Museum Of Motherhood
Birth Practices Through the Ages

This Exhibit

This exhibit has been produced using public domain images and text from digital and print sources on the subject of motherhood and birth practices through the ages.

Every Motherhood experience is unique, making this topic extremely broad. We hope the images and information provided will be both informative and fascinating.

This exhibit includes a worldly perspective; however, due to the sheer breadth and scope of something that simply attempts to skim the surface of ‘Birth Practices Through the Ages’, we have focused our attention through a primarily Western lens, taking information from European and American sources. Our future goal is to expand this collection with an even broader and more inclusive perspective.

Do you have something to share? Please do! We invite you to e-mail your ideas to us, or drop them in the suggestion box at the front desk and get involved with M.O.M. today.
**Procreation** is a mysterious and powerful fundamental force of life. The concept of a woman giving birth without assistance is inconceivable of in modern society; yet its necessity has often required courageous acts of strength and determination. The detailed carving of this woman of Ancient Costa Rica (500-1000 AD), pictured below right, captivates the determination and intensity of a laboring woman. The Basalt figurine represents an ancient woman, who struggled to simply survive. At the same time, she possesses the ability to procreate, something that continues to mystify humans today.

The history of childbirth has been recorded since A.D. 98 when Soranus of Alexander, a classical Roman, wrote a textbook of obstetrics that was used until the 16th century.

During The Dark Ages, (approx. 500 – 1500 A.D.) in the West, records of obstetric practices are rare, so historians presume that the birthing of babies was mostly left up to midwives.

Men were not allowed anywhere near childbirth situations for hundreds of years. In 1522, Dr. Wertt of Hamburg dressed up in women’s clothes to gain entry to a labor room. Once discovered, he was burned at the stake for his effort!
In 1198 AD, Pope Innocent III decreed that foundling wheels should be installed in ‘homes for foundlings’ so that women may secretly and safely leave their unwanted newborn children to be cared for by the church. A foundling wheel resembled a revolving door where mothers could place their infant anonymously. This effort to mitigate maternal infanticide was largely unsuccessful. Infant formula is a contemporary development and there were not enough wet nurses to keep up with demand. While doing research for her book *Mother Nature*, Anthropologist Sarah Blaffer Hrdy discovered that millions of infants perished from starvation.

Baby hatches and baby boxes are still in use around the world. They provide a safe place where mothers can anonymously leave their newborn child to be found and cared for. New York is one of 47 states with some variation of an Abandoned Infant Protection Act. A parent is not guilty of a crime if the infant is left in a **suitable location** and the parent **promptly notifies** an appropriate person of the infant’s location. A hospital, or staffed police or fire station, are examples of safe and suitable choices. Individuals seeking additional information can call: **866.505.SAFE**
Childbirth in the Middle Ages was considered so dangerous that the Church advised pregnant women to prepare their shrouds and confess their sins in case of death. Superstition surrounded the consequences of labor, and thus the Church required Midwives swear by oath to refrain from using magic in their practices.

The significance of Midwifery was largely due to the role of midwives in assisting in emergency baptisms. Midwives were regulated by Roman Catholic law and licensed by bishops. They assisted labor by supporting and encouraging the mother, providing breathing exercises, and massaging the perineum. To guard against witchcraft, the Church required midwives to be licensed by a bishop and swear an oath not to use magic when assisting women through labor.

Women often gave birth squatting or standing up, with the assistance of birth stools (pictured above), which were cleverly designed with crescent shaped seats. While the field of Midwifery emphasized social support and reproductive health, the field of Obstetrics intervened when complications arose. If the fetus’s position obstructed a healthy and timely delivery, the birth attendant attempted to reposition the fetus externally by the turning the infant in utero or shaking the bed. In the event of intrapartum death, the fetus would be dismembered in the womb with sharp instruments and removed with a "squeezer." Counterweights were used to forcefully remove a retained placenta.
Superstition and incomplete medical knowledge extended into Late Middle Ages. The baby was expected to be born within 20 contractions. If it took longer, everyone in the household might try to help it along by performing symbolic acts of opening the womb: opening cupboards and drawers, unlocking chests, untangling knots, or even shooting an arrow into the air.

After birth, the midwife would tie off and cut the umbilical cord and help the baby take its first breath. She would then bathe the child in warm water or- in more affluent homes- in milk or wine. Medical literature recommended washing the tongue with hot water to assure the child would speak properly. It was not uncommon to rub honey on the palate to give the baby an appetite. It is now understood that giving honey to a newborn can cause infant botulism, and parents are advised against this practice.

Trota of Salerno was a 12th Century female physician, Obstetrics instructor, and popular medical figure in Europe. She originated from Salerno, a Southern Italian town renowned for the introduction of Arabic medicine to the Roman West. Mystery shrouds her legacy amongst historians, but she is credited with authoring or influencing three influential obstetric texts, collectively known as *Trotula*. 

This painting is an example showing the difference between the style of clothing of the wealthy and lower class wet nurse. Financially well-off women did not typically nurse their own babies. Painting c. 1486-90
In Tudor Europe in the 16th century, about 50% of the population lived at subsistence level. Women primarily worked as domestic servants while some were midwives or apothecaries. Death during childbirth was so common that pregnancy was regarded with dread and considered “the greatest of earthly miseries”.

In Colonial America, the typical woman gave birth to her children at home while female kin and neighbors clustered at her bedside to offer support and encouragement. Due to high infant and maternal mortality rates, women faced anxiety regarding both their own mortality and the death of their newborn. New England poet Anne Bradstreet, a New England poet wrote “How soon, my dear, death may my steps addend, How soon’t may be thy lot to lose thy friend.” Even in the healthiest areas, 1 in 10 children died before the age of 5.

Hard physical exertion during pregnancy was thought to make for easier laboring. Thus, women were expected to continue to work until the onset of labor, performing common tasks like spinning thread, weaving clothing, general heavy lifting and carrying, milking cows, and slaughtering meat.
This wood engraving by French artist Georges Devy depicts a practice where one assistant blows air into the laboring woman’s mouth. The purpose is thought to be to calm or distract the mother, or to symbolically “blow in” strength.

Der Wechselbalg by Henry Fuseli, 1781. This painting depicts a folklore where the baby is replaced by a “changeling”, a fairy or troll, resulting a child with disease or developmental disabilities.

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(Panel 6)

16-17th Century, 1501 – 1700 AD

Superstitions Across Cultures

Pregnancy was surrounded by superstitions. It was widely believed that if a mother looked upon a "horrible spectre" or was startled by a loud noise her child would be disfigured. It was believed that if an expecting woman was crossed by a hare, her child might suffer a “harelip” (cleft lip) or if she gazed at the moon, her child may suffer from lunacy or sleepwalking.

According to superstitious lore, abortion or birthmarks could be caused by a mother’s ungrateful longings.

First Peoples of the Cherokee Nation believed that eating raccoon or pheasant during pregnancy could cause illness or death for the infant, eating speckled trout could cause birthmarks, eating black walnuts would cause the child to have a large nose, wearing a handkerchief could cause umbilical strangulation, and lingering in doorways during labor could slow delivery.
For slave women, pregnancy, birth, and motherhood was a time of grief, pain, and loss. Chronic maternal and child undernourishment contributed to infant and child mortality rates being more than twice as high among slave children compared to white children. Pregnant slaves were often treated no differently and suffered extraordinary rates of spontaneous abortions, stillbirths, and perinatal death. The trauma of losing children very young eventually led to refusal to have children.

Because European men did not customarily attend births, the accuracy of their observations of solitary, painless Native American birth practices are debatable. While rituals and traditions varied among tribes, most involved birthing rituals with close members of the community. Native American women took extreme care of their diet and behavior during pregnancy. In some tribes, both expecting mothers and fathers participated in childbirth rituals, but men were rarely allowed to see the birth. Women often drank root bark or wild cherry bark to speed up labor. The baby was delivered with the mother in an upright position (standing, kneeling, and squatting) and fell onto a pile of leaves rather than being caught to give the newborn the chance to acquire strength.
Childbirth in Colonial America was formidably difficult and dangerous for women. During the 17th and 18th centuries, 1% to 5% of all births resulted in maternal death. Common reported causes of maternal death were exhaustion, dehydration, infection, hemorrhage, or convulsions. Because women typically gave birth to between 5 and 8 children, the lifetime chances of dying in childbirth in Colonial America ran as high as 1 in 8.

At the end of the 18th century, the popular assumption was that midwives had no formal training, even though some did. Women were not admitted into newly formed Obstetrician medical school programs based on widespread opinion that their emotional and intellectual capacities would not allow them to properly learn and apply the practice. Wealthy families preferred male physicians over female midwives.

The origin of forceps, a medical procedure for the reduction of maternal and neonatal morbidity, is attributed to the Chamberlen family (16th century), but their use was truly pioneered by William Smellie (1697-1763). This instrument was widely used until caesarians increasingly came into practice in the 20th century.
In the late 18th century, slave owners finally took notice that low birth rates and high infant mortality rates were negatively affecting the slave population more than death rates. This changed previous attitude favored purchasing new slaves rather than supporting the birth of new children. Various systems were proposed to motivate slave women to have children and reduce infant and child mortality, many based on the erroneous belief that slave women were solely responsible for the health of their infants.

In some Caribbean colonies, women received material rewards if their child survived longer than one month, which (to no surprise) made no difference. The Leeward Islands Slave Code of 1798 barred women from intensive labor after their 5th month of pregnancy. Some plantation owners adopted intrusive policies aimed to shape women’s sexual and romantic behavior and imposed ideologies, like European monogamy and childbirth practices, on them while removing African-derived romance and childbirth culture.

Slave women resolutely defended extended breastfeeding as slave owners attempted to restrict it to encourage fertility. As the 19th century carried on, slave women were increasingly removed from intensive labor duties if they had a certain number of children to care for. Paradoxically, these “rights” were removed once slavery was abolished and replaced by the apprenticeship system.
In the U.K., **Grantly Dick-Read** became one of the first childbirth experts to presciently speak out against medicalized maternity in the days prior to the foundation of the National Health Service (NHS) in 1948. Before the NHS was established, anxious women prepared for the daunting and unpredictable task of childbirth by paying a hefty sum for a surgeon's delivery, even if it took installments to do it.

A registered nurse writing for **Ladies’ Home Journal** magazine circa 1957 described this scene: “At one hospital I know of, it is common practice to take the mother right into the delivery room as soon as she is ‘prepared.’ (This preparation would have meant shaved pubic hair and an enema). She is strapped, legs in stirrups with knees pulled far apart, for as long as eight hours. One doctor I know has nurses use a mask to stifle the patient’s outcry. Great strides have been made in maternal care, but some doctors still say, ‘Tie them down so they won’t give us any trouble’.”

Despite the emergence of the medical model of birth, **Ina May Gaskin**, a lay midwife, chronicled the processes of natural birth. Women began to demand empowering and awakening birth experiences. Bradley methods, Lamaze methods, and water births gained popularity. However, the medical model of birth has continued into the 21st century with 32% of all North American babies born by C-section, more twice the rate recommended by the World Health Organization. America now ranks 40th among industrialized countries for maternal morbidity rates and today’s women are more likely to die in childbirth than their mothers were. In America today, pregnancy-related death rates are 3-4 times higher among black women compared to white women.
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The Birth and Feeding of Newborns

Throughout history, women have fed animal milk to babies using spouted clay jugs, linen, horns, and pickled cow nipples. Archaeologists have found evidence of infant feeding vessels in gravesites dating back to 4000 BC. These containers harbored deadly germs. Consequently, only 45 out of 10,000 hand-fed infants between 1775 and 1796 at the Dublin Foundling Hospital survived infancy— an astounding mortality rate of 99.6%!

People knew that the indirect feeding of any milk could kill a newborn, although they did not know why. In the south of France, one monsignor was so alarmed by high infant mortality rates that he offered bounties to mothers who breast-fed for the first year. This program reduced deaths by 33%. In the 18th and 19th centuries, women were given mercury as a mercury that would be transmitted through breastmilk, which then treated the infant for congenital syphilis, a common cause of infant mortality and morbidity.

Of course, some women could not breast-feed. Allowing babies to drink directly from a domesticated animal such as a cow or goat had complications. Ancient Greeks and Romans found the idea of drinking the milk of another species disgusting. According to them, the only logical thing to do was to have the baby suck from another lactating woman— a wet nurse. Wet nurses remained in practice in the western world until formula became preferred in the mid-21st century.

The American Pregnancy Association recommends breastfeeding if possible due to its highly regarded health benefits and its economical practicality.
Did you know hundreds of MOM-based organizations have emerged in the last 20 years? Not only have we seen a surge in mother-made products and businesses, books, research and academe, but in popular culture as well.

While, perhaps much of the 'Motherhood Movement' is still not considered mainstream, this most recent surge in feminist mothers, activist mothers, mother artists, and education within the academy, has been propelled by what has sometimes been called the forefront of the fourth wave of feminism.

Groups like Moms Rising have leveraged social media to unite millions of American mothers to influence politicians to favor ‘family friendly’ policies. President Obama signed the Lilly Ledbetter Fair Pay Act into law in 2009, making wage discrimination between women and men illegal. However, inconsistencies remain. Moms Rising cites the wage gap between mothers and non-mothers is greater than between women and men- and claim it’s getting bigger: Non-mothers earn 10% less than their male counterparts; mothers earn 27% less; and single mothers earn between 34% and 44% less- 77 cents to a man’s dollar.

Other groups like Mamapalooza captured international attention with a worldwide surge of performance art called Mom Rock, focused on mother music and art. This movement began around the same time as Dr. Andrea O'Reilly (Canada) pioneered a publishing company, Demeter Press, along with conferences and classes on Motherhood (1997). Her books, including The Encyclopedia of Motherhood and The 21st Century Motherhood Movement serve as a resource for much of this social, political and arts movement.

Students continue to express interest in growing opportunities to study motherhood online and in class. Mother Studies is on the rise.
Content Resources

Books


Links

(1) http://barakat.kr/eng/sub/collection_detail.php?pi_no=180&&PHPSESSID=269517f052466a0d4dc07fbae1683c5f


(3) https://pdfs.semanticscholar.org/b79e/de712b4994de1746ad452eced2046c96b7ba.pdf

(4) https://en.wikipedia.org/wiki/Baby_hatch


(6) http://www.digitalhistory.uh.edu/topic_display.cfm?tcid=70

(7) https://www.history.ac.uk/ihr/Focus/Slavery/articles/paton.html

(8) http://chnm.gmu.edu/cyh/case-studies/57

(9) http://teachinghistory.ac.uk/history-content/ask-a-historian/24097

(10) https://www.history.ac.uk/ihr/Focus/Slavery/articles/paton.html


(13) http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002494

(14) https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm