1800s" [25] suggesting the most severe transition away from midwifery was not due to genuine concern about medical knowledge pertaining to childbirth in starting the pushing out of traditional midwifery and midwives "who had practiced their art from the earliest of times". [2627] Unsurprisingly, favor changed to "man-

[21] Tamulis, Samantha Cohen. "Maternity, Midwifery, and Ministers: The Puritan Origins of American Obstetrics." *Literature and Medicine* 32, no. 2 (2014): 365-87.
[22] Brodsky, Phyllis L. *The Control of Childbirth : Women versus Medicine through the Ages*. Jefferson, N.C.: McFarland &, 2008. p.49
[23] Varney, H., & Thompson, Joyce Beebe. (2016). *A history of midwifery in the United States : the midwife said fear not*. Springer Publishing Company, LLC. p.21
[24] Brodsky, Phyllis L. *The Control of Childbirth : Women versus Medicine through the Ages*. p.43
[25] Rooks, Judith P. "The History of Midwifery." Our Bodies Ourselves, June 14, 2016.
[26] Rooks, Judith P. "The History of Midwifery."
[27] Brodsky, Phyllis L. *The Control of Childbirth : Women versus Medicine through the Ages*. Jefferson, N.C.: McFarland &, 2008. p.43

midwifery". Sketches such as *Man-midwife* heighten "contrasts between the male physician and pharmaceuticals, and the female midwife and her comfort measures"[28] (24) in a clear persuasion to see the male physician with modern knowledge as superior to the female midwife, with centuries of knowledge—an image male physicians also promoted to the public.[29] These beliefs lead "wealthy women who could afford the higher fees to hire a physician in the belief that his knowledge of science and his instruments provided a degree of safety for her against the dangers of childbearing" with many wealthy families simultaneously employing midwives to help provide postnatal care for several weeks in the early 1800s.[30] However, quick to follow were promises of extra safe physician care for the poor too. Though really akin to a training ground "established to provide clinical experience for medical students" the desire for hospitalized births became more attainable and more popular and soon physician attended births were extending to all women—the attendance of a midwife becoming more and more rare.[31]

Ultimately in the "late 19th and early 20th centuries, American obstetricians sought to overtake the entire field of childbirth and declare major war against the traditional midwives in the United States". [32] And while midwives wanted an education, professionalized obstetricians fought hard against them. Midwifery and physician attended childbirth while "coexisting, did not practice in the same setting".[33] In contrast, many instances of European healthcare encouraged a

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[28] Varney, H., & Thompson, Joyce Beebe. (2016). *A history of midwifery in the United States : the midwife said fear not.* Springer Publishing Company, LLC. p.24
[29] Varney, H., & Thompson, Joyce Beebe. *A history of midwifery in the United States : the midwife said fear not*. p.27
[30] Ibid. 27
[31] Ibid.27
[32] Brodsky, Phyllis L. "Where Have All the Midwives Gone?" *Journal of Perinatal Education* 17, no. 4 (2008): 48-51.
[33] Capitulo, Kathleen Leask. "The RISE, FALL, and RISE of Nurse-Midwifery in America." *MCN, the American Journal of Maternal Child Nursing* 23, no. 6 (1998): 314-21.

"dual system by which midwives continued to attend normal births while physicians handled complications"[34] leaving the legitimacy and livelihood of midwives and ultimately avoiding many issues in American childbirth practices throughout the 20th century. Though there was some effort to 'certify' or educate midwives, these paths were intentionally difficult and bureaucratic. Especially so due to the increase in midwives who were practicing in underserved communities, particularly in black and immigrant communities.[35] Even as healthcare was becoming increasingly medicalized until the late 19th century "Maternity wards, were rightly regarded as hell holes of infection and death [and] were frequented only by the poorest of the poor: recent immigrants, unmarried girls, and homeless women".[36] Wealthier women and families still opted for house call private male physician birth under the pretense that it was a safer, modern alternative to midwifery, however this was not necessarily the case. While Obstetrics was formalized as a practice, the actual formal education on it was minimal. As physicians confidently labeled themselves the safest and most knowledgeable option available to America's women, "two reports on medical education published in 1910 and 1912, concluded that America's obstetricians were poorly trained"[37] the response was "rather than consult with midwives" —who were still very successfully practicing midwifery, and "attended approximately half of all births in 1900" was to assert even more "poor women should attend charity hospitals" on the grounds that they "would serve as sites for training doctors".[38] A practice ultimately leading to astronomically high infant and maternal mortality rates as "with

[34] Brodsky, Phyllis L. "Where Have All the Midwives Gone?" *Journal of Perinatal Education* 17, no. 4 (2008): 48-51.
[35] Varney, H., & Thompson, Joyce Beebe. (2016). *A history of midwifery in the United States : the midwife said fear not.* Springer Publishing Company, LLC.
[36] Capitulo, Kathleen Leask. "The RISE, FALL, and RISE of Nurse-Midwifery in America." *MCN, the American Journal of Maternal Child Nursing* 23, no. 6 (1998): 314-21.
[37] Rooks, Judith P. "The History of Midwifery." Our Bodies Ourselves, June 14, 2016..
[38] Rooks, Judith P. "The History of Midwifery.".

unclean hands and tools, physicians examined women and tended to the birth of their babies, leading to epidemics of puerperal fever"[39] in lying-in wards full of poor mothers. Despite high death rates in hospitals at the time, male physician assisted birth was asserted as so much superior to midwifery that it was encouraged that "The economically poor woman who could not afford a private physician could go to the newly formed lying-in units or hospitals, which were established to provide clinical experience for medical students" and though such experiences were to the benefit of the male medical students it was asserted that "In these lying-in units or hospitals, they [read poor and immigrant women], too, could have the benefit of the knowledge of the male physician."[40] Despite giving up comforts such as community, personalized care and ultimately safer conditions. Male physicians under the pretense of being the very best safest and most modern option for childbirth, had broken into a large and unyielding market. A market from which they furthered their medical knowledge through trial and error on the most helpless for a fee, with comparatively little investment.

Midwifery was slowing in favor of male physicians and hospital births not only from lack of certification and education, but from also another fundamental addition to modern medicine and in turn the field of obstetrics—anesthesia. Eventually, drugged labor grew to become nearly ubiquitous and worked to entice "women to obtain physician care" via the "promise of pain relief during childbirth", though initially, slow to catch on.[41] The idea of women receiving pain intervention was "anathema in the Judeo-Christian tradition because of the biblical story of

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[39] Brodsky, Phyllis L. "Where Have All the Midwives Gone?" *Journal of Perinatal Education* 17, no. 4 (2008): 48-51.
[40] Varney, H., & Thompson, Joyce Beebe. (2016). *A history of midwifery in the United States : the midwife said fear not*. Springer Publishing Company, LLC. p.27
[41] Varney, H., & Thompson, Joyce Beebe. *A history of midwifery in the United States : the midwife said fear not*..

God's punishment of Eve for disobedience in the Garden of Eden".[42] This was quickly overcome though, when "negative outcry against the use of anesthesia for childbirth on religious moral grounds was muted by the decision of Queen Victoria (Defender of the Faith and Supreme Governor of the Church of England) to use chloroform for the birth of Prince Leopold", administered by male midwifery physician John Snow.[43] Public opinion started to change, and soon pharmaceutical pain relief was in high demand. Chloroform and Ether were used in the mid to late 19th century, however not widely. This was in part due to concerns that using these drugs "was a dangerous intervention in the natural process of labor and birth" which some physicians voiced concerns that "pain relief masked proper observation of labor" and advocated for less interventions involved in labor, and more of an assistance approach.[44] Physicians were ultimately left to trial and error in determining how they used anesthesia and their continuation based on their experienced successes or failures. Amidst uncertainty, use increased as there was increasing "demand by women to have pain relief from the use of ether or chloroform, which they now knew was possible".[45] While women advocated for its use strongly, those who had experienced it "later described it as "a long nightmare" in which one "feels bound hand and foot, held down and unable to fight for herself".[46] Despite these testimonials and medical concerns, physicians ultimately complied to the demand, worried that "if their demand was ignored, they would seek the services of another physician" and they would lose business.[47]

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[42] Varney, H., & Thompson, Joyce Beebe. (2016). *A history of midwifery in the United States : the midwife said fear not.* Springer Publishing Company, LLC.
[43] Varney, H., & Thompson, Joyce Beebe. *A history of midwifery in the United States : the midwife said fear not*.
[44] Ibid. 45
[45] Ibid. 45
[46] Ibid. 46
[47] Varney, H., & Thompson, Joyce Beebe. (2016). *A history of midwifery in the United States : the midwife said fear not.* Springer Publishing Company, LLC.

In the first years of the 20th century, after the new obstetric drug cocktail "twilight sleep" was created and spread rapidly in use and popularity in the US.[48] The beginnings of twilight sleep started in 1902 when an Austrian physician by the name of Richard von Steinbuchel "recommended the use of scopolamine, a drug that caused patients to enter a semi-conscious state and experience amnesia",[49] ultimately his research lead him to incorporate morphine as well, a narcotic pain reliever.[50] While the drug mixture did allow for some pain reduction and a level of amnesia after birth, while having the birthing woman remain in some state of consciousness, other physicians most prominently Bernhardt Kronig and Karl Gauss , noted potentially problematic side effects of the drugs such as "that many women in twilight sleep exhibited slowed pulse, decreased respiration, and delirium" and a team of physicians from Berlin asserted "twilight sleep was deemed unsafe because it showed no positive effects".[51] Despite these concerns Twilight sleep gained considerable levels of popularity for being "painless" and was advertised as creating labor that was akin to going to sleep and being handed your baby upon waking up. However, it was "not always "successful" with the woman having no memory of pain"[52] and "the word "painless" was a misnomer as indeed a woman screamed, thrashed about, and gave all visible and audible evidence of feeling acute pain during contractions".[53] Those promises though, garnered much higher demand among women to have physician assisted births, particularly in hospitals. The financial benefit of which was undoubtedly calculated by male physicians as when the same advancements had been understood

[48] Rooks, Judith P. "The History of Midwifery." Our Bodies Ourselves, June 14, 2016..
[49] "The Embryo Project Encyclopedia." Twilight Sleep | The Embryo Project Encyclopedia. Accessed October 20, 2020. https://embryo.asu.edu/pages/twilight-sleep.
[50] Ibid.
[51] Ibid.
[52] Varney, H., & Thompson, Joyce Beebe. *A history of midwifery in the United States : the midwife said fear not*. p44
[53] Ibid. p45

in the US before the option was withheld because "the conducting of a painless birth in general private practice takes too much time, and in hospitals is too expensive"".[54] Prior to twilight sleep's major role in American obstetrics, Laboring women still had a considerable amount of say over their laying-in period of their labor. What followed the popularization of Twilight sleep was significant changes in how women were informed about what was happening into their bodies, or their child, as well as well as significant lack of autonomy during labor. Additionally, twilight sleep and the beginning of almost ubiquitous drugged labor significantly altered the goals around women's experiences of labor.

Twilight sleep, while marketed to women as a painless and easy way to give birth ushered in a practice of childbirth which was isolated and restrictive. As women were left semi-conscious while under twilight sleep during labor, they could not control their own bodies and therefore had to be "protected from hurting herself when thrashing about during painful contractions",[55] and so physicians who utilized twilight sleep implemented methods to prevent women from trying to move such as "a special "crib bed"…which had padded side screens that also screened out light and noise",[56] if there was a concern women wanted to get up "a canvas cover would be fastened over the top of the side screens" and in some cases laboring women would be put in restraints, always padded to avoid skin from being "rubbed raw from fighting the restraints during contractions" which would have caused "obvious bruises that would have led to questions from husbands who were otherwise oblivious to what was happening to their wives"[57]

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[54] Varney, H., & Thompson, Joyce Beebe. (2016). *A history of midwifery in the United States : the midwife said fear not*. Springer Publishing Company, LLC. p46
[55] Varney, H., & Thompson, Joyce Beebe. *A history of midwifery in the United States : the midwife said fear not*. p45
[56] Ibid. 45
[57] Ibid. 45

and who were kept in faraway waiting rooms as to not hear the unattended screams of their wives. Women would remain "bound and screaming, often lying in their own vomit and waste, for as long as it took for labor to end".[58] In an attempt not to bring the laboring women to far into consciousness, and also therefor realization of what they were being subjected to, when delivery was near and lights were needed "the woman had a protective hood/helmet placed on her head that also kept out the bright lights and oil soaked cotton balls placed in her ears to reduce sounds".[59] Understandably, witnesses of twilight sleep were mostly unallowed, and so the reality of the experience of twilight sleep was unknown in full by the public, it is even "postulated that if [husbands] had seen the violence of what their wives were undergoing, they would have brought an end to twilight sleep much earlier than actually happened",[60] however the picture perfect depiction of twilight sleep lived on and so became a rallying cause for the women's movement in the early 20th century, under the guise of control over their childbirth experience.

In part to keep up with the truly painless narrative of twilight sleep, physicians made changes to the Freiburg technique such as giving "both morphine and scopolamine in all of their injections" when it the proper administration "calls for only one injection (the first) to contain both morphine and scopolamine"[61] (47) which resulted in even higher rates of asphyxiation in babies born under twilight sleep, something that was already a problem. Additionally, sometimes it resulted in the "outcome that both mother and baby were overdosed and morphineized" resulting in both infant and maternal mortality. Strict environmental needs "was not always as

[58] "Twilight Sleep – The Brutal Way Some Women Gave Birth In The 1900s." BellyBelly, June 4, 2018..
[59] Varney, H., & Thompson, Joyce Beebe. (2016). *A history of midwifery in the United States : the midwife said fear not*. Springer Publishing Company, LLC. 45
[60] Varney, H., & Thompson, Joyce Beebe. *A history of midwifery in the United States : the midwife said fear not*. 45
[61] Ibid. 47

strictly adhered to as is necessary for safety and success" for women under twilight sleep and so also resulted in harm to the laboring mother.[62] In light of, and despite these medical concerns being brought up in articles about twilight sleep at the time, "the demand of women for twilight sleep actually worked in their favor." as it encouraged women to seek "the safe conduct of twilight sleep and the cost of all the accompanying paraphernalia (crib bed, restraints)[63] and personnel [which] necessitated that birth move into the hospital".[64] This immeasurably furthered the medicalization of medical birth by "help[ing] them in their campaign to eliminate the midwife and to gain access to midwife patients both for purposes of income and for purposes of educating medical students" which also ultimately lead to more profit for the medical industrial complex.[65] It also reinforced patriarchal control in the realm of childbirth even further, for "The hospital was not the domain of childbearing women" not only because of their position as pregnant women but because as one obstetrician said, "anesthesia gave absolute control over your patient at all stages of the game…You are 'boss'" .[66] With women indiscriminately being given drugs during labor, physicians could play boss to anyone's labor, delivery or child.

Only around 50 percent of births were attended to by physicians or in hospitals in 1900, with the other "more than half of women confined by ignorant and, too often, filthy midwives"[67] as stated by Carl Henry Davis a physician around the turn of the century. By 1935 though, less than 15 percent of births weren't attended to by physicians.[68] With sweeping hospitalization and

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[62] Varney, H., & Thompson, Joyce Beebe. (2016). *A history of midwifery in the United States : the midwife said fear not*. Springer Publishing Company, LLC. 47
[63] "Twilight Sleep – The Brutal Way Some Women Gave Birth In The 1900s." BellyBelly, June 4, 2018..
[64] Varney, H., & Thompson, Joyce Beebe. *A history of midwifery in the United States : the midwife said fear not*.47
[65] Ibid. 47
[66] Ibid. 48
[67] Davis, Carl Henry, 1883-. Painless Childbirth, Eutocia And Nitrous Oxid-oxygen Analgesia. Chicago: Forbes, 1916.
[68] Rooks, Judith P. "The History of Midwifery." Our Bodies Ourselves, June 14, 2016..

medicalization, soon every woman was being drugged in labor, and without much consultation—about anything. Ava Stapleton recalls in an interview "*Giving birth in the 1960s*" that during a prenatal visit she was sent to the dental clinic next door, "If any of your teeth looked like they needed a filling or any sort of treatment, the dentist insisted on pulling them out" while mothers were sedated, "so I lost two teeth on that first birth" she reports.[69] She recalls removed and impersonal care, which twilight sleep is credited with making the norm in maternity wards. Lack of personalization and increased use in sedation also reflects the early 20th century view of "childbirth as a pathologic process that damages both mothers and babies" and that it should be "properly viewed as a destructive pathology rather than as a normal function" justifying medicalization—and ostracizing midwifery even farther—to save women from the evil natural to labor.[70] Pregnancy and childbirth became increasingly viewed as something to be treated and medically cured like other diseases modern medicine was tacking. Viewing childbirth as akin to a disease placed emphasis on the treatment and needs of a male physician to "treat" his female patient, instead of the birthing woman as the primary actor with self-agency. The belief "that all women should be under the care of the specialty trained obstetrician and delivered in the hospital, which they proclaimed to be the safest place to give birth" (62),[71] was wide and implicating. Conveying hospital births as not only the best, but other options as likely fatal was widely perpetuated as pathologizing birth continued and hospitals and male physicians vied for more patients ie: more business. Contrary to these assertions by the 1930s when over 80 percent of women were giving birth in hospital, an obstetric Dr. George W. Kosmak stated "the greatly

[69] Stapleton, Ava. "Giving Birth in the 1960s: 'All the Mothers Were Terrified of the Doctors and Matron so We Never Asked Any Questions'." The Journal. Accessed October 20, 2020.
[70] Rooks, Judith P. "The History of Midwifery."
[71] Varney, H., & Thompson, Joyce Beebe. (2016). *A history of midwifery in the United States : the midwife said fear not.* Springer Publishing Company, LLC. 62

increased hospitalization of parturient women in the past two decades has not brought a corresponding reduction in puerperal morbidity and mortality" as was expected and promised by male physicians who had labeled birthing alternatives, namely midwifery "filthy".[72]

In this new format of childbirth no longer was the labor of the woman or the birth of her child the focus but changed to think of "childbirth as a complicated medical specialty fraught with danger"[73] and so to the goals and emotional outcomes of childbirth changed too. Birthing changed to accommodate male physicians, patriarchal ideals of cleanliness and propriety, and women were made to comply with "full perineal shaves, cleansing enemas" and complete separation from their families under the pretense of sterility.[74] Women were not allowed to move and were seen as in the way of their own labor and so had their "legs strapped down in lithotomy position, and wrist restraints (to avoid the woman contaminating the sterile field)" and physicians were left to conduct delivery in whatever manner seemed best.[75] "Best" being relative to the priorities of that physician, whether they were in line with the priorities of the mother, who couldn't voice objection from her only barely conscious state. These birthing practices continued for decades.

The most widely known, modern childbirth pain management, the epidural, was first used in 1942 for labor however, it was not widely utilized until the 1980s.[76] Twilight use only dropped off when nurse whistle blowers reported their the abusive practices they saw with the

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[72] Varney, H., & Thompson, Joyce Beebe. (2016). *A history of midwifery in the United States : the midwife said fear not*. Springer Publishing Company, LLC. 63
[73] Varney, H., & Thompson, Joyce Beebe. *A history of midwifery in the United States : the midwife said fear not*. 48
[74] Ibid.47
[75] Ibid. 48
[76] "Upfront: The Birth of the Epidural." RCM. Accessed October 20, 2020.

use of twilight sleep, and the natural birth movement called for a feminist reclaiming of control over birthing via rejecting drugs, contrary to their women's movement predecessors at the turn of the 20th century.[77] Though twilight sleep was still very much a staple until the 1970s, sentiment which fueled the natural birth movement of the late '60s and '70s was making its way through the public (at least female) mind in the decades prior. With rising concerns and questions, the obstetric field's longstanding rhetoric turned more heavily to new sales points for hospital birthing and made excuses for the popularity of the natural birth philosophy. Such as women's susceptible emotional state doctor Fielding explains in his book "The Childbirth Challenge: Commonsense versus "natural" Methods", which lends themselves to getting "willingly attached to "causes" of all kinds" to preoccupy themselves with, especially in times of war, which America was just immerging from.[78] While the narrative of hospital births still being vastly safer was still heavily relied upon, obstetricians and hospitals also strove to paint themselves in a light which took into consideration comfort, and emphasis on both the "final physical and emotional effects of this wonderful, awesome adventure" (21),[79] to compete with some of the ideas from the natural birth movement which was compelling their female clientele. However, commodities such as comfort and emotional consideration were still seldom present in actual labor.

Obstetricians also positioned themselves to appear as though they were in open dialogue with women about their desires. However, women were perpetually patronized, paternalized and ultimately shamed for even considering alternatives to hospitalized, male physician controlled labor such as Fielding does after saying he will do just the contrary. The experience which

[77] "Twilight Sleep – The Brutal Way Some Women Gave Birth In The 1900s." BellyBelly, June 4, 2018.s
[78] Fielding, Waldo Lewis, and Lois Benjamin. The Childbirth Challenge: Commonsense Versus "natural" Methods. New York: Viking Press, 1962. 20
[79] Fielding, Waldo Lewis, and Lois Benjamin. The Childbirth Challenge: Commonsense Versus "natural" Methods. 21

hospitals promised to provide was one which fit in and enabled the view of the perfect '50s and '60s woman. Obstetric advice encouraged women to rely on supposed male expertise and not think too hard about issues that a man could solve. "Sensible young women" were instructed that the very most "important, first decision a newly expectant mother must make is which doctor to entrust" which is described as finding "the right man for her", who she must unquestionably trust, and "place [herself] wholeheartedly in his hands" to guide her through all of her care for best results. [80] Results that, also were male serving, such as "being at her best" to take care of her baby and return to her wifely duties and being at low risk to die—which while good, is a low bar to consider the marker of a good birthing experience.[81]

Many women, especially those who had experienced underwhelming hospital births began to fundamentally reconsider what their birth experiences could and should be too. Just as Fielding had excused women wanting something more or different from their labor and delivery, as having attached themselves to needless causes, women on the west coast who were interested or involved in alternative birthing were "just another variety of California 'kook'" as Dr. Bob Spitzer put it. However, it wasn't just on the fringe or in special circumstances that women "all had remarkably similar stories" [82] of mistreatment from the system that was advertised as the safest. As women questioned the values and norms which governed their everyday way of life, the expectations of them and of their bodily autonomy, they too began to question what they ultimately wanted and were getting out of their labor experiences. For a country which prided

[80] Fielding, Waldo Lewis, and Lois Benjamin. The Childbirth Challenge: Commonsense Versus "natural" Methods. New York: Viking Press, 1962. 21
[81] Fielding, Waldo Lewis, and Lois Benjamin. The Childbirth Challenge: Commonsense Versus "natural" Methods.21-22
[82] Kline, Wendy. "Communicating a New Consciousness: Countercultural Print and the Home Birth Movement in the 1970s." *Bulletin of the History of Medicine* 89, no. 3 (2015): 527-56.

itself on its prowess in medical capability and individual freedom, merely not dying in a labor they had no control over was not what women wanted. New values from the women's movement of the 50s and 60s and the female liberation movement helped usher forward emphasis on female empowerment, autonomy, and freedom from patriarchal structures.

What was labeled as methods for increase comfort and safety was coming to be understood as overuse of interventions, prioritizing time and money and operating without maternal consent during labor. Regularly women were scoffed at for wanting to labor in certain ways. When a pregnant 26 year old May Middleton, unafraid of labor, but of unconsciousness, informed her obstetrician that she didn't want anesthetic to deliver her baby, she was told "he could not sanction an uncontrolled delivery" and claimed without intervention her perineum would cause brain damage to her newborn".[83] While in labor she was given narcotic pain relievers which made her "nauseous and groggy" and prevented "her ability to concentrate".[84] After which they ordered her husband to the waiting room, anesthetized her anyway, "strapped her down, gave her an episiotomy, and pulled her baby out with forceps, 'like a giant wisdom tooth'".[85]

Not only was the atmosphere of hospitalized birth being rejected, but women—like Raven Lane author of *The Birth Book*—realized "that the treatment she received in the hospital was not in the best interest of her or her baby" either,[86] but stemming from a long practice of benefitting doctors and the hospitals bottom line. Women wanted positive childbirth outcomes

[83] Wolf, Jacqueline H. *Deliver Me from Pain*. Baltimore: Johns Hopkins University Press, 2009.136
[84] Wolf, Jacqueline H. *Deliver Me from Pain*. 137
[85] Ibid. 137
[86] Kline, Wendy. "Communicating a New Consciousness: Countercultural Print and the Home Birth Movement in the 1970s." *Bulletin of the History of Medicine* 89, no. 3 (2015): 535

physically and emotionally, for both themselves and their babies. This meant being conscious to have a say in where and how their labor was handled, and having support in labor, something which was absent in hospitals where "the nurses are busy, going in and out, and the laboring women are laboring on their own".[87] These desires built into the natural birth movement starting "what would become a widespread rebellion against male-physician-dominated American childbirth practices".[88] Part of that rebellion was a "unprecedented resurgence in home birth practice in the 1970s"[89] in which lay midwives (midwives without formal midwifery education or credentials) helped other women give birth in their own homes. The natural birth or homebirth movement worked to reclaim birthing as "not a medical event but a natural process that had been taken away from women".[90] Not only was this practice socially powerful as a tool to reclaim birth from a patriarchal medical industrial complex—but "home birth also made scientific sense" an idea completely contrary everything that had been established by medicalized obstetrics.[91] Practices in homebirth such as skin to skin contact positively affected the long-term "psychological makeup of the child and the nature of the mother–infant bond".[92] Something that is presently regarded as a commonplace and important aspect of birth for mothers and their newborns—though not always free—but in the past was absent in hospitals completely due to the narcotics used and the standard immediate separation of the two, post-birth.

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[87] Prichep, Deena. "This Father's Day, Remembering A Time When Dads Weren't Welcome In Delivery Rooms." NPR. NPR, June 18, 2017.
[88] Capitulo, Kathleen Leask. "The RISE, FALL, and RISE of Nurse-Midwifery in America." *MCN, the American Journal of Maternal Child Nursing* 23, no. 6 (1998): 314-21.
[89] Kline, Wendy. "Communicating a New Consciousness: Countercultural Print and the Home Birth Movement in the 1970s." *Bulletin of the History of Medicine* 89, no. 3 (2015): 527-56. 531
[90] Kline, Wendy. "Communicating a New Consciousness" 539
[91] Ibid. 540
[92] Ibid. 540

With home birthing and lay midwifery being overwhelmingly illegal across the US, and midwives could, and were prosecuted "for practicing medicine without a license" (542) another form of midwifery, nurse-midwifery also experienced a wave a popularity during the natural birth movement.[93] "American women began to choose nurse-midwives for maternity care in increasing numbers" and the expansion, limited as it was, helped provide "under-served, rural women demonstrated marked improvement in prenatal outcomes".[94] Continued findings showed "that obstetric patients managed by nurse-midwives had better outcomes than those cared for by physicians" a finding which was contrary to what most women would believe after the discrediting of midwifery knowledge and more generally female knowledge during the elevation of the male-dominated medicalized approach as necessarily safer.[95] Nurse midwifery was more cost effective as a source of maternal care as well as increasing the quality of care women "from the inner cities to Navajo reservations" received and ultimately their labor and delivery outcomes including a ten percent drop in low-birth-rate babies.[96] Even in the face of great successes in from midwifery programs they faced hostility from the obstetric profession generally, and hospitals boards. "Women who chose midwives were typically seeking control over their own birth experiences, support throughout their pregnancy, and a noninterventionist natural birth" and these new desires for their labor and delivery directly contradicted "assumptions about the

[93] Kline, Wendy. "Communicating a New Consciousness: Countercultural Print and the Home Birth Movement in the 1970s." *Bulletin of the History of Medicine* 89, no. 3 (2015): 527-56. 542
[94] Capitulo, Kathleen Leask. "The RISE, FALL, and RISE of Nurse-Midwifery in America." *MCN, the American Journal of Maternal Child Nursing* 23, no. 6 (1998): 314-21.
[95] Capitulo, Kathleen Leask. "The RISE, FALL, and RISE of Nurse-Midwifery in America."
[96] Ibid. 314-21.

clinical nature of reproduction and women's bodies" which the male dominated obstetric field had established.[97]

Though the reasons for women wanting to change to non-obstetric care to midwifery was a daunting proposition to obstetricians, the resulting data was also daunting. Overwhelmingly male doctors had been telling women for decades that they knew best, and that medical treatment and knowledge in American hospitals was unsurpassed by any other, and midwifery showed to be statistically more likely to produce a positive outcome. In a Congressional hearing on Consumer freedom of choice concerning nurse midwifery, a long list of maternal health studies submitted to the committee indicated "there is no increased risk associated with the use of certified nurse-midwives. To the contrary, the balance appears to be tipped in the opposite direction" due to "inappropriate intervention caused by the medical training of obstetricians".[98] Understandably there was, what the committee characterized as "extreme resistance by the medical profession".[99] Just like the male physicians who entered midwifery practices in the eighteenth and nineteenth century, their " reasons which are expressed" to the public are concerned with "fears about safety and practices that may endanger mothers and babies" but in reality "economic concerns underly some of those opinions" that are explicitly expressed.[100] Additionally, "despite great demand for nurse-midwives" (20) there are not very many who are able to practice as they need a physician or hospital to partner to incase of a complication.[101]

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[97] Capitulo, Kathleen Leask. "The RISE, FALL, and RISE of Nurse-Midwifery in America." *MCN, the American Journal of Maternal Child Nursing* 23, no. 6 (1998): 314-21.
[98] United States. Congress. House. Committee on Interstate and Foreign Commerce. Nurse Midwifery: Consumers' Freedom of House of Representatives, Ninety-sixth Congress, Second Session, December 18, 1980. Washington: U.S. G.P.O., 1981. 23
[99] United States. Congress. House. Nurse Midwifery: Consumers' Freedom of Choice, December 18, 1980. Washington: U.S. G.P.O., 1981. 22
[100] Ibid. 22
[101] Ibid. 20

Many physicians, and "almost all obstructions connected with the teaching hospitals and the medical schools have been opposed to nurse-midwifery" with some of those hospitals requiring physicians maintain authority to take over and attend at all midwifery deliveries anyway.[102] The tying in of physician time, and hospital resources, incentivizing the same methods women wanted to avoid, limiting the reach nurse-midwifery had over physician care, in both availability and cost. Physicians doubling down in their opinion that their clinical knowledge was best suited to 'treat' the condition of pregnancy, helped keep afloat the mainstream myth that hospitals were a safer and more responsible option and cancel or limit nurse midwifery programs that did exist.

Midwifery did not spring into a widespread phenomenon in the US, despite great demand in the 1960s and 70s, due to the pushback from the medical community and the hurdle of long-standing rhetoric in favor of the medical industrial complex.[103] Despite that, transformational change within the medicalized birth realm did come about in response to the outcry and cultural popularity of the natural/homebirth community. Birthing centers did gain some popularity especially in the 1970s run by nurse midwives and female physicians in collaboration, though they too felt the effects of resource shortages in the 80s.[104] Epidurals also became commonplace by the early 1980s, a method of pain relief (appealing to the patients) and immobilization (appealing to the physicians) that appeased women who wanted to feel that they had more participation in their labor, and were advertised "as the way to birth without having to cope with

[102] United States. Congress. House. Nurse Midwifery: Consumers' Freedom of Choice, December 18, 1980. Washington: U.S. G.P.O., 1981. 20

[103] *A national nursing shortage in the 80s which meant that even further resources were diverted away from midwifery work (or so says the medical world that that was the reason)

[104] Capitulo, Kathleen Leask. "The RISE, FALL, and RISE of Nurse-Midwifery in America." *MCN, the American Journal of Maternal Child Nursing* 23, no. 6 (1998): 314-21.

the pain or rigors of childbirth" [105] though epidurals are not consistent at "reducing labor pain" and also come with safety risks.[106] While a significant improvement in the scope of anesthetized labor, childbirth had ultimately "returned to being a medical procedure, though this time with wide-awake mothers as opposed to care known as "knock 'em out, drag 'em out" in the 1940s".[107] Perhaps most transformative, fathers entered the delivery room. Medical historian Judy Levitt says "doctors typically didn't want fathers present for the delivery any more than they'd want them around during an appendectomy" in keeping with physician view that labor and delivery were a medical procedure,[108] however "Fewer drugs, especially at a time when sedatives were widely used in labor, meant women were more aware of who was in the room" which resulted in more demand from laboring mother's to get more out of their childbirth experience.[109] Ultimately, "the women's movement and the natural childbirth movement helped drive the campaign" for fathers to be allowed to stay through labor and delivery,[110] something which is nearly ubiquitous today. The cultural and medical shift to the presence of fathers during labor and delivery had monumental positive consequences for women giving birth in hospital. While it begins to recognize and support the emotional, spiritual and community aspects of childbirth, it also meant women had more say in what happened to them and their babies.

Hospitals today remain the most popular place to give birth in America, despite the fraught history of childbirth within the medical industrial complex. Modern women's beliefs

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[105] Humenick, S S. "Birth environments." *The Journal of perinatal education* vol. 9,2 (2000): vi-vii. doi:10.1624/105812400X87572
[106] Upfront: The Birth of the Epidural." RCM. Accessed October 20, 2020.
[107] Humenick, S S. "Birth environments." 2
[108] Prichep, Deena. "This Father's Day, Remembering A Time When Dads Weren't Welcome In Delivery Rooms." NPR. NPR, June 18, 2017.
[109] Prichep, Deena. "This Father's Day, Remembering A Time When Dads Weren't Welcome In Delivery Rooms."
[110] Ibid.

about childbirth are still richly colored with the belief that the hospital remains the safest and most comfortable pace to give birth, and midwifery practices and alternative birthing are still fighting against stigma despite statistics showing their ability for success. Examining the historical trajectory and attitudes toward childbirth and reevaluating our current methods are more important in improving the outcomes for all women. Like many "women's issues", the experiences of childbirth have mostly been relegated to the private sphere, while societal examinations of childbirth outcomes tend to stop at mortality statistics. With less than two percent of babies being born out of hospital modernly, hospital birthing and its narratives continue to just be the way it is. Uncovering why it is that was though it crucially important. Healthcare in America, like many things has been dominated by white men, and is not set up to serve everyone it needs to best, and certainly not equally. The influence which men have had o childbirth practices has permanently shaped the way in which women give birth. Professionals for decades medicalizing a process they had never experienced. Over the evolution away from midwifery and into ubiquitous hospitalization, profit and expediency has been valued over women's emotional and physical outcomes. The reclaiming of childbirth by women, from not men themselves but rather the institutions founded on those priorities needs to occur to move toward more positive outcomes for all women.

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