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Boston University
NEW BOOK CHRONICLES CHILDBIRTH IN AMERICA

Boston, Mass.--Childbirth in America has undergone a dramatic transformation from a natural event in the colonial days to the technological event it has become. In Lying-In: A History of Childbirth in America, Richard W. Wertz and Dorothy C. Wertz, Ph.D., a research professor of public health at Boston University School of Public Health, demonstrate how changes in gender roles and cultural values interacted with the medical profession as it emerged to transform the birth process.

Lying-In, published in September 1989 by Yale University Press, has been expanded and updated since its first printing in 1977. The authors begin in colonial America when women gave birth in their homes in the attendance of other women who not only assisted in the delivery but also took over household chores for the period of "lying-in"--the time needed to recuperate. Childbirth provided the primary occasion for female solidarity. It was also an occasion for enormous fear--not joy and ecstasy--because great pain was inevitable, and death was possible. Children were valued chiefly for their potential economic contribution to the family.

Although many women today opt for "natural" childbirth, that "natural" delivery is often preceded by numerous tests that can determine the genetic makeup and the sex of the fetus. The delivery itself occurs in a hospital surrounded by a doctor, other medical personnel and an array of monitors and machines. Most children are considered works of art to be revered, and parents use the latest technology and self-sacrifice to secure the best future for their children.

How did this transformation occur? The authors claim doctors and women cooperated in giving birth its character. The first colonial doctors used
science to displace midwives and began intervening in the birth process by using forceps (to "hurry" the delivery) and medication to relieve the pain, practices midwives were considered incapable of performing. They eventually moved the delivery process to hospitals where doctors could tend to numerous patients, and medical students had the opportunity for "hands on" experience.

Around 1900, women began adopting new attitudes toward bearing and rearing children. Contraceptives allowed them to have fewer children. Bottle feeding provided the opportunity for lives outside the home. And maternity clothes and the development of new attitudes changed pregnancy from an embarrassing "secret" that caused women to stay home to an accepted part of life.

Once the death rate was lowered, women felt more positive about birth and became interested, once again, in a more "natural" childbirth. After World War II, women were urged to "feel" the entire birth to ensure the proper love for their children. The Lamaze methods of natural childbirth became popular, and many women shunned the use of drugs to eliminate or reduce pain during delivery. In the 1980s, there was a revival of breast feeding, and women began to feel more of a sense of worth if they shared actively in the birth process. Other factors changed childbirth forever: mothers entered the workforce and fathers entered the delivery room.

Although many families today use "natural" childbirth methods, the authors argue that childbirth is too medicalized. They write, "Most women agree with the medical view that the route to a child's perfection--and their empowerment--lies in the use of more technology in pregnancy and birth. The counter argument--that most fetuses are normal and most pregnancies low-risk and that in most cases perfection will result from reliance on nature--usually falls on deaf ears." The authors fear that advances in technology and genetics make pregnancy tentative; something that can be eliminated if the fetus's genes are undesirable. They say that pregnancy and birth have evolved to a point that perfection, for some, has gone beyond an absence of defect to the ability to excel.

They note that at the same time that technology is being overused for low-risk pregnancies, many poor women are not receiving even the most basic care. And, they conclude with strong arguments for using less technology during birth and for making home birth available as an alternative.