

Born Yesterday: Cross Disciplinary Investigations into Birth, Midwifery and Childhood

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BOOK OF ABSTRACTS



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KEYNOTE SPEAKERS

Born Yesterday

Julia Allison, *University of Nottingham and The Royal College of Midwives*

This opening keynote will examine the social and political history of English midwives from 14th - 21st century, with particular reference to the early midwives about whom so little is known.

Late Medieval and Tudor midwives attended all women, from the wife of a nobleman to a labourer's wife. In 1441 midwife Elizabeth Peverel, who was suffering from sciatica, sent a message to gentlewoman Margaret Paston, to reassure her that she 'would come to her wheeled in a barrow if necessary', when her labour began. With rare exceptions, birth occurred, in the family home.

Over five centuries, midwifery practice has been misrepresented by accoucheurs and obstetricians, without any evidence that their practices are better, kinder, more appreciated or safer than care provided by midwives.

To readdress the balance midwifery historians, are producing research, not reliant upon literature search, but drawn from primary sources. The presentation will examine the safety of the practice of English midwives across 600 years. Including the arrival of the accoucheurs, midwifery legislation, and our continuing battle for survival as a discrete profession.

This paper begins in the aftermath of the Black Death (1348), which had taken a third of the population of England, reducing it to around 2.8 million, and travels through time until today.

Family men: Changing fathers, changing men in twentieth-century Britain

Laura King, *University of Leeds*

The twentieth century is seen as one of huge change in terms of ideas and practices of fatherhood. In Britain, as in other countries, fathers are understood to have become much more involved and 'hands-on' in family life by the latter part of the century. We can see these changes in the rise in men's presence at their children's birth, the disappearing stigma associated with men changing nappies, and the prizing of men's roles in the children's emotional lives. Yet, is this picture of change over-stated?

This paper will consider change and continuity in both the way fatherhood is understood within popular culture and in what men were doing in the privacy of their homes. Based on oral history interviews, social research of the period, newspapers and a wide range of other archival sources, the talk will chart the major changes in fatherhood across the century, but also consider the fundamental continuities, such as in the continued reliance on mothers to provide the majority of childcare, and the understanding of women as more innately capable of parenting. The talk will consider how the very idea of men as newly involved in family life is in itself not new – we can find praise for 'new men' across the century. In doing so, the paper will consider how and why change occurs and the deep-set gender norms which continue to differentiate men and women's roles today.

‘Be glad to be a mother today!’: Why ‘now’ is always the best time to have a baby

Tania McIntosh, *University of Brighton*

This paper explores changing messages about birth offered to women by *Mother and Baby* magazine, a UK publication aimed at a general readership. The research is taken from work exploring the impact of changing approaches to pregnancy and birth in the UK in the second half of the twentieth century. Maternity policy and patterns of care changed significantly across the period, with hospital birth moving from a marginal event to nearly 100 per cent of births, and the development of ultrasound scanning, induction of labour, epidural anaesthesia and other medical innovations. Consumer organisations such as the National Childbirth Trust (NCT) and Association for Improvements in Maternity Services (AIMS) campaigned against these developments, calling instead for more home births, active births and choice for women. The research presented here contextualises the voice of these groups by exploring a publication, *Mother and Baby* magazine, read by a wider cross section of society. *Mother and Baby* began in 1956 with the intention of giving women advice and support on all aspects of pregnancy, birth and baby care. It included advice pages, letters from women, and stories of real births. The research into *Mother and Baby* maps changes in language and advice across fifty years, tracing the extent to changes in practice were described and viewed by a mass market publication. In doing so it helps to build a more nuanced picture of the advice and support available to women during a period of huge change in the maternity services. Initial findings suggest that the narrative presented by *Mother and Baby* magazine about changing maternity practice was not a simple one. Stories about, and support for, low tech approaches such as home birth were presented alongside high tech induced or operative births. Women were not given just one idea about pregnancy and birth, but a variety of options. All options privileged the health of the baby over the mother, with the powerful message that any intervention was justified as long as the baby was healthy. Pictures, photos, language and storytelling were used in a variety of ways to ‘sell’ this central message.

The trouble with televising childbirth

Julie Roberts, *University of Nottingham*

Childbirth is a popular topic for factual and reality television. Programmes like *One Born Every Minute*, *Delivering Babies*, *The Highland Midwife* and more, raise questions about the place of birth in visual culture, public perceptions of midwifery, and the role and responsibilities of the media in preparing women for childbirth. Drawing on a suite of work focused on reality television, and funded by a Wellcome Seed Award, this presentation considers the ‘trouble’ with televising childbirth from three perspectives. First, a content analysis of reality television show *One Born Every Minute*, will serve as an example to highlight issues around the ways in which birth is represented. We question claims that emergencies are over-represented but explore the more subtle ways that birth is represented as medicalised and highlight a troubling absence of processes of informed choice and consent from the screen. Secondly, drawing on commentary and focus group data, we will explore the controversy in the birth community about the appropriateness of showing birth on mainstream television as ‘entertainment’, and the potential for harm, including increasing fear of birth among women and normalising the medicalisation of birth. Finally, and drawing connections with the first two sections of the paper, we will examine the ‘trouble’ with researching the ways in which televised birth might shape women’s experiences of birth and maternity services, highlighting methodological debates and making the case for interdisciplinary collaboration.

REGULAR TALKS

Midwives of ill repute: The case of Mary Compton, the murderous midwife of Poplar, London, hanged in 1693 for ‘felony and murder, in destroying, starving to death, and famishing several poor infant babes...’

Janette Allotey, Chair of *De Partu* History of Childbirth Group

The case of Mary Compton, the seventeenth-century ‘cruel midwife’, appears to be unusual, as it was most frequently mothers (or occasionally fathers) who were accused of infanticide. Midwives were commonly called upon in court proceedings to physically examine women suspected of being the mothers of abandoned live or dead babies for signs of recent childbirth, and to offer their expert opinions in matters related to sexual impropriety and bastardy cases (illegitimacy). In particular they were required to obtain confessions of paternity from ‘troubled women’ during labour. By nature of their role, midwives had access to unbaptised babies and were well placed to assist women with disposing of unwanted pregnancies, hence the perceived need for ecclesiastical licensing of midwives, which had begun during the reign of Henry VIII and continued during the seventeenth century. In practice, however, many women who acted as midwives were unlicensed, and to date no licence has been found for Mary Compton.

The investigation of her case is based upon extant primary and secondary sources, including legal records, parish records and accounts in the popular press. The overall findings are cautiously interpreted and an attempt made to contextualise the evidence in the light of some of the prevailing societal problems and social values.

Whose History? Whose Present?

Kirsten Baker, *Oxford Brookes University*

During 2016 I lived and worked in Malawi, and was struck by some of the seemingly anachronistic practices around childbearing there: women are encouraged to lie on their backs on high hard couches to give birth, for example. I have since worked on a project in Nigeria, and noted that in one of the procedure manuals for student nurses and midwives it is recommended that “breakfast be served on a tray with a vase of flowers, and thinly sliced toast in a toast rack”. My Nigerian colleagues report that this improbable scenario does not occur.

This practice and rhetoric are redolent of a mid-twentieth century British nursing or midwifery manual. This begs a question around the legacy of *our* (UK) past in terms of pedagogy and the culture of health care provision, and the practices which are current in nations which have historically been occupied as part of the British Empire or Protectorate. Some sociologists argue that the culture and practice of maternity care is more broadly emblematic, and that social patterning in the birth room resonates widely with societal beliefs and mores.

In the light of this, I would like to invite some examination of ongoing post-colonial relationships and the role of Non-Governmental Organisations between donor and recipient countries in the twenty first century. This seems particularly germane as key principles such as respect and dignity in childbirth are being addressed: there needs to be a critique of the provenance of these concepts through the lens of history for sustainable progress to be made.

Revisiting 'republican motherhood': Psychoanalysis and maternal civic-virtue in post-war Britain

Shaul Bar-Haim, *University of Essex*

In 1976, feminist historian Linda Kerber suggested that the reception of European Enlightenment in eighteenth-century America created a new public discourse around motherhood, which she described as 'republican motherhood'. The model of 'republican motherhood' in Europe and the North America expresses a compromise between the post-Enlightenment demand to give women their share in the public sphere, and the attempt to prevent them from having full citizenship. According to this model, mothers were not only the providers of the physiological and psychological needs of their children, but also created the necessary environment for the development of a republican 'civic virtue'.

Meanwhile, other historians found this concept of 'republican motherhood' useful in describing ideologies towards motherhood in other places and in different historical times. In this paper I argue that what Kerber described, in a different context, can be a useful theoretical framework for studying the 'maternal shift' in post-Freudian theory in the 1940s and 1950s, and especially within the influential postwar British school of psychoanalysis.

As historian Sonya Rose pointed out, 'ideals of republicanism, expressed in contemporary language, worked particularly well in the late 1930s and 1940s as a way of articulating a vision of the nation and its patriotic citizenry that contrasted with Fascism' (Rose, 2004, p. 86). Some surprising elements of 'republican motherhood', I argue, can be found in the works of some influential psychoanalysts in postwar Britain such as D.W. Winnicott, John Bowlby, and Michael Balint. They all made a great effort to use the then new psychoanalytic 'maternal' vocabulary for making the body-politic in Britain to become more 'maternal', at least as they perceived the term. The paper demonstrates how several psychoanalytical thinkers after the Second World War thought that it was not only that mothers should be more 'republican', but also that the British state itself must be transform into a more 'maternal state'.

Case studies for patient-centred care: Lessons from the emergence of obstetrics

Ashleigh Blackwood, *Northumbria University*

In 2018 the Royal College of Midwives (RCM) published a revised position statement entitled 'Midwifery Continuity of Carer (MCOOC)'. Within the paper RCM expressed their support for the continuity of care model for practitioners and patients proposed in NHS England's 2016 National Maternity Review report, with a specific focus on creating 'opportunit[ies] for women to build relationships with their key maternity care providers'. This model represents a significant shift within midwifery practice, built on prioritising patients' own perceptions and experience of what makes good care, leading to increased positive outcomes. Key characteristics emphasised in model include the empowerment of women through informed choices and personalised care.

While the concept of developing and sustaining a relationship with a single or lead practitioner for each pregnancy indicates a cultural movement in contemporary practice, this model has in fact been the one most engaged with by UK families throughout history. In providing their services, however, the approaches of practitioners varied greatly as to how each factored in aspects of health and care in support of individual women. Fuelled by the inclusion of midwifery into medical curricula from 1756, increases in published work on maternity medicine by academic medical scholars revealed a new set of terminologies that encouraged

obstetric pedagogy to be framed in mechanistic descriptions of birth, rather than any comment about individual cases or patients. Increased levels of published scholarship created a depersonalization of midwifery in many respects. This paper considers a variety of original written materials from the eighteenth century, both medical and non-medical, and the efforts on the part of a small number of authors, to highlight the need for patient-centred care and a thorough understanding of women's own perceptions of their pregnancies and health against this backdrop of rapid theoretical and technical change.

“A curious absence”: Tracing maternal deaths in Irish workhouses during the late nineteenth century

Judy Bolger, *Trinity College Dublin*

The history of Irish maternity services has focused largely on the nascent period of the early and mid-twentieth-century when the health of parturition women warranted attention from State officials and the subsequent improvement in maternal mortality rates. However, little scholarly attention has focused on such topics in the preceding decades when the facilities of maternal care were less cohesive and assessable. In the final years of the Poor Law in Ireland, the workhouse hospitals facilitated a form of maternal care which impoverished women utilised during childbirth. This paper examines the rate of maternal death within these Poor Law establishments to engage with Breathnach and Gurrin's recent assessment of maternal death in Dublin which highlighted that there was a 'curious absence' of maternal deaths in the workhouse.¹ More specifically, of the 637 deaths by 'childbirth' in 1872, just 14 occurred within the workhouses.² Does this figure represent superior maternal care provisions within the workhouses? To assess the relevance of these figures, a wider analysis of the rate of maternal mortality within the workhouses throughout Ireland will be offered. This research is constructed and framed through the annual reports of the 'Local Board of Governments' and 'Registrar General of Marriage, Birth and Death' which serve to determine the rate of maternal deaths in ratio to the rate of births per annum throughout the workhouses. While the classification of maternal death was often misused or conflated, this paper addresses the direct evidence of death by 'childbirth' to determine if late-nineteenth-century women were afforded with adequate maternal care services within the workhouses.

Mothers as passive roles in childbirth in 18th-century Britain

Nuria Calvo-Cortés, *Universidad Complutense Madrid*

The 18th century witnessed an increase in the amount of offspring being born out of wedlock in Britain (Griffin, 2013; Macfarlane, 1980). Whereas the position of the mothers of illegitimate children has been investigated from a socio-historical perspective (Adkins & Adkins, 2014; Steinbach, 2005), a linguistic analysis may provide new insights.

The present study analyses the language used in connection with giving birth in 18th century London. The expressions have been extracted from a corpus of petitions addressed to the Foundling Hospital. Most petitions were signed by women servants who needed a home for

¹ Ciara Breathnach and Brian Gurrin, 'Maternal Mortality, Dublin, 1864-1902', *Social History of Medicine*, 31.1 (2017), 79-105 (p. 82).

² 'Registrar General of Marriages, Births and Deaths in Ireland, Tenth Annual Report, 1873' and 'Annual Report of the Local Government Board for Ireland, 1874'.

their children as they would lose their jobs otherwise. Although some expressions are more common than others (e.g. *she was delivered of a child* is more frequently found than *she was brought to bed of a child*), the emphasis in all of them lies on the passive role of the women giving birth as well as on the involvement of the 'seducer'.

The conclusion suggests that these women, despite carrying the babies and going through difficult labour, were often the passive subjects in a linguistic analysis. This may be due to the fact that they portrayed themselves as victims to gain their aims, or the role of these women was indeed seen as passive at the time.

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'Ere long her appearance indicated that she was *enceinte*': Pregnancy and childbirth in nineteenth century lunatic asylum records

Morag Allan Campbell, University of St Andrews

In February 1826, Mrs Brown was admitted to Dundee Lunatic Asylum having become 'indifferent to her family and friends and quite unmanageable at home'. Before long, signs of pregnancy were noted and, after a few months, she was required to leave the asylum, in accordance with the rules of the institution, despite the fact that her mind was 'far estranged'.³ Lunatic asylums were not equipped to deal with the process of childbirth and the care of newborn babies, and officials were generally keen to avoid this occurrence if at all possible, even if the woman's state of mind indicated that continued care was advisable.

Despite this, asylum records can offer a rich resource on childbirth and attitudes to the treatment of pregnant and childbearing women, whether or not their mental condition was considered to be related to parturition. Pregnant women might remain in the asylum for some time before their discharge was considered necessary and, despite all precautions, births did occasionally occur within the asylum walls. In addition to this, the case notes of women who were admitted to the asylum suffering from 'puerperal insanity' often outlined in some detail the circumstances leading to their admission, including accounts of recent childbirth.

With particular reference to the records of the asylums at Dundee and Montrose throughout the nineteenth century, this presentation will discuss how accounts of childbirth can be teased from asylum case notes and annual reports, revealing practices and attitudes surrounding pregnancy and childbirth, among families, in the community and within institutions.

³ University of Dundee Archives, THB 7/8/9/3.

The ‘named propriety of women’: Breastfeeding and practical advice in Jane Sharp’s *The Midwives Book* (1671)

Luaren Cantos, *Queen Mary University London*

This paper will analyse advice for breastfeeding and wet-nursing in early modern midwifery manuals. The advice offered in these guidebooks, typically authored by physicians and surgeons, was often contradictory and moralising. However, we can contextualise these conflicting attitudes in the professionalisation of childbirth as well as the increasing tensions between midwives and male practitioners across the seventeenth century.

Medical consensus posited that breast milk was formed out of menstrual blood. Because of negative assumptions about menstruation, midwifery guides contain conflicting beliefs about the process of lactation. The worry about whether breast milk was a ‘pure’ fluid manifests itself through concerns about the morality of the nursing woman ‘corrupting’ the quality of breast milk. However, Jane Sharp’s 1671 guidebook, *The Midwives Book*, shows a different perspective. Sharp’s guide is considered the first female-authored English midwifery guide. She asserts the importance of women’s role in midwifery regardless of the various developments occurring in the field that were changing the face of the practice. Sharp’s approach is also different from her male counterparts through her practical advice for breastfeeding, which avoids warnings about corruption of milk. Sharp’s focus on self-care minimises the need for professional medical intervention whilst simultaneously offering remedies akin to women’s recipe books, drawing a further distinction from male practitioners. This paper argues that midwives’ and male doctors’ different training and experiences affected thinking about postnatal care, often resulting in disparate attitudes towards breastfeeding.

Motherhood in Czech Mass Media – Corpus Assisted Discourse Studies approach

Zuzana Černá & Radek Čech, *Ostravská Univerzita*

The paper aims at presenting the results of an original CADS (Corpus Assisted Discourse Studies approach; Baker 2006) research, to which no similar has been conducted in the Czech Republic yet. The authors have made a collocation and concordance analysis of the lemma *motherhood* and lemmas close to it (*parenthood, pregnancy, childbirth*, etc. which were gained on the basis of research via neural networks as described in Kubát, Hůla 2018), focusing on typical collocations of the lemmas which are present in contemporary Czech mass media texts. The authors make use of the data available in Český národní korpus (Czech National Corpus, www.korpus.cz), namely subcorpus of journalistic texts published from 2010 to 2014. For the collocation analysis, both test criteria T-score and minimum sensitivity were used. In the follow-up analysis and interpretation of the data from the perspective of the critical discourse analysis (Wodak 2013), the authors attempt to identify categories of motherhood and identities ascribed to mothers which are present in the aforementioned corpus, making thus a step towards mapping the mass media discourse of motherhood.

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‘My God was to me a present help’: Exploring early modern narratives of birth, infant loss and stillbirth

Jessica Clement, *University of York*

For Early Modern diarist Sarah Savage (1664-1752), the notion of birth held a theological significance, from the act of physical birth as an individual Genesis to loss as a shared suffering with Christ. The mother of nine children, four of them surviving to adulthood, Savage records many intimate details about her experiences with childbirth and loss. Relaying and filtering these events through the lens of her Christian faith, Savage’s diaries give modern eyes an insightful look into common narratives surrounding birth and infant loss during this period.

This paper discusses Savage’s experiences in birth, stillbirth, and infant loss, considering the intersection of theology, social conduct, and emotion. I begin by exploring Savage’s own descriptions of her births and those that she attends. Here, we see a connection to biblical Genesis and a wider framework of creation narratives. With the stillbirth of a son in 1705, Savage goes into great detail regarding her mental state and the role her belief. Finally, Savage discusses infant loss as it relates to her own experiences and those of individuals around her. Discussing important social and religious rites related to these deaths, Savage candidly records aspects about her own mental health.

Labour and birth in water: women’s narratives

Clare Clews, Sarah Church and Merryn Ekberg, *University of Northampton*

Background

Women’s childbirth stories remain dominated by master narratives in which birth is told from an outside medicalised perspective. Enmeshed in societies’ norms and values in the UK, childbirth is placed both in a medicalised and private domain, potentially isolating women from more marginalised narratives, including those of waterbirth.

This primary research thesis explored women’s stories of labour and birth in water. It offered an opportunity for women’s narratives of ‘self’ to be co-constructed, in turn exploring how these narratives influenced their ‘identity’ as they negotiated their journey into motherhood.

Methods

A feminist framework guided the research design which adopted a single in-depth interview. A narrative inquiry methodology was used to explore the stories of ten women who birthed in water in the East Midlands. The intention was to place the women’s ‘voice(s)’ at the fore of this research study, challenging the exclusion of female intuitive knowledge from research surrounding childbirth, which has often been viewed as both deviant and deficient in relation to the male norm (Gilligan, 1982).

Findings

Three key narratives emerged from the women's stories, these were: the 'visible self,' the 'agent self' and the 'connected self.' The thesis concludes that taken collectively these key narratives reflect how waterbirth enabled the women to maintain a secure identity during a time of transition.

Adopting the Voice Centred Relational Method (VCRM) to analyse the women's stories allowed for their individual 'I-poems' to emerge from their stories of waterbirth. It will be these 'I-poems' that will be presented at the 'Born Yesterday' conference.

Medicine and morality: The Central Midwives' Board's charges against midwives, 1900-1950

Gwenith Cross, *University of Coventry*

Throughout the first half of the twentieth century the Central Midwives' Board for England and Wales conducted Special Board Meetings addressing charges against midwives. These meetings, which were used to determine censure, were seldom attended by either the midwife in question or a representative on her behalf. In many of these cases midwives were accused of serious medical infractions such as failure to observe adequate measures of hygiene, failure to inform the patient that a medical practitioner was required, or other actions that endangered the lives of the mother and infant. Other charges, however, reflected both the gendered hierarchies of the medical profession and the belief that midwives should adhere to both moral and medical standards. Frequenting public houses and drinking to excess—even when there was no report that the consumption of alcohol interfered with their work—adultery, or having a child outside of marriage were all 'offences' for which a midwife could have her name removed from the Midwives' Roll and certificate cancelled. Midwives were also charged with uncleanness and the condition of their person, dress, and home were all assessed. While such cases can be tangentially related to issues of hygiene in connection with medical care, they also reflect the fact that midwives were judged on more criteria than their medical abilities.

This paper studies the charges brought against midwives and argues that the assessment of both the morality and medical abilities of midwives ensured midwives and midwifery remained subordinate to medical doctors and the profession of obstetrics. Furthermore, such a hierarchy remained in place in spite of the professional autonomy granted by the 1902 Midwives Act. The frequent disciplinary hearings for midwives simultaneously helped to ensure a high standard of midwifery care for expectant mothers and enabled gender and professional hierarchies within the medical system.

Time and perception in birthing stories: Insights from French and English digital corpora

Charlotte Danino, *Université Sorbonne Nouvelle Paris 3*

Birth(ing) stories have long been studied in many disciplines to better understand women's physical, psychological and institutional experiences. These studies usually rely on semi-conducted interviews or questionnaires, that is, on elicited stories within an explicit research protocol. This paper focuses on *spontaneous* first-person digital birth(ing) stories (specialized websites, forums, social networks) both in French and English, which were written *for peers*

and which constitute information women easily and increasingly resort to (emergence of the expert-patient)

To investigate these stories, I studied the expression of time and perception: how long did it take? How did she know labor had started? How was pain handled over time? These questions are recurrently asked by pregnant women and spontaneously addressed by women, institutionalizing them as key components in our naïve representation of childbirth. The impact of media representations of birth (Luce et al. 2016, 2017) proved that women compare their birthing experience with a standard they have in mind, built by birthing classes, media stories, and Internet testimonials.

We thus conducted discursive and linguistic analyses of the following elements:

- reference to chronology (after Maher 2008) : time perception is linked to time discourse and sensation;
- aspect verbs (*start, finish, continue*, etc.) as they code the intra- or extrasubjective construal of the unfolding events (Bottineau 2002). The preference for *start* over *begin* confirms the prevalence of subjectivity and helps identify which phases or transitions are considered standard (i.e. women's expectations)
- perception verb *feel* (in line with Author 2014 and more general description such as Whitt 2011, Gisborne 2010)
- occurrences of /contraction/ as both an (eventive) sensation building community of experience and a measure of time in subjective stories.

In fine, we show that linguistic forms (and not only discourse patterns and contents) can inform our understanding of birth experience and our healthcare decisions.

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Taboo, euphemism and birth stories: A sociolinguistic and discursive approach

Charlotte Danino, *Université Sorbonne Nouvelle Paris 3*, Laëtitia Bibié, *Université de Bordeaux* & Sijia Pang, *Université Sorbonne Nouvelle Paris 3*

Birth stories told by women on the Internet contain a number of elements that refer to entities or processes usually excluded from public speech either because they are deemed too intimate or because they refer to “low” body functions or parts (bodily fluids, genitalia).

This paper proposes a contrastive analysis (French, English, Chinese) of negative taboos and X-phemism (after Allan/Burridge 2006) in digital birth stories.

The corpus is constituted by first-person accounts on three types of media: social networks (Facebook groups, Twitter threads), forums (whose topic is explicitly linked) and specialized websites (on pregnancy, birth and childcare).

In order to compare both the different languages and the different types of media, we analyzed two elements that are shared cultural taboos and targets of euphemistic phrasings: female genitalia and the urge to defecate as a signal in birthing processes. The paper presents the different strategies women resorted to, which include euphemisms (*down there* to refer to their genitalia) but also humor or emojis to save face (Goffman 1974). Avoidance is considered although it raises the issue of negative data.

The paper also proposes a study of positive taboos: what *must* be said. Childbirth and childcare has been increasingly linked to “happycracy” (Illouz/Cabanas 2018) and some elements of perinatal anxiety or any negative feelings must be promptly justified. We suggest that this positive taboo is visible in the dialogical dimension of stories when women anticipate potential objections or immediately justify their opinion presented as unexpected. Argumentation theory provides tools to detect and analyses such cases. The specificity of each media is again considered since “censorship” is possible for instance on social networks (comments) but not on edited websites. In so doing, we also address the ethical issues raised by available, public digital data that nonetheless remains personal and intimate information (Paveau/Perea 2015).

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Reproductive decision-making, communication, and sexual cultures in 1930s and 40s Dublin

Cara Delay, *College of Charleston*

In 1944, an Irish woman named Karmel composed a letter to her lover, Dennis, about getting an illegal abortion. “As I have been feeling desperately ill all week,” she wrote, “I have been wondering whether it would be possible to get the operation done next Sunday afternoon.” After visiting a “backstreet” practitioner in Dublin, Karmel became seriously ill, ending up at the Holles Street maternity hospital. She did not regret her decision, however, later writing to Dennis: “everything is successfully over” and that she had done her part by “facing up to it” as best she could.⁴

This paper examines abortion attempts, reproductive decision-making, and sexual cultures in early twentieth-century Dublin. Scholars have demonstrated how cities are “spaces of both [sexual] freedom and constraint.”⁵ Despite a national rhetoric about Ireland’s chaste Catholic women, Dublin in the 1930s and 40s was no exception. Its bustling commercial and retail spaces allowed women anonymity and access to sexual encounters. It also was the center of “backstreet” abortions on the island. The *Irish Times*, reporting on a 1944 abortion case, recorded the remark of the defense lawyer in the case: “Dublin was always humming and buzzing with stories about abortion.”⁶ Dublin’s well-established clandestine abortion networks were targeted by authorities, however; in the 1930s and 40s, “backstreet” providers faced multiple prosecutions in courts.

Through an analysis of these court records, this research explores the ways in which Irish women and men tried to control their fertility via illegal abortion. It analyses how women and men came to decisions about fertility, how they communicated about reproductive decision-making, and how they explained to each other, to abortion providers, medical authorities, and police and court officials their desire to manage reproduction. It also assesses the ways that abortion providers advertised their services to pregnant women. Overall, this paper exposes an urban network of sexual cultures and communication that both women and men navigated as best they could in order to deal with unwanted pregnancies.

Co-producing childbirth knowledge: A qualitative study of birth stories in antenatal sessions

Leah De Quattro, *University of Manchester*

Birth stories surround pregnant women. Existing research on childbirth knowledge suggests that personal accounts from family and friends play a foundational role upon which other information builds. However, among the handful of studies that specifically address the educational role of birth stories, stories appeared to have little impact on knowledge creation. This paper engages with this discussion by focusing on the work of birth stories told within the context of antenatal sessions. Findings draw from the pilot study of a project which seeks to understand how participants use collective approaches to co-produce birth knowledge.

⁴ State Files at Central Criminal Court Dublin, 1944, National Archives of Ireland, Dublin.

⁵ Lynda Johnston and Robyn Longhurst, *Space, Place, and Sex: Geographies of Sexualities* (Lanham, MD: Rowman & Littlefield, 2010), 80.

⁶ “Coloured Medical Students’ Defence,” *Irish Times* June 7, 1944.

Research data drew from participant observation of group-led Homebirth sessions (25 participants) and teacher-led National Childbirth Trust classes (18 participants). The researcher analysed transcripts using template analysis, a form of thematic content analysis, with principles from feminist ethnography and narrative analysis.

Storytelling proved central to mother-to-mother antenatal group practices, providing not only information, but also a means for understanding. This educational work took place through various mechanisms: Stories (re)shaped expectations, shared practical techniques, navigated different truth claims and approaches to knowledge, and helped build supportive communities of parents. These findings emerged more prominently in group-led sessions compared to teacher-led sessions.

Compared to teacher-led norms, storytelling and other collective approaches to antenatal education provide additional resources to childbearing women. As dialogic, complex and flexible learning tools, stories offer uniquely diverse, credible and supportive messages. The next phase of this project will further investigate these findings, explore informal collective practices, and seek to evaluate the impact of collective knowledge on childbirth experiences.

A visual retrospective of midwifery craft knowledge, from granny midwives to the present day

Gina Finnerty, *University of Greenwich*

This presentation will provide a visual display and retrospective, using illustrations, photos and film clips. The key questions to be addressed are:

How has midwifery craft knowledge traditionally been taught and how have skills and knowledge been recorded?

The first midwives to be featured are ‘granny’ midwives. These were female birth attendants and healers who practised in the deep south of the United States up to the early twentieth century. They were trained in their local communities and took over the midwifery care when their ‘mentor’ retired or died. There were approximately 200 granny midwives practising in 1900 but they were systematically ostracised by doctors (Bonaparte 2007) and are now extinct. Few formal records exist, except a film and some letters (Jackson 1987).

In contrast, Angelique du Coudray trained hundreds of lay midwives in rural France in the eighteenth century and developed ‘La Machine’, a birth simulator made of cloth, bone, leather and straw. It was a life size model with detachable parts. Posters were used by du Coudray’s apprentices as many practising lay midwives were illiterate (Gelbart 1998). Du Coudray was ahead of her time, becoming the King’s Midwife to Louis XV and her legacy has influenced current simulation and practice.

Other pioneering midwives, for example, Sarah Stone and Martha Ballard demonstrated their stoicism and professional wisdom through creation of diaries, case histories and textbooks (Woods & Galley 2014; Ulrich 1991).

This retrospective attests to the importance of keeping detailed records of our midwifery practice, whether normal or complicated. It is vital that midwives communicate all advances in current professional expertise to keep the craft and science of midwifery alive, for the education of future generations of midwives.

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Regulating midwives: The competing interests of church, state and community in early modern England

Sarah Fox, *University of Manchester*

The Nursing and Midwifery Council's (NMC) code of conduct for all registered nurses and midwives is based around four key principles that focus on the prevention of harm and the needs of the patient(s). This code of conduct not only reflects modern preoccupations in medical ethics, but also echoes the Hippocratic principles around which medical practice has developed. The formal application of such principles to the practice of midwifery is, however, remarkably recent. The statutory regulation of midwives dates to 1902, after which a flurry of legislation sought to codify the role of the midwife and her practice. This apparent historic lack of statutory interest in midwifery does not reflect either the social and legal prominence of the midwife in early modern communities, or the nature or scope of public interest in regulating midwifery practice prior to 1902. This paper will explore the competing public interests that shaped regulation affecting midwives and mothers in England between the sixteenth and eighteenth centuries. It will argue that childbirth and therefore midwifery was a matter of concern not only to the State, but also to the Church, to other medical practitioners, to local communities and to families and that these social, medical and ecclesiastical concerns altered and affected the manner in which midwifery was controlled and regulated. Patient care is only one factor in the competing interests of these institutions, which reflect broader local and national concerns around religious conformity, economic opportunity and the codification of medical occupations.

Maternal and infant health in Hong Kong: Imperial norms, colonial practice, and extra-imperial influences

Rosaria Franco, *University of Nottingham (Ningbo, China campus)*

This paper critically reviews the development of colonial maternal and infant health services in the British colony of Hong Kong, circa 1930s-1950s. Sided from the Chinese Empire in 1842, to its colonisers Hong Kong was always attractive for its geographic position and economic potential, not for its resources or population. Hence, its maternal and infant health services remained largely underdeveloped until the 1950s.

Yet, the colony included progressive indigenous elites keen on promoting medical services for the benefit of a rapidly expanding Chinese population. Furthermore, at critical points of its history it received attention and resources from a range of international organizations (for example, the League of Nations in the 1930s, American Christian humanitarian organizations in the 1950s during a major refugee inflow from neighbouring China, etc.). The paper discusses how these and other extra-imperial actors, which held different ideas about the worth of Chinese children, shaped the idiosyncratic development of relevant medical services in the period under consideration; and to what extent the outcome challenged the aims of imperial and colonial population politics for Hong Kong.

Expert midwives and contested divines: Jacob Ruff, John Calvin and early modern pregnancy

Anna French, *University of Liverpool*

The bodies and souls of women were highly contested in early modern culture. With its monthly menstrual purges, ability to produce children and perceived intimate connection with the vices of Eve, the image of the female body was the cause of much anxiety within early modern society.

All early modern people were believed to be tainted with original sin, but, in the imaginations of those living at this time, women were perceived to be especially so. These negative perceptions shaped understandings of pregnancy, and in the early modern period, as in others, it was argued that women would suffer during childbirth *because* of the sin they had inherited from Eve. Pregnancy was thus positioned as a precarious journey, through which women might receive redemption for their sins. Yet, despite this soteriological significance, religious writers did not dwell so much on the concept of the foetus.

For early moderns, the state of pregnancy itself was disputed, and early pregnancy was generally considered to be potentially fleeting, difficult to define and often went unnoticed. Contemporaries tended to follow the views of ancient and medieval theologians, who believed that ‘ensoulment’ took place some considerable time after conception; whilst medical writers focussed on brief descriptions of possible changes that may be taking place within the womb; divines focused on baptism being the point at which the infant became ‘human’.

In this way, early modern writers did not emphasise the existence of a foetus above that of the woman: the latter was believed to have a soul, but the spiritual status of the foetus was liminal and contested. This paper will consider these ideas, exploring early modern perceptions of pregnancy and the growing foetus. It will argue that the relationship between the two was seen as mysterious and interconnected - but not equal.

Unnatural women: Reflections on discourses on child murder and selective mortal neglect

Susan Hogan, *University of Derby*

This paper reflects on historical ambivalence toward mothers, especially a reluctance to prosecute, or harshly punish, women who murdered their newborn babies. I suggest that in nineteenth and early twentieth century England there was increasing social tolerance towards

child murder that ran counter to the polemical and evangelical religious arguments against the crime. In this paper, I consider the legal perception of cases of intentional child murder and the debates that took place in court, referring to trial records. This ambivalence about convicting women for murder was manifested in an ad hoc manner with a variety of defence strategies in operation as will be illustrated. As one might expect, the cases themselves varied tremendously, from a woman in utter despair attempting to kill herself and her baby simultaneously by drowning, to cases in which the murder might be considered to be quite calculated. While cases in which sickly and possibly unviable infants, are “let go” through a process of selective mortal neglect, are technically murder, they are quite different from putting a newborn to a violent end. I argue that a variety of social practices and attitudes towards childhood illness obscured a high tolerance of child murder, and that the neglect of newborns elicited tacit understanding, if not social acceptance.

Stay-at-home moms: Birth locations in the Netherlands, 1918–1939

Hieke Huistra, *Universiteit Utrecht*

Around 1900, almost all European and American births happened at home, but soon after, birth moved into the hospital. Historians such as Judith Leavitt have shown that science played a major role in this shift. New scientific insights on how to prevent infections favoured the strictly controlled birth environment only the hospital could offer. Furthermore, pregnant women strongly believed modern science could make birth safe and comfortable – a ‘modern, scientific’ hospital birth was seen as a good birth; a traditional home birth was not. Thus, in the 1920s and the 1930s, birth started to move into the hospital in most western countries – with one major exception: the Netherlands. Although trust in science was high in the interwar Netherlands, the number of hospital births remained low, a remarkable contrast still visible today.

In this paper, I investigate this difference, which so far, I argue, has not been fully explained. Most historical work on the Dutch birthing system focuses on the strong position of Dutch midwives, but this ignores the role of doctors: they did almost 40 percent of all home births, and almost never referred women to the hospital. Why did so many Dutch women continue to give birth at home in this period? To answer this question, I analyze scientific textbooks, practical handbooks, hospital records, medical case notes, and women’s diaries. Together, these sources help me explain how, in the interwar Netherlands, the location of a birth was determined and why hospital birth did not acquire the same popularity as elsewhere.

Travelling mother-poets in the mid-20th century: Levertov, Plath, Stevenson

Shihoko Inoue, *University of Exeter*

For a long time, mothers have tended to be tied to some particular places such as home and nation. In nationalist discourse during and after the wars, women have been seen as the reproducers of the nation, and therefore represented as immobilised figures. In the same period, however, women also travelled around while pregnancy and mothering. This paper will illuminate three contemporary poets who experienced childbirth and/or mothering outside their homelands: Denise Levertov (1923-1997), Sylvia Plath (1932-63), and Anne Stevenson (1933-).

Born in Essex, Levertov married an American writer and moved with him to the US in 1948. Her movement to New York was coincided with her pregnancy, and her son was born there in the following year. In contrast, Plath travelled in the opposite direction before she met and married the British poet Ted Hughes in Cambridge in 1956. Three Years later she again went to England while she was pregnant, and there she gave birth to and raised two children. Stevenson, born in England of American parents, also left her native country but at a much younger age. Although she returned to England after she graduated from Michigan University in 1954, she frequently moved between the UK and the US with her children and husband in her twenties and thirties.

Their movement back and forth between countries strongly influenced their poems and fictions, in which pregnant women and mothers often appear as unsettled and rootless figures. Besides, through the eyes of travelling mothers, different systems and environments related to maternity are caricatured from an in-between standpoint. By examining these points, I will explore how their works challenge the conventional image of motherhood while also showing an awareness of being what Julia Kristeva (1993) calls 'boundary-subjects'.

Between tradition and new challenges: Midwives in post-war Poland

Elżbieta Kassner, *Leibniz Universität Hannover*

In the years immediately after the war, the events of World War II and the reconstruction of the country within the new geopolitical boundaries absorbed a major share of Poland's national energies. The Polish population found itself in a "new reality". The redevelopment of the national health services was systematically promoted and controlled by the state in the course of restructuring the socialist health care system. Health care facilities were standardized and nationalized.

The postwar government's first challenges were fighting epidemics, educating medical personnel, reconstructing the remaining facilities, and expanding mother and child welfare services. The population losses caused by the war were to be made up for by an increased birth rate and the reduction of maternal and infant mortality. Accordingly, the national population policy was aligned in favor of childbirth.

For obstetrics, this meant a centrally controlled relocation of the birth site from the domestic environment of the delivering women to the public spaces of the health care services, as well as the establishment of a fine-meshed network of counseling centers for pregnant women, mothers, infants, and small children. Thus, midwives could no longer practise as freelancers, only as employees in state-run-institutions. However, due to financial reasons and the shortage of qualified personnel, the state was not able to realise the hospitalisation of births immediately. Starting near Warsaw in 1945, small maternities - *izby porodowe* - were established in neighbourhoods all over the country, occupying the space between home and hospital and thus filling this gap.

Based on archival materials, regulations, handbooks, and periodicals for midwives and obstetricians, memories of women covered in sociological studies, as well as several interviews with older midwives, the proposed conference contribution seeks to describe the

midwife's role and function as mediator of knowledge between public-health-system and their clients in the immediate post-war realities.

Untangling tongue-tie: Cutting through the medicalisation of breastfeeding

Maria Larrain, *University College London*

This presentation explores infant 'tongue-tie' (*ankyloglossia*) diagnoses as a sociocultural and biomedical construction. Tongue-tie is a congenital oral anomaly of the lingual frenulum that can restrict movement of the tongue, and is considered to affect 3-10% of newborns. In the English-speaking world, tongue-tie has become an increasingly popular diagnosis in newborns when experiencing breastfeeding difficulties. Yet a critical anthropological approach signifies how the phenomenon is a divisive issue amongst health professionals, parents and women, and demonstrates how rates of intervention have increased as part of a broader medicalisation of breastfeeding. Based on the semistructured interviews of 21 health professionals, I examine whether tongue-tie and frenotomy is a medical and surgical response to the pressure on women to initiate and successfully breastfeed as a result of the public health message 'breast is best'. I situate the significance of tongue-tie and frenotomy in contemporary parenting culture as a harm-reduction strategy in a risk-averse society that seeks to 'optimise children's health'. I critically evaluate how evidence is disseminated, accepted or dismissed by health professionals and parents alike and the role of social media in this process to unpack the professional entanglements that have helped promulgate tongue-tie as a 'problem' that needs correcting.

Changing childbirth nineteenth-century style: Primary texts for the medicalisation of childbirth

Alison Nuttall, *University of Edinburgh*

Taking Edinburgh as a case-study, this paper uses a range of primary sources, including certificates, lecture notes and institution casebooks, to describe the increasing medicalisation of childbirth in the second half of the nineteenth century and beyond. It argues that, while at the beginning of the period the role of any medical attendant was subject to negotiation with the patient and her family, by 1914 advice for trainee professionals implied they would meet with compliance from their patient, and be able to apply what they had been taught without opposition. Although home birth continued to be the norm until after the Great War, there was already considerable medical intrusion into domestic life.

The role of organisational safety citizenship behaviour in creating a safe maternity unit

Alexis Paton, *University of Leicester*

Organisational citizenship, and the behaviours (OCB) associated with it, are considered integral to a functioning, positive and productive organisation. Interest in how to promote

OCB in a wide variety of workplaces has been present in the literature for over a decade, and most recently the role that OCBs can have in supporting a safe as well as a productive and happy workplace has gained increasing interest. Despite the popularity of OCBs, there has been little work on the role of OCBs in healthcare, even less on how OCBs can promote productivity and safety in the healthcare setting, and almost nothing on the role of OCBs in a very specific healthcare setting where safety is paramount: maternity care. Using qualitative ethnographic data collected from six maternity units across the UK who had or were implementing the PROMPT safety training, this paper explores the role that OCBs play in creating a safe maternity unit for mothers and staff. We define a new specific form of OCB orientated towards safety, which we call organisational safety citizenship behaviour (OSCB), and identify four features of the organisational climate and context that facilitate and maintain OSCBs in maternity care: First the creation of a community where staff feel valued and supported. Second, encouraging shared responsibility for safety among all staff. Third, ensuring psychological safety to speak up about safety problems. Fourth, establishing norms of OSCBs that are reinforced through social sanctions. Across all four features, the outward and explicit support by superiors and managers for organisational safety citizenship behaviours, creates a positive feedback loop that encourages staff to continue to take part in these behaviours, thus continually facilitating a safe and caring maternity service.

Gaps in archive due to inter-war documents being destroyed in Ghent during WWII: The International Midwives Union, 1933-1945

Anja K. Peters, Neubrandenburg, Germany

Summary

In 1919 the International Midwives Union (IMU) was founded in Belgium. Until its restart after World War 2 it was a more or less European association. For two decades it was dominated by Professor Frans Daels from Belgium (1881-1974), a gynaecologist from Gent. Its main assembly was the international congress every two years, e.g. 1934 in London and 1936 in Berlin. In Berlin, the congress passed a resolution by which the chairing congress president would automatically become the IMU's president for the two years to come. By this the chairwoman of the German Midwives association, Nanna Conti (1881-1951), became the first president of the IMU.

After the congress in Paris in 1938 Clémence Mosse (d. 1949) was became president. However, during the Second World War Mosse was unable to influence the IMU significantly. In 1942 Conti succeeded Daels as secretary general and moved IMU headquarters to Berlin. Until the late 1930s Edith Pye (1876-1965), president of the British Midwives' Institute, was an influential voice. But at least between 1942-1945 the IMU was led by a Nazi functionary.

Research question

How did midwives deal with the German influence? How did the German view onto their British colleagues change when World War 2 broke out? And how did the IMU (today's ICM) come to terms with their history?

Findings

My presentation will show how the IMU was influenced by the sometimes benevolent, sometimes dictatorial leadership of Nanna Conti. I will also highlight the situation between

the UK and the German Reich in the context of international collaboration off midwives. Text sources by Nanna Conti will prove what happened to the IMU archive.

Sources

The presentation is based on my biography of Nanna Conti (2018). Sources contain archive materials from German, French and Swiss archives and publications by Nanna Conti and other midwives and politicians published in several midwives' journals.

The gossips' choice: Drawing on the case notes of midwife Sarah Stone in historical fiction

Sara Read, *University of Loughborough*

This paper presents the development of a 'practice-as-research' creative writing project, in which I have written a full-length novel using some of the case notes of Sarah Stone, whose *A Complete Practice of Midwifery*, was published in 1737, as the basis for some of the episodes within. Her text suggests the author was an assertive and competent midwife, often called upon in difficult cases to remedy the poor treatment of less experienced birth attendants. In the course of the research and writing I identified a number of different questions, such as how to depict a character based on Stone's practice, who was also married to an apothecary, but who was not the same woman. While Stone is a fascinating, inspirational figure, I wanted my midwife protagonist to have her own voice and character. Other questions included how to relate events in the case notes in ways which would be relatable to a modern reader while studiously avoiding anachronisms. And, of course, rather than being a list of cases, a novel needs a narrative (in this case a family saga) to be woven around these anecdotes to build empathy and allow the reader to care about the life of the protagonist and her family and want to read on.

Medical historian, the late Roy Porter, was an advocate of history from the 'bottom up', and by using the case notes to tell the stories of ordinary women mainly, this project is a rare opportunity to share some of the attitudes and practices of those women and of early modern midwifery with readers of historical fiction in a way in which would bring the very often different experiences of childbirth in the past to a wider audience. Details of labour and childbirth are often skimmed over in historical fiction or based on long-standing stereotypes, and I wanted to use my skills as a research of early modern reproductive health to show that the picture was more varied, and that while some treatments might seem alarming to a modern reader, they were based on the best practices of the time.

Obstetrics in the Alpine context

Daniela Reis, *Medizinische Universität Innsbruck*

The history of Vorarlberg's maternity homes is unique: Sometimes located in the upper floor of a family house, sometimes in an annex or in between of stables and garages it tells a story of a local, intimate institution organised by women for women. In my doctoral thesis I have explored the 23 maternity homes in the Alpine region of Vorarlberg (Austria) within their developments and decline from the beginning of the 20th century until the closure of the last one in 2001. The dialectical effort of the male municipal leaders to control the births of their citizens on the one hand and the care of the midwives for their fellow women on the other hand resulted in a milestone in the history of social systems. As a public medical facility, the

local maternity homes in Vorarlberg were often only known among the locals and became the target of political and ideological interests, especially under the birth control measurements of National socialism. The maternity homes' histories are inseparable from the region's social and cultural development. My comparative and micro-historical study combines hermeneutics of textual documents and historical photographs and narrative interviews of living witnesses. The results of this first-time documentation sheds light on the mostly unknown fate of women in the remote Alpine area between Austria and Swiss. In my paper I would like to present and discuss my research project by highlighting three paradigmatic cases.

The midwife Consuelo Ruiz Vélez-Frías and the introduction of painless childbirth in Spain

Dolores Ruiz-Berdún, *Universidad de Alcalá*

Consuelo Ruiz Vélez-Frías was a midwife and a writer born in Spain in 1914. She studied midwifery after the Spanish Civil War, developing most of her working years during the hard times of Franco's dictatorship. In 1955 she published her first book about painless childbirth. In the same year, an obstetrician, Álvaro Aguirre de Cárcer published also a book with identical title. Both authors claimed to be the first introducing the method in Spain but, of course, the obstetrician was who had the reputation afterwards. This presentation explores the difficulties suffered by Consuelo defending the role and independence of midwives in childbirths increasingly medicalized. Since homebirths were disappearing in Spain throughout the XX century, with the building of big hospitals including large maternity units, she founded the association "Nacer en casa" ("To be born at home"). Consuelo died in 2005 after a long life devoted to women. She also wrote six books: *The painless childbirth* (1955), *Psychoprophylactic Preparation for Childbirth* (1975), *Self-portrait* (1988), *Poet in spring* (1989), *Basic guide to learn to give birth* (1998), and the last one, published posthumously in 2009, *Give birth without fear: the legacy of Consuelo Ruiz Vélez-Frías*, with four editions at present.

Infant mortality in interwar Bombay: Discourses and practices

Mrunmayee Satam, *University of Leicester*

In the early decades of the 20th century, infant mortality rates for Bombay city were amongst the highest in the world. The colonial state attributed the high infant mortality rates to the practice of early marriages, debility amongst women, maternal ignorance, use of opium pills, poverty and insanitary living conditions. However by the late 1930s, Bombay had become a pioneer in colonial India for maternal and infant welfare.

In this paper, I will evaluate the discourses and practices surrounding maternal and infant health and trace the development of infant welfare infrastructure in interwar Bombay. While identifying the reasons for decline in infant mortality rates, I put forth two important arguments. First, the colonial authorities did little to improve the condition of mothers and infants in the city in the 19th century. It was only in the early decades of the 20th century that the colonial authorities and the industrialists decided to make a significant intervention in addressing the issue. This was largely due to the events in international politics which pressurized the colonial state to implement welfare measures and the need felt by the industrialists to produce a healthy workforce in order to contribute to the growth of the

economy. Second, while the philanthropic section played a crucial role in the creation of medical relief infrastructure, through their generous financial aid; there was an implicit bias of class, caste and community in their outreach. It was the work undertaken by voluntary organisations that was crucial in breaking barriers of class and caste in provision of medical relief to women and infants amongst the poorer classes of the city.

Surveillance of modern motherhood: An exploration of the experiences of mothers that have attended a Universal Parenting Course

Helen Simmons, *University of Derby*

This research explores the experiences of mothers of children aged 0-3 years that have attended universal parenting courses. The aim of the research was to gain a deeper understanding of the factors that motivate mothers to attend a universal parenting course and to explore the wider experiences of early modern motherhood in the UK. In order to develop this understanding, the research explored participant perceptions of any benefit or otherwise in attending a parenting course and also considered the different forms of parenting advice accessed by mothers and how this provides an insight into the wider constructs and experiences of modern motherhood. Ultimately, the goal of this research was to consider the social and cultural pressures within modern motherhood in relation to different levels of surveillance (Henderson *et al.*, 2010) and to produce new knowledge for practice within the early years sector and beyond in relation to the support currently offered to new mothers.

A feminist post-structuralist worldview was taken to explore the dominant discourses within modern motherhood. This approach provided a '*productive contradiction*' (Baxter, 2003, p. 2) whereby multiple experiences could be considered, particularly in relation to feelings of oppression, empowerment and being 'good enough' (Winnicott, 1964) within modern motherhood. A qualitative methodology was developed with the first phase being a survey with a range of questions designed to generate insight into the experiences of mothers (30 participants), followed by qualitative interviews with a sample of mothers using semi-structured photo elicitation interviews (7 participants).

Findings revealed that universal parenting courses can provide opportunities for new mothers to build daily structure, social networks and reduce feelings of isolation. Some negative experiences of parenting courses were reported when health professionals and early years practitioners were considered 'pushy' or 'non neutral' – particularly regarding sensitive areas such as breastfeeding or the reaching of developmental milestones. Participants demonstrated that there is a perceived place in society for parenting courses when they are practical, supportive and neutral rather than formulaic, homogenous or grounded in psychoanalytical or neurodevelopmental underpinnings, which can promote feelings of judgement or added pressure. Findings also link to the wider 'parenting culture' (Furedi, 2008; Lee *et al.*, 2014) with societal pressures, motherhood ideologies, comparisons between mothers and other aspects of interpersonal surveillance including social media and celebrity culture all adding to the challenge of retaining an identity and of finding confidence and agency within the role.

Overall, self-surveillance is identified as the most powerful aspect of modern motherhood with challenges relating to a reluctance to discuss 'taboo' aspects of motherhood including difficulty with attachment following birth and the internalisation of social and cultural pressures. It was important to note that, although there are clear levels of surveillance that are embedded into society which resulted in evidence of self-doubt and dependency, there was also evidence of

agency and autonomy in the responses to these levels which were developed through strong social networks and support systems.

Following on from this research; proactive, empathetic, practical and localised support from health professionals and early years practitioners is needed along with empowering opportunities for new mothers to develop confidence in an informal environment and foster truthful, non-judgmental interpersonal support networks. It is through these support systems that new mothers will continue to be able to resist or reshape the dominant discourses and ultimately, enjoy the experience to its full potential.

Medical women of ‘pupils of nature’?: Midwives and authors in London c. 1795-1798

Rebecca Simpson, *University of York*

This paper will examine the construction of professional identity in three female-authored midwifery texts published in Britain at the end of the eighteenth-century. Current scholarship of midwifery texts focuses largely upon the textual output of famous physicians and man-midwives, focusing particularly on the phenomenon known as ‘the rise of the man-midwife’. However, there were also a small group of women who published didactic midwifery texts in the eighteenth century, and those that did so were not merely engaging in a turf war with male practitioners. Three of these female midwives and authors, Margaret Stephen, Martha Mears and Mrs Wright, published didactic midwifery texts in London between 1795-1798. These women, publishing in the same period, in the same city, consist fully half of the female midwives who published in the long eighteenth-century. Their published works demonstrate how they cultivated professional identities as midwives and medical women, in order to work in both opposition to, and in collaboration with, male practitioners. This paper will explore the presentation of ‘the experienced midwife’ in these texts, through the mediation of embodied, personal experiences of pregnancy, birth and infant care - alongside anatomical education and medical practice. The paper will further investigate how these midwives responded to the political climate of 1790s London by calling for equal access to medical education for women, and the rights of expectant mothers to have access to competent medical care.

Women’s choices that do not fit within recognised guidelines and policies: A generic qualitative study, using semi-structured interviews, exploring the midwives experience of caring for women whose requests fall out of the realms of clinical policies and guidelines

Angela Thompson, *University of Plymouth*

In 2010 the researcher noted that within midwifery and supervisory practice they were receiving an increasing number of requests for care that fell out of their unit’s guidelines. A literature search identified a gap in published work considering the midwives experience of giving such care.

This qualitative study explored the midwives experience of caring for women who make choices that fall out of the realms of accepted guidelines. Semi-structured interviews were carried out with ten midwives working within an NHS trust in England. Interviews were analysed using thematic analysis.

Results showed that women generally requested minimal intervention. Midwives found that they were often unable to utilise their skills and make full clinical judgements making them feel vulnerable and anxious. Some finding the women ‘difficult’ and ‘tricky’. Inexperienced midwives expressed more negative feelings about giving such care feeling isolated at times. More senior midwives felt more confident to wait and watch. Midwives tried to negotiate and gain the woman’s trust in order to deliver the safest care possible. Midwives adapted care accordingly and tried to ensure that the women remained engaged with the service. Midwives felt that continuity, a good rapport and experience helped them achieve this.

Positively participants felt that they could advocate for women when they saw sound clinical reasons to do so. Women’s demands for control and autonomy reduced the professional’s autonomy and self-determination. Participants saw the documentation of events as evidence that they had given the best care possible and as their professional defence. Extra time was spent in both documentation and adapting care, possibly difficult to resource in the current economic climate. However, the extra time was considered a worthwhile investment in terms of safe and effective care. Findings recommended that senior experience, advance plans of care and continuity are utilised and midwives fully supported.

Paper bodies: Touch, sight and propriety in early nineteenth-century midwifery

Rebecca Whiteley, *University of Manchester*

In 1833 a remarkable flap book was published in London, Edinburgh and Dublin: George Spratt’s *Obstetric Tables* used hand-coloured lithographs, cut, folded and layered together to create manipulable paper bodies. Spratt was the author and artist, as well as a practicing surgeonaccoucheur, and his work gives a unique insight into the midwifery culture of early nineteenth century Britain. The paper bodies in his book communicated anatomical knowledge and techniques of practice, but also engaged with much wider cultural anxieties around women’s bodies, medical safety and sexual propriety.

This paper will focus on two of the flap constructions, which depict female genitalia and the changes the body undergoes during pregnancy. I will explore how deeply ambiguous these images are, and argue that they were intentionally produced to be read both as arguments for the necessity and propriety of medical examination in midwifery, and as an expression of the obscenity and potential violence of male obstetric practice.

Exploring the wider visual and cultural contexts of pregnancy and midwifery will lead both: to an exploration of representations of women’s bodies in medical illustrations, allegorical paintings, and pornographic prints; and to a discussion of anxieties surrounding the rise of a new ‘popular’ print culture, and particularly the misuse of obstetric images by an unruly public.

This paper will give attention to the materiality these prints – their demand for physical engagement and their implication of the viewer in potentially transgressive acts of bodily touching and exploration. Reflecting on my work with conservators, photographers and designers in making these objects available to wider and digital audiences, this paper will encourage thinking about material culture studies through the use of images, videos and material reconstructions of Spratt’s prints.

Language as a Gateway to Knowledge and Evidence in Early Modern English Midwifery Writing (ca. 1500-1800)

Richard J. Whitt, *University of Nottingham*

Writings on midwifery and women's medicine related to childbirth reflect the many changes affecting this field during the Early Modern period: the replacement of learned medicine in favour of more empirical models, the emergence of practicing midwives as authors of midwifery treatises, as well as the advent of male midwives and the gradual displacement of the midwife's exclusive rights to the birthing chamber. These reflect changes in epistemological values: what types of knowledge relating to childbirth should be prioritised? whose knowledge is most reliable or valuable in the birthing chamber? what constitutes adequate evidence as a basis for knowledge? While much has been made of these developments in sociocultural studies of the period, very little has been said about how these changing cultural values are reflected in the language of the midwifery texts of the period, and how language itself is the vehicle through which epistemology is discursively construed. This paper will demonstrate how linguistic expressions of knowledge and evidence are employed in the midwifery writings of the period, and what – if any – changes occur in their usage throughout the first three-centuries of vernacular English-language medical writing. The focus here will be on modal verbs (*can/could, may/might, must, shall/should, will/would*) and perception verbs (*see, look, hear, sound, feel, smell, taste*) as signifiers of epistemic meaning. A combination of methodological insights provided by critical discourse analysis, critical stylistics and corpus linguistics inform the discussion.

Migration, memory and mothering

Catherine Williams, *University of Nottingham*

Following WWII, many Caribbean women migrated to the UK to work. The majority became mothers for the first time in Britain, as migrants, with little experience of being a parent and having limited support with childcare. Their testimonies and experiences of work and mothering situate the family and community as sources of resilience and support, providing insight into the maintenance of identity and the dynamics of race, gender and class. The presentation also discusses the themes of working with memory (Haug et al, 1983; Carter, 1987) and the use of oral history in documenting personal and social history.

Faith delivery homes and new sites of childbirth in twentieth-century Nigeria

Ogechukwu Ezekwem Williams, *Creighton University*

In 1929, the *Aladura* (Praying People) Movement, a significant independent African church movement in colonial Nigeria emerged and led to the creation of new sites of childbirth – faith delivery homes. These faith homes denounced traditional medicine and biomedicine and instead embraced faith healing and other psychosocial approaches to childbirth. In the course of the twentieth century, they adjusted their birthing philosophies in response to socio-political developments in Nigeria and became a permanent fixture in the country's reproductive landscape. Drawing from archival documents and oral interviews, this paper examines the *Aladura* movement and the circumstances that led to the creation of faith

homes. It analyzes faith homes' birthing practices and their transformation into an enduring birthing institution in Nigeria.

Paths towards equity in maternity care: The development of institutionalised maternity care in Sweden 1900-1950

Maria J. Wisselgren, *Umeå Universiteit*

There has recently been an upsurge in public and political debate about maternity care in Sweden. It has been claimed to be in a state of crisis, and the closure of maternity wards around the country has come to symbolize a dismantling of the welfare state. Although Sweden has one of the world's lowest maternal mortality rates and Swedish maternity care is known for its high quality, the closure of maternity wards has sparked debates about accessibility, anxiety, and risks during childbirth. These discussions have revealed concerns about equity in maternity care across different geographic settings, socioeconomic statuses, and cultural backgrounds.

Looking back in time, about hundred years ago, another crisis was intensively debated. The falling birth rates created a debate regarding the crisis in the population question. A solution was to support families with different political reforms, and improvements of maternity care was seen as one way to solve the population question and the population crisis. The aim of this study is to investigate the development of maternity care during the first part of the 20th century in Sweden, and to examine how the access to institutionalised maternity care changed during the time.

The study will illuminate different paths towards institutionalised maternity care in different geographical parts of the country, during a period when the importance of equity in access to maternity care was emphasised in order to provide equal and equally safe maternity care for all women regardless of where they lived. Despite the intention, there were differences in the kind of maternity care received. Critical factors for unequal maternity care can be reflected in geographical factors as well as cultural barriers.

Film Screening on September 6, 2019 at 2:30
The Great Hall

MOTHERS MAKE ART

(Executive Producer: Susan Hogan)

In The Birth Project we explored women's experience of childbirth and the transition to motherhood using the arts and then presented the research findings in films and exhibitions. The brief was to use a participatory framework to enable the women to explore *any* topics they wished with respect to the birth experience and motherhood.

In Mothers Make Art structured techniques were used to enable the participants to explore the nature of meaning making and to construct and deconstruct works (physically and metaphorically). An important method employed was the use of everyday objects, (ornaments, clothing, mothering paraphernalia, toys), to help to create stories. There was also an opportunity to be meditative with everyday objects (cling-film, tin-foil, kitchen paper). Rather than making a representation or literal object referring to their birth or mothering, the women focused on the formal aesthetic qualities of the materials. This way of working explores objects with a focus on their material capabilities, rather than having a predetermined vision of where the art making might lead. This not only provided a self-reflective space, but functioned to give the women the skills and confidence to manipulate materials to be able to create their own original art piece at the end of the series. The art works were varied; one woman pegged up her boys clothes from the tiny newborn garments to the larger ones representing fads and crazes. She acknowledged the preciousness of each stage with an acute awareness of the fleeting nature of the experience, a heightened awareness of temporality, with poems and a monologue.

Another of the installation pieces explored the maker's sense of stability, with a series of finely balanced and delicately poised fragile mixed-media pieces, comprising living plant bulbs, glass and plastic containers, wire and wood and other materials. Rachel, a medical consultant, spoke of valuing the time and space to make art. She said that the work was about seeking equilibrium between the domestic, professional and personal realms of her life, as well as exploring notions of what it is to be a good mother. She invited the group to say what her piece evoked: precariousness, balance, complexity, giving the bulbs space to grow, were a few of the reactions.

Running Time: 41 min., followed by Q&A