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BECOMING THE 'NATURAL' MOTHER IN BRITAIN AND NORTH AMERICA: POWER, EMOTIONS AND THE LABOUR OF CHILDBIRTH BETWEEN 1947 AND 1967*

I

INTRODUCTION

In 1957, Mrs A. walked into the labour ward of a hospital, intending to work hard — labour — with all her energies, but expecting an exhilarating natural birth. Her shock was still palpable when she sat down later to describe what happened:

I was immediately given Demerol [an opioid pain medication] and forbidden to get up. Then I was taken to the labor room and left in the hands of a nurse whose only thought was to get out by 3 o'clock. She talked about *pain* all the time — told me my pains were not strong enough and she kept saying, 'Let's get this show in the road'.

The nurse gave her an injection of Pitocin, a synthetic version of oxytocin which is used to induce strong uterine contractions, after which labour began in earnest. Mrs A. recalled that

As I writhed about in agony she said, 'remember having a baby is very, very painful!' They ruptured my membranes to speed things up (I wasn't in a hurry and said so) ... They put the bars up in the bed and I felt like a caged animal — wasn't allowed to go to the bathroom, wasn't allowed a drink of water. I was surrounded by strangers who treated me like a cross between a newly captured wild bear and a mentally retarded ten year old.

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A doctor appeared for only a few seconds, leaving her with the nurse who told her that 'I wouldn't have this natural childbirth stuff [if they gave it to me] on a silver platter'.¹

This wasn't the natural event that Mrs A. had been anticipating. The start of her mothering life was supposed to be intuitive and empowering. Stories like hers became part of a concerted campaign for a different way of bringing forth children — a natural way. But what was meant by 'natural'? Mrs A's description of her ordeal can't be read as an unmediated account of her experience, although there is no reason to doubt that Mrs A. existed and that she did send this letter to the natural childbirth obstetrician Frederick Goodrich. He then published Mrs A.'s letter in order to propagate a particular definition of the natural and one that came to dominate medical practice in the long 1950s.

Childbirth is the first form of mothering labour. Indeed, the term 'labour' is used to stand in for parturition itself, throughout the period explored in this article as well as today. It is recognized as an incredibly labour-intensive, tiring, sweaty, bloody and personal form of women's work. Although seen as an inevitable task for the pregnant woman in the sense that labour (that is, giving birth) cannot be delegated to othermothers, shadow mothers, relatives, charities, local authorities, or non-pregnant substitutes, it is highly scripted and historically variable.

This article asks: what did 'natural' mean to physicians and their popularizers between 1947 and the mid 1960s? The focus is primarily on British and American physicians, who drew their knowledges and practices from each other through reading the same medical journals, attending similar international conferences, and forging personal and well as professional relationships. Their debates were drawn from western fantasies of an unequivocal dichotomy between what was natural and unnatural. Unlike the other articles in this volume, the main sources used here are medical ones: professional journals and textbooks. I also explore how their views were popularized in the press. Diaries, letters, oral histories and memoirs provide relatively few accounts of childbirth labour, partly due to the extremely intimate nature of this form of labour and partly due to the notorious difficulty in finding words for boldly torment beyond mention of its 'unspeakability'.² This is what Elaine Scarry meant in her classic *The Body in*

¹ Mrs. A. cited in Frederick W. Goodrich, Jr., 'Modern Obstetrics and the Nurse', *American Journal of Nursing*, lvii, 5 (May 1957), 588. He was the author of *Natural Childbirth* and senior obstetrician at the Lawrence and Memorial Association Hospitals.

² I have analyzed ego-texts in my book *The Story of Pain: From Prayer to Painkillers* (Oxford, 2016).

Pain (1985) where she argued that pain is outside of language, absolutely private and untransmittable.³ In contrast, medical texts primarily addressed other professionals, not birthing mothers themselves, although they were informed by birthing women's expectations and also influenced those expectations. In other words, these texts were both responsive and prescriptive. The sources I draw upon were written by highly educated, white, urban, heterosexual professionals. Even the words of 'Mrs A.', with whom I started this article, were being used by a male obstetrician to bolster his arguments about natural childbirth. There was little space in the deliberations of these physicians for non-birth mothers or for women who gave birth but would not be labelled 'mothers' either because of the death of the embryo or infant, or surrogacy. The physicians, obstetricians, midwives, nurses and other medical professionals involved in parturition that I discuss persisted in a narrow definition of mothering: one that was linked to a few hours in a pregnant woman's life. They had an important stake in defining and managing the nature, possibilities and limits of childbirth labour. In the period explored in this article, they framed many of their arguments around ideas about what was natural.

I will be arguing that the concept 'natural' did not mean the absence of technology; it did not require birthing women or their physicians to eschew analgesics. Rather, I will be arguing, the 'natural' part of natural childbirth involved emphasizing two states of being. The first referred to a woman's *response* to birth: that is, giving birth was a woman's *telos* and should therefore be naturally exhilarating. I will be arguing that this 'natural' response to the first stages of mothering was conceived of as an emotional, rather than a physiological, one, which was why it was not 'unnatural' to have recourse to artificial chemicals and technologies. The second emphasis was on the hierarchies of power involving a range of medical practitioners and birthing women. However, these hierarchies did not devolve into 'women/nature; men/culture'. As we shall see, birthing women were conceived of as possessing too much culture; and male obstetricians and physicians were portrayed as being in touch with nature and what was natural. Their calm presence in the face of the unruly force of labour pangs would see the natural event through to its successful conclusion. Equally important, natural childbirth sought to establish husbands as coaches to their wives, providing firm yet loving patriarchal guidance.

³ Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York, 1985), 4–5.

II

ANAESTHETIC VERSUS AESTHESIOLOGIC REVOLUTIONS

Why is the period between 1947 and 1967 important? The first reason relates to the long history of medical interventions into birth-labour. In modern British and American history, there have been two periods of major innovation in connection with childbirth. The first was the anaesthetics revolution of the late 1840s. In 1847, Edinburgh obstetrician and physician to Queen Victoria, James Young Simpson demonstrated that chloroform could effectively alleviate the pangs of labour. From that time, labour pains could be blunted, if not eradicated altogether, by ether, chloroform, or other chemicals, even if physicians were usually extremely parsimonious in their use. There is a sophisticated historical literature about this radical shift in the understanding of pain in childbirth, most notably, the works of Donald Caton, Linda Stratmann, Jacqueline H. Wolf and Whitney Wood.⁴

The second revolution is the focus of this article. It is the 'aesthesiologic' revolution of the period between 1947 and 1967. As we shall see, this shift in the rhetoric, performance and practice of pain in childbirth celebrated emotional reactions to stimuli in the lived experience of the birthing woman. The neologism comes from the classical Greek term 'aesthesia', which refers to the senses and sense perception. Aesthesiology, then, is the sensual reaction to external stimuli, as well as an emotional involvement with the world: it is knowledge of the discipline of feelings. In an important sense, then, these two 'revolutions' in childbirth are in opposition. *Anaesthesiology* (ether and chloroform in the 1840s) was the rendering *unconscious* to feeling. In contrast, although the aestheological revolution did recommend analgesics, it spurned unconsciousness for the exhilarated immersion in sensation.

The second reason the two decades after 1947 were important is because of a shift in emphasis in the rhetorics of mothering from 'being' a mother to

⁴ For some examples, see Joanna Bourke, "Frightened and Rather Feverish": The Fear of Pain in Childbirth', in Claire McKechnie-Mason and Daniel McCann (eds.), *Fear in the Medical and Literary Imagination, Medieval to Modern: Dreadful Passions* (London, 2017); Donald Caton, *What a Blessing She Had Chloroform: The Medical and Social Response to the Pain of Childbirth from 1800 to the Present* (London, 1999); Linda Stratmann, *Chloroform: The Quest for Oblivion* (Stroud, 2003); Jacqueline H. Wolf, *Deliver Me from Pain: Anesthesia and Birth in America* (Baltimore, 2009); Whitney Wood, "The Luxurious Daughters of Artificial Life": Female "Delicacy" and Pain in Late Victorian Advice Literature', *Canadian Bulletin of Medical History*, xxxi, 2 (2014), 71–92; Whitney Wood, "When I Think of What is Before Me, I Feel Afraid": Narratives of Fear, Pain and Childbirth in Late Victorian Canada', in Whitney Wood (ed.), *Pain and Emotion in Modern History* (London, 2014).

'becoming' one. In Britain and America from the mid nineteenth century to the 1940s, mothering scripts emphasized a woman's comportment *after* the birth of her child.⁵ The actual birthing experience received less attention from medical personnel, medical popularizers and even mothers themselves. As we will see, this changed in the 1940s, with the experience of parturition being increasingly regarded as paramount in the future of mothering. The mothering narrative no longer started with the birth of the child, but with the labour of birthing that child. The aestheological revolution is also interesting because it preceded the feminist critiques of the medical management of labour, which only gained widespread attention from the late 1970s. Second-wave feminists critiqued the 'natural' birthing movement, in part because of its emphasis on the 'God-Doctor' and its refusal to allow labouring women ownership of their own bodies. This shift, which occurred after the period explored in this article, has generated a rich historical and sociological literature by scholars such as Barbara Katz, Sheila Kitzinger, Wendy Kline, Ann Oakley, Mary O'Brien and Jacqueline Wolf.⁶ In the words of Wendy Kline, feminists from the 1970s put 'the female body at the center of women's liberation', encouraging people to 'think through the body rather than around it'.⁷ Women became experts on their own bodies, so 'natural' was whatever a woman said it was.

The third reason the period between 1947 and 1967 is important is that these years saw an upheaval in popular as well as medical discourses about childbirth. The most obvious manifestation of this upheaval was the explosion of unprecedented public commentary about the pain of childbirth. A measure of the shift can be seen by contrasting the long 1950s with the period immediately preceding it. In the 1930s, when Lucy Baldwin (wife of the leader of the Conservative Party) informed the National Birthday Trust Fund (a major charity, established in 1930, to improve maternity care for women, as well as lobby on other issues of importance to women) that she intended to speak on the radio about the need to alleviate women's pain in childbirth, the committee was appalled. They begged her to desist, which she

⁵ See Ann Sumner Holmes and Claudia Nelson (eds.), *Maternal Instincts: Visions of Motherhood and Sexuality in Britain 1875–1925* (New York, 1997), editors' intro., 2.

⁶ There is a huge literature, but see Barbara Katz Rothman, *Recreating Motherhood: Ideology and Technology in a Patriarchal Society* (New York, 1989), Sheila Kitzinger, *The Experience of Childbirth* (Harmondsworth, 1972); Ann Oakley, *Women Confined: Towards a Sociology of Childbirth* (Oxford, 1980); Ann Oakley, *The Captured Womb: A History of Medical Care of Pregnant Women* (Oxford, 1984); Mary O'Brien, *The Politics of Reproduction* (London, 1981); and Wolf, *Deliver Me From Pain*.

⁷ Wendy Kline, *Bodies of Knowledge: Sexuality, Reproduction and Women's Health in the Second Wave* (Chicago, 2010), 2.

did.⁸ However, within a decade, agonizing contractions, split perineums, and episiotomies were being discussed openly in the mass media. In 1949, Tory MP Peter Thorneycroft even introduced a Private Member's Bill into Parliament, calling for accessible pain relief for women giving birth, irrespective of whether they were rich or poor. When Minister of Health Aneurin Bevan accused Thorneycroft of 'exploit[ing] human pain as a political stunt', MPs called out 'Shame! Withdraw!'⁹ Labour MP Leah Manning announced to the assembled MPs (largely male) that if they gave birth, there would be something more than 'a towel . . . to pull on'.¹⁰

Newspapers also proved keen to publish lurid, first-person accounts of painful childbirths.¹¹ Some even carried strident protests by women who had been denied pain relief. 'Six Expectant Mothers of Cheltenham', for example, told the *Gloucestershire Echo* that 'any Cheltonian, rich enough to pay for it' is given pain relief when in labour, but the 'poorer class' were 'damned'. The war had changed their expectations. They complained that

If a man wants a tooth out he has to have gas or cocaine. A soldier on the battlefield, when in great pain, has morphia administered to him. But a poor woman in the throes of childbirth; what does she get? Queen Victoria had her whiff of analgesics for all her confinements and what is good enough for Queen Victoria is good enough for SIX EXPECTANT MOTHERS OF CHELTENHAM.¹²

They had a point. After all, in 1948, the wives of professional or salaried workers were three times more likely to be given analgesia during labour as the wives of manual workers.¹³ In part, this could be explained by the fact that wealthier women were more likely to be seen by a physician rather than a midwife. This was important since when a doctor attended a home

⁸ A. Susan Williams, *Women and Childbirth in the Twentieth Century: A History of the National Birthday Trust Fund, 1928–93* (Stroud, 1997), 125.

⁹ 'Bevan Uproar on Women's Bill', *Courier and Adviser* (16 March 1949), 3.

¹⁰ Speech by Leah Manning, reported in 'M.P.s Press for Relief from Pain in Childbirth', *Daily Mail* (4 March 1949), 1.

¹¹ For instance, see 'M.P.s Press for Relief from Pain in Childbirth', *Daily Mail* (4 March 1949), 1 and 'U.S. Doctor to Lecture on Analgesia', *[Kemsley] Press and Journal* (16 June 1949), 1.

¹² 'Anæsthetics on Childbirth', *Gloucestershire Echo* (21 August 1942), 5.

¹³ Royal College of Obstetricians, *Maternity in Great Britain: A Survey of Social and Economic Aspects of Pregnancy and Childbirth Undertaken by a Joint Committee of the Royal College of Obstetricians and Gynaecologists and the Population Investigation Committee* (London, 1948), 83.

delivery, analgesia was used in nearly half of all cases compared with fewer than 8 per cent when a midwife was in attendance. It was also the case that doctors were more likely to give analgesia to wealthier women and such women 'more insistently demand relief'.¹⁴

There was another reason why the pain of childbirth generated protest in this period: it was revealed that there were significant regional differences in the provision of analgesics. For example, in *Maternity in Great Britain* (a survey carried out by the Royal College of Obstetricians and Gynaecologists and the Population Investigation Committee in 1948), it was discovered that 64 per cent of women giving birth in Leicester were given analgesics, compared with only 13 per cent in Monmouthshire. This discrepancy was not due to differences in the proportion of women giving birth within hospitals or clinics since the proportions were very similar in both counties. Instead, the differences reflected the willingness or otherwise of local authorities to invest in the necessary technologies, to train a sufficient number of midwives, and to support midwives (for instance, by providing them with transport to carry the heavy gas and air machines).¹⁵

By the late 1940s, then, pain relief in labour had become firmly established as part of larger debates about the sacrifices that had been made by citizens of both sexes during the war, the establishment of the National Health Service, and a series of renewed, conservative women's organizations throughout the country which began lobbying their MPs for reform.¹⁶ As a consequence, the proportion of women receiving pain relief in childbirth rocketed. In 1946, 68 per cent of women giving birth in Britain were given no form of analgesic whatsoever. Within a decade, this had been halved to 34 per cent, and it then stabilized at 2 per cent in the 1970s and 1980s.¹⁷

III

WHAT IS NATURAL?

This revolution in pain relief in the long 1950s was accompanied by a lively debate about what was 'natural' in childbirth. The definition of 'natural' was

¹⁴ Royal College of Obstetricians, *Maternity in Great Britain*, 82–3.

¹⁵ Royal College of Obstetricians, *Maternity in Great Britain*. Also see Parliamentary Debates, 5 April 1949 and 29 May 1949, <hansard.parliament.uk>.

¹⁶ For instance, see 'Support for Analgesic Bill', *Cheltenham Chronicle and Gloucestershire Graphic* (26 March 1949), 3; "'Never Again": Women Back Painless Childbirth Move', *Gloucestershire Echo* (23 February 1949), 2; 'Hucclecote. City Member Supports Painless Childbirth', *The Citizen [Gloucester]* (20 April 1949), 6; 'Gloucestershire Women Told "Write to M.P.s"', *The Citizen [Gloucester]* (27 March 1949), 4.

¹⁷ Inger Findley and Geoffrey Chamberlain, 'ABC of Labour Care: Relief of Pain', *British Medical Journal* (3 April 1999), 927.

extremely broad. Although obstetrician Grantly Dick-Read was the pre-eminent British advocate of natural childbirth, the concept 'natural' meant much more than his teachings about a 'fear-tension-pain cycle' (that is, a woman's fear of labour pain resulted in physiological tension, which created the pain she was afraid of).¹⁸ Whatever 'natural' meant (and, I will be arguing, it could mean almost anything) everyone assumed that what was natural was good. 'Natural' was morally relevant to discourses about mothering; it was an appropriate basis for decision-making and medical investment.

Some of the debates between 1947 and 1967 about what was natural in childbirth had been rehearsed before. Prior to the 1940s, the concept 'natural' was primarily used to argue *against* providing women with chemical analgesics in childbirth. In a chapter entitled "'Frightened and Rather Feverish": The Fear of Pain in Childbirth' (2017), I argue that the fact that British women continued to suffer pain in childbirth for a century *after* forms of relief had been discovered was not due to the risks involved, a lack of demand from women, nor indifference about the cost of extreme pain on the birthing woman. Rather, the parsimonious use by physicians of pain relief was due to assumptions that pain in general (as well as in childbirth) was physiologically natural. Pain was Nature's benevolent warning system. Blunting or eradicating it in birthing women was hazardous, perhaps even risking the eradication of mother-love. In addition, the ability to withstand pain was a moral testing ground, and a highly valorized component of femininity.¹⁹

In the period explored in this article, similar arguments can occasionally be seen. As one physician writing in the *British Medical Journal* in 1949 insisted: 'Nature, when she gave the woman that proud and exclusive duty [of birth-labour], without doubt also gave her the means of discharging it'.²⁰

There was also a repetition of older arguments that labour pains fulfilled the natural, biological function of eliciting mother-love. Eugene Marais' *The Soul of the White Ant* was published in 1937 but was widely cited throughout the 1950s and 1960s. Marais had argued that

¹⁸ For a discussion of Dick-Read's method and its equivalent methods in the Soviet Union and France, see Paula A. Michaels, 'Comrades in the Labor Room: The Lamaze Method of Childbirth Preparation and France's Cold War Home Front, 1951–1957', *American Historical Review*, cxv, 4 (October 2010), 1031–60.

¹⁹ Joanna Bourke, "'Frightened and Rather Feverish": The Fear of Pain in Childbirth', in Claire McKechnie-Mason and Daniel McCann (eds.), *Fear in the Medical and Literary Imagination, Medieval to Modern: Dreadful Passions* (London, 2017).

²⁰ James Cook, '[Letter to the Editor] Pain in Childbirth', *British Medical Journal*, 1.4608 (30 April 1949), 781.

birth pain is the key which unlocks the doors to the mother love in all animals from the termite to the whale. Where pain is negligible mother love and care are feeble. Where pain is absent there is absolutely no mother love.²¹

He claimed that he was able to prove this by anaesthetizing half-wild bucks when they gave birth.²² His arguments were championed in the *British Medical Journal* by psychologist James Arthur Hadfield. Hadfield speculated that childbirth pains might release those hormones that were the 'physical basis of the maternal instinct' and he exhorted physicians not to dismiss women who 'prefer to have their babies without anaesthetic and to suffer the pain, claiming that it gives them more love for their offspring'. This was not 'pure masochism' but a 'biological fact'.²³

Marais' and Hadfield's comments excited much reaction in the 'Letters' pages of the *British Medical Journal* as well as the popular press. Local newspapers, for example, contained headlines like 'Mother Love May Be Lost'.²⁴ Some birthing mothers agreed with them. Gwendoline Rowntree, for example, drew on her own experience of giving birth to two children. According to her, she enjoyed 'a natural and painless labour such as a half-wild Kaffir buck might be expected to enjoy' and strongly loved her children. She believed that it was likely that 'mother love is brought about by a release of hormones' and therefore the 'awareness of bringing forth a child' was important.²⁵

This argument was not widely accepted, however. Margaret Puxon, pioneering female obstetrician and gynaecologist, strongly disagreed. For one thing, she queried whether 'instincts [are] necessarily good'. Humans were not bucks: they had 'substitute[d] reason for instinctive reaction'. Even so, emulating animals was hardly a recipe for maternal love: cats, bitches and vixen routinely neglected their offspring. In her caustic words, 'If this is the "maternal instinct" which women are supposed to lose by avoiding the pains of labour, I do not think that the human race will be very much worse off without it'. Pain in labour might of a value to animals, but in human societies it was 'superfluous and atavistic . . . and if it can be obliterated by the

²¹ Eugene N. Marais, *The Soul of the White Ant*, trans. Winifred De Kok (London, 1937), 111.

²² *Ibid.*

²³ J. A. Hadfield, '[Letter to the Editor] Pain in Childbirth', *British Medical Journal* (12 June 1948), 115.

²⁴ 'Mother Love May Be Lost', *Courier and Advertiser* (11 June 1948), 3.

²⁵ Gwendoline Rowntree, '[Letter to the Editor] Pain in Childbirth', *British Medical Journal* (26 June 1948), 1255.

safe use of anaesthesia that is but one more proof of man's ability to master his environment and reach up to Heaven'.²⁶

Grantly Dick-Read joined the debate. Marais' conclusions about the relationship of mother-love and pain amongst bucks simply did not apply to human women, he contended: indeed, the opposite was the case because mother-love was often 'disturbed by the resentment of the mother to her child because of the agony of her ill-conducted labour'. The love of mothers for their infants was incited by 'the sight of it, the sound of it, and the touch of it', all of which opened up 'the floodgates of mother love ... for all time'.²⁷

Anaesthetist Archibald H. Galley also disputed the link between anaesthesia during parturition and lack of mother-love. Drawing conclusions from animal experiments was 'notoriously misleading' to understanding human practices of mothering, he reminded readers. More to the point, in the past sixteen years, he had 'given scores of anaesthetics during childbirth' and could personally attest that the 'mother love' expressed by these women was 'in no way diminished'. Furthermore, he had 'yet to meet the father whose paternal affection is in any way affected by being denied a participation in the pain of parturition'.²⁸ The same was true of the mothers of adopted children who were (in the words of another commentator) 'often loved with the greatest maternal passion'.²⁹ In other words, loving mothering practices were not innately dependent on a woman experiencing the pangs of labour.

IV

'BALANCE'

In the long 1950s, it was much more common to hear that it was natural to *promote* human intervention in childbirth. Indeed, not employing the available drugs was often condemned for being the most unnatural kind of labour possible. These arguments can be grouped into three categories. The first refers to the *telos* of the birthing woman; the second, to analogies between 'nature' and 'the primitive'; and the third maintained that natural mothering practices involved reaffirming traditional gender hierarchies. These will be explored in turn.

²⁶ Margaret Puxon, '[Letter to the Editor] Pain in Childbirth', *British Medical Journal* (26 June 1948), 1255–6.

²⁷ Grantly Dick-Read, '[Letter to the Editor] Pain in Childbirth', *British Medical Journal* (26 June 1948), 1256.

²⁸ Archibald H. Galley, '[Letter to the Editor] Pain in Childbirth', *British Medical Journal* (26 June 1948), 1256.

²⁹ F. R. Craddock, '[Letter to the Editor] Pain in Childbirth', *British Medical Journal*, 2.4565 (3 July 1948), 50.

The first of these arguments maintained that ‘natural’ was anything that facilitated or achieved a woman’s *telos*. In the words of Jessica Dick-Read in ‘Natural Childbirth’ (1955), childbirth was the primary fulfilment of a woman’s ‘being’ — it was her ‘most cherished heritage’ — so anything that facilitated it was, by definition, ‘natural’.³⁰ This was what Cynthia Harris meant in ‘Whither Natural Childbirth’ (1955) when she argued that ‘child-bearing requires special training to be natural’, adding that training simply enabled women in labour ‘to use, in the most helpful way, her spontaneous instincts of expulsion’.³¹ This allowed the concept ‘natural’ to be compatible with intensive training in childbirth management as well as a high degree of technological or chemical intervention. Even Dick-Read maintained that the ‘first principle of modern obstetrics is that we should avoid or relieve the pain of women in labour’, which meant that any obstetrical practitioner who did not use ‘every available means of relief’ should be made ‘guilty of a serious crime’.³² As J. J. Hobbs explained in the *British Medical Journal*, ‘psychoprophylactic methods and chemical analgesia methods’ were ‘not mutually exclusive’.³³ Natural childbirth did not rule out anaesthetics or analgesics; it was even compatible with routine episiotomies and forceps deliveries.³⁴ Indeed, natural childbirth entailed a host of complex human interventions; compared with other forms of child-birthing, it could even enlist the labour of a larger number of professionals, including obstetricians, midwives, nurses, psychiatrists, social workers, physiotherapists, birth managers and coaches. This caused some physicians to warn that ‘natural’ interventions were going too far. Indeed, in 1955, Constance Beynan commented sarcastically that ‘Some, it seems, would nearly go so far as to imply that women require psychiatric treatment before being able to achieve their natural heritage of bearing children’.³⁵ S. H. Waddy agreed, warning that natural

³⁰ Jessica Dick-Read, ‘[Letter to the Editor] Natural Childbirth’, *British Medical Journal* (16 April 1955), 972.

³¹ O. Cynthia Harris, ‘Whither Natural Childbirth?’, *British Medical Journal* (26 March 1955), 785.

³² Grantly Dick-Read, ‘Some Aspects of Physiological Childbirth: The Synopsis of a Lecture Delivered to the London Hospital Medical Society’, *London Hospital Gazette*, lvii, 6 (17 December 1954), 197.

³³ J. J. Hobbs, ‘Antenatal Preparation for Labour’, *British Medical Journal* (23 May 1964), 1385.

³⁴ For example, see Phyllis Dickey Pence, ‘A Long Labour: A Nursing Care Study’, *American Journal of Nursing*, lxi, 8 (August 1961), 101–2; and Sol T. De Lee and Iva J. Duncan, ‘Training for Natural Childbirth’, *American Journal of Nursing*, lvi, 1 (January 1956), 48.

³⁵ Constance L. Beynan, ‘Natural Childbirth’, *British Medical Journal* (9 April 1955), 908.

childbirth clinics risked 'run[ning] amok' with their 'army of physiotherapists and other departmental specialists with great schemes for training for "natural childbirth"'.³⁶

For commentators like Beynan and Waddy, the problem was not that physicians were intervening in childbirth — which they believed was perfectly compatible with natural childbirth — but that interventions were becoming excessive. In facilitating a woman's mothering *telos*, 'balance' was required. 'Natural' meant neither too much nor too little pain; it also required a balance between too much or too little pain relief. Too little pain relief would see the birthing woman soaring into an agonizing fire, incapacitating her from participating naturally in the birth. But, equally, too much pain relief would plunge the birthing woman into a stupor from which she could not be aroused sufficiently to be actually present at the birth of her own infant.

Increasingly, 'balance' also included assessing the relative needs of the infant and mother. From the 1940s, concern for the 'second patient' (the foetus) began to concern physicians. The unborn infant was increasingly portrayed as a sentient being who possessed a separate 'nature' that required it to be born 'awake' rather than in a drug-induced stupor. Experimental research into the transference of drugs via the placenta and the ways these chemicals affected the maternal 'environment', and therefore the 'inter-uterine creature', was growing. The research was widely publicized by the National Birthday Trust, medical journals and prominent natural childbirth promoters.³⁷

Although balance was conceived of as part of the natural process, it did have the effect that many birthing women felt that they had failed in the most core task of mothering. Birthing women who required large doses of painkillers were left with a sense of 'frustration and inadequacy'.³⁸ This was the response of Mary Dew who gave birth in 1955. She had regularly

³⁶ S. H. Waddy, 'Whither Natural Childbirth?', *British Medical Journal* (12 March 1955), 671. This was also the complaint of Sita Sen, 'Natural Childbirth', *British Medical Journal* (13 April 1957), 882–3; and Hazel B. Baker, 'Natural Childbirth', *British Medical Journal* (7 May 1955), 1154.

³⁷ For example, see 'Interim Report for the National Birthday Trust Fund: The Effects of Analgesic Drugs on the Foetus in Utero', n.d. [mid 1950s]; Hilda Roberts *et al.*, 'Effects of Some Analgesic Drugs Used in Childbirth, with Special Reference to Variation in Respiratory Minute Volume of the Newborn', *The Lancet* (19 January 1957), 128–39; Grantly Dick-Read, 'Some Aspects of Physiological Childbirth', 197; C. Langton Hewer, 'Refresher Course for General Practitioners: Analgesia in Childbirth', *British Medical Journal* (31 December 1949), 1522.

³⁸ Beynan, 'Natural Childbirth', 908.

attended antenatal classes, had assiduously read texts on labour, and had even witnessed a live birth. When her time came, however, 'the pain was so intense that within half-an-hour I was completely incapacitated'. When she finally begged for pain relief, it was inadequate. In her words, 'I felt . . . an extreme disappointment that I had not been able to participate in the experience'.³⁹ Physicians recognized that getting the balance wrong was common, which was why commentators like J. J. Hobbs advised that a birthing woman who begged for stronger analgesics needed to be reassured that she was not 'fail[ing] herself, or her baby, or her attendant, by accepting such down-to-earth relief'.⁴⁰ It is a revealing comment: the process of mothering a child into the world was shared by attendants as well as the birth-mother herself.

In most cases, this *telos* was discussed as affecting the mothering individual herself. However, it could move out in ever-wider concentric circles, encompassing the *telos* of the nation, empire and species as well. This wider perspective was encouraged by post-war fears about the declining birth rate. For commentators making this argument, painkillers were natural in childbirth because they contributed to the biological survival of the species. Even local newspapers in the 1940s and 1950s carried accounts arguing that the 'catastrophic fall' in the birth-rate would be reversed if women 'could have a taste of childbirth without debilitating pain'.⁴¹ Time and again, physicians and politicians contended that the 'willingness of women to have more than one baby could increase if, with help, labour ceased to remain in their memory as an unforgettable nightmare'.⁴² Midwives were castigated for being particularly parsimonious with pain relief, making 'births so distressing that mothers would not have second babies'.⁴³ The fact that four hundred young women every year in the 1950s were being admitted into mental hospitals in England and Wales suffering from 'puerperal psychosis' was also blamed on the pain of childbirth.⁴⁴ As one 1953 study concluded, the fear of pain was

³⁹ Mary B. Dew-Jones, 'Natural Childbirth', *British Medical Journal* (14 May 1955), 1220.

⁴⁰ Hobbs, 'Antenatal Preparation for Labour', 1385.

⁴¹ 'Derby and Joan', *Derby Evening Telegraph* (9 October 1944), 3.

⁴² K. D. Salzmann, '[Letter to the Editor] Women in Labour', *British Medical Journal* (26 May 1945), 748. Also see 'Derby and Joan', *Derby Evening Telegraph* (9 October 1944), 3.

⁴³ 'Old Wives' Tales Cut Birthrate', *The Argus [Melbourne]* (20 July 1950), 3, reporting on a meeting of the British Medical Association in Liverpool.

⁴⁴ Ashley A. Robin, 'Mental Reactions and Childbirth', *Nursing Mirror* (1 October 1958), 357. Also see Dame A. Louise McIlroy, 'Analgesia and Anaesthesia in Childbirth', *Canadian Medical Association Journal* (January 1931), 21.

'one of the determinants to fertility in modern urban women'.⁴⁵ The fate of the race itself was dependent upon adequate care at the first moment of motherhood.

V

EMOTIONAL IMMERSION

Aside from balance, there were two other, closely linked conditions that had to be met if intervention in childbirth was to be designated natural. Both of these refer to 'aesthesiology', or the sensual immersion in the world. The birthing woman had to be fully conscious and had to respond emotionally to the entire birth. From the 1940s, when obstetric textbooks were edited and reprinted, they routinely introduced new sections on the desirability of a woman being 'awake at the time of delivery' and the fact that 'the judicious use of analgesia is, for many women, an important part of the conduct of labour'.⁴⁶ The birthing woman had to be capable of 'feel[ing] all that a woman could experience', decreed a male writer in the *British Medical Journal* in 1945, since 'the feeling of her child slipping out of her' would be 'the most satisfying thing in her life'.⁴⁷ In 1955, Margaret McLaren addressed this issue directly. What did it mean to have a natural birth, she asked? Was it:

one free from 'abnormalities', in which the mother is unconscious at the moment of birth, and is introduced to her baby a half-hour or more later; or is it one in which the mother is conscious (remembering that the gas and air machine is at hand if required), feels her baby born, hears its first cry, and holds her baby a few moments after birth?

McLaren admitted that she had required an episiotomy as well as gas and air when she gave birth, but this did not render the birth 'unnatural' because she had received 'instruction . . . in natural childbirth' and so was 'completely conscious throughout'. The 'moment of birth' was 'a joy I shall never forget'. She hoped that the next generation of mothers would embrace

⁴⁵ Nathalie Schacter and Clyde V. Kiser, 'Social and Psychological Factors Affecting Fertility, xix, Fear of Pregnancy — Childbirth in Relation to Fertility-Planning Status and Fertility', *Milbank Memorial Fund Quarterly*, xxxi, 2 (April 1953), 166–215. Also see John C. Flanagan, 'A Study of Factors Determining Family Size in a Selected Professional Group', *Genetic Psychology Monographs*, xxv (1942), 38–9.

⁴⁶ David N. Danforth, 'Obstetric Analgesia and Anesthesia', in David N. Danforth (ed.), *Textbook of Obstetrics and Gynecology*, 2nd and 3rd edn (New York, 1971 and 1977), 585 (1971) and 605 (1977).

⁴⁷ Eric Coldrey, '[Letter to the Editor] Women in Labour', *British Medical Journal* (30 June 1945), 925.

education during pregnancy so that they too would 'have its babies naturally in the true sense of the word' and therefore 'grow up to know only tales of joy instead of pain and agony'.⁴⁸

This definition of 'natural' was shared by Lady Savernake. She was a fierce proponent of natural childbirth but was described as tossing her 'dark, beautifully groomed hair' indignantly when it was suggested that she was opposed to analgesics. Savernake maintained that 'Most of us had them [analgesics] when our own children were born — WHEN WE ASKED FOR THEM AND NOT BEFORE (*sic*)'. She and her fellow natural childbirth campaigners simply opposed

the trend towards drugging a mother into complete unconsciousness — sometimes against her will — at the most wonderful moment of her life. The meaning of natural childbirth is to have full realization of all that is going on. It does not mean you can have no help or relief from drugs.⁴⁹

A woman who was made so sluggish by the drugs that she was unaware of what was happening was not achieving anything natural. This was one of the most trenchant criticisms of one of the most controversial anaesthetics used in the 1930s and 1940s: 'Twilight Sleep'. Twilight Sleep (an English translation of the German *Dämmerschlaf*) involved giving a birthing woman an injection of morphine and scopolamine, which induced total amnesia of the pain of childbirth. It effectively erased what had happened from the birthing mother's mind.⁵⁰ Nothing could be further from the ideal in the long 1950s, where the active birthing mother was being celebrated.

This active woman was required to spurn unconsciousness for the exhilarated immersion in sensation and knowledge of the discipline of feelings. Accompanying consciousness at the final moments of birth was a particular set of natural emotional reactions. As Dr Glyn Rees put it, the 'natural emotion' in bringing a child into the world was 'joyful anticipation', not fear.⁵¹ In the words of another, the final part of childbirth was 'extremely uncomfortable', but 'for the woman who is still alert and unfuddled (*sic*) this can

⁴⁸ Margaret McLaren, 'Natural Childbirth', *British Medical Journal* (14 May 1955), 1220.

⁴⁹ 'Too Many Old Wives' Tales About Natural Childbirth', *The Press and Journal [Aberdeen]* (23 April 1959), in Wellcome PP/GDR/C/120. An identical article was published in Eileen Anderson, 'Cranks? To Me They Looked Like Perfectly Normal Mums', *Evening Chronicle* (24 April 1959), in Wellcome PP/GDR/C/120.

⁵⁰ For more on twilight sleep, see Wolf, *Deliver Me From Pain*.

⁵¹ Dr Glyn Rees, 'The Key to Painless Childbirth', paper given to the 'Medical Congress', (London, 1947), in Wellcome PP/GDR/F.1(2).

be an exciting moment of approaching achievement — it is so soon followed by the joy of hearing the child's first cry that it is well worth the discomfort'.⁵² The author of an inaugural address at the Royal College of Midwives in 1957 went even further, claiming that

to have a baby under an anaesthetic would be comparable to having one for climbing the last stages of Mount Everest. It is the emotional drive and the excitement of achieving something tremendous that takes people up Everest and makes it all worth while.⁵³

This 'natural' response was conceived of as an emotional, rather than physiological, one, which was why it was not 'unnatural' for it to be facilitated by artificial chemicals and technologies.

Natural childbirth meant creating an active birthing woman as well. Indeed, the emotional responses of a woman giving birth became as prominent as physiological issues. This can be illustrated by looking at one of the most prominent obstetrics textbooks of the mid century, Sir Dugald Baird's *Combined Textbook of Obstetrics and Gynaecology for Students and Practitioners*. This textbook was republished repeatedly between the late 1950s and the late 1970s. In contrast to the early editions, which were entirely preoccupied with anatomy and physiology, from the 1960s onwards there was a sudden shift of emphasis to women's emotional responses. For the first time, the textbook informed readers that most women 'want to be "conscious" at the moment of delivery of the baby — a clear memory of this seems to be important to many mothers'. In addition, later editions included entirely new sections, including a substantive one entitled 'Maternal Co-Operation' as key to pain management. They also added new sections on the psychological and emotional aspects of pain. Importantly, for the first time the new editions made a distinction between pain and suffering. Natural childbirth is depicted thus:

Entry into the second stage [of labour] is often a great relief to the mother because she realizes the baby will be born soon. There is usually quite a reduction in the amount of suffering she feels irrespective of actual pain and despite the intensity of contractions and the stretching of the tissues of the pelvic floor. Some mothers discard the inhalational apparatus early in the

⁵² Alison Duddington, 'Natural Childbirth', *British Medical Journal*, 1.4919 (16 April 1955), 971.

⁵³ Ronald MacKeith, 'A Layman's View of Midwifery Today', *Midwives Chronicle and Nursing Notes* (February 1959), 41.

second stage of labour so as to get on with their work, unencumbered.

This was 'active mothering'. Unlike earlier editions, which conclude with physiological discussions, the last sentence of the 1969 edition stated that 'When one is dealing with childbirth, the factors which are paramount in alleviating suffering are good personal relationships, kindness, explanation, and sympathy, as well as expert technique'.⁵⁴ In contrast to Mrs A.'s experience of being confined to a bed with bars, in this new regime, the disciplinary power over the self *required* the birthing mother to get up, walk about, go to the bathroom, bear the crowning of the head, and witness the bloody birth, fully conscious.

It was a politics helped by the development of analgesics that did not render birthing women completely unconscious. With the introduction of analgesics like Trilene, gas and air and, most crucially, saddle-block anaesthetics, obstetricians had the clinical tools to allow a woman to remain conscious during the entire process.

VI

THE FULLY HUMAN

If the first use of 'natural' focused on the *telos* of the mothering woman and her emotional engagement, the second was framed in terms of what it meant to be fully human. This argument drew analogies with non-human animals and 'the primitive'. As one natural childbirth advocate mused in 1948, 'not a few today are beginning to ask whether we cannot learn something even from veterinary experience . . . for birth in that world often seems a happier affair than with human beings'.⁵⁵ Indeed, the founding myth of natural childbirth goes along the lines that, as a child, Grantly Dick-Read had observed the vast differences between the way farm animals and human women gave birth. In the latter cases, he noticed, people approached birth with 'hushed whispers and shuddering anxiety'. This observation was revelatory. Animals, he concluded, gave birth without pain: *ipso facto*, this was natural. The main thing stopping women from achieving a similar state during labour was fear. Dick-Read believed that educating pregnant women in physiology, training their muscles and teaching breathing techniques would facilitate a natural or animal-like freedom from pain. In this sense, 'natural'

⁵⁴ Sir Dugald Baird, *Combined Textbook of Obstetrics and Gynaecology for Students and Practitioners*, 8th edn (Edinburgh, 1969), 188–204.

⁵⁵ Len Challonor, 'Is Anaesthesia Old-Fashioned?', *Britania (sic) and Eve* (London) (May 1948), n.p., in Wellcome Grantly Dick-Read Papers, PP/GDR/C/104.

meant closeness to the natural world, although not necessarily independence from human intervention.⁵⁶

There was a much darker side to these arguments, however. Many physicians and health commentators believed that 'primitive people' (by which they meant African-Americans, immigrants and the working-class) experienced painless births. They claimed that this was proof that it was not natural for birthing-women to suffer excruciating pain. As one critic of natural childbirth claimed, 'peasants ... have babies like animals', unlike 'English women'.⁵⁷ In 1959, Mrs J. McE similarly explained that modern women were 'not as strong as native women'.⁵⁸ Through 'labour' of all kinds, women became physically resilient. The women who suffered most in childbirth were white, middle-class women, primarily because they were unaccustomed to physical labour and, because they were thought to be more highly 'evolved', therefore possessed more exquisite sensibilities. As Dr Glyn Rees rhetorically asked attendees at the Medical Congress in East London in 1947, 'Why does a more intelligent mind produce a more painful uterus?'⁵⁹

There were a great many explanations for the painless births of 'primitive women' but one — elaborated in the *British Medical Journal* — claimed that it was due to the fact that primitive women belonged to 'a pure racial type in whom the shape of the head and the types of pelvis are almost a constant'. In contrast, women in affluent cultures came from 'a very hybrid race' and there was therefore a mismatch between the foetal head and the maternal pelvis.⁶⁰ In this way, anxieties about miscegenation were linked to debates about painful labours.

Others — especially 'nature cure' physicians — pointed to social factors. In the words of homeopathic physician Sarah Webb, 'primitive women' gave birth with relatively little (if any) pain because 'they live in a very simple and natural way; their bodily functions are not abused or disturbed'. It followed, therefore, that women who lived 'in accordance with nature like the lower animals' would also experience little suffering. Webb pointed out that in healthy women the 'organic nerves that supply the uterus are never sensitive', and it was the violation of 'natural laws' that rendered them sensitive

⁵⁶ Grantly Dick-Read, 'Some Aspects of Physiological Childbirth', 197.

⁵⁷ Helen M. Schofield, 'What You Don't Tell Us', *The Medical World* (October 1959), 341.

⁵⁸ Letter from Mrs. J. McE of Rock Creek, Ohio, 'Natural Childbirth is Easier', press cutting, no publication or date given but probably 1950, in Wellcome PP/GDR/C/120.

⁵⁹ Dr Glyn Rees, 'The Key to Painless Childbirth'.

⁶⁰ R. Christine and E. R. Rees, '[Letter to the Editor] Painless Childbirth', *British Medical Journal* (30 June 1945), 924.

and irritable. She lauded 'primitive' women, as well as women who lived and worked in rural areas, for being able to give birth with relative ease. In her words, 'the poorer classes, those who are robust and who have to depend upon their daily toil for the necessities of life, living on the plainest food and to whom luxury is a stranger, suffer little from painful parturition'.⁶¹

This myth that 'primitive' and non-white women gave birth without pain pervaded medical training and tradition throughout the century — indeed, well into the 1970s.⁶² It also had a much longer history, being an extremely convenient myth for slaveowners. As R. J. Knight observes in this volume, the 'reproducing labour' of slaves 'produced "marketable goods"'.⁶³ There was no space in this economy for acknowledging the Other's suffering.

It is important to note, however, that the argument that white, middle-class women suffered more pain did not necessarily lead to advocacy that they should be given more pain relief. Rather, it led to arguments that women needed to be taught how to revert to a more primitive state (through diet, exercise and training, for example). It was only from the mid twentieth century that mainstream medical personnel began questioning assumptions that European, American, African-American and 'primitive' women experienced labour pains in different ways.⁶⁴ Not surprisingly, perhaps, rebuttals were especially prominent within the African-American medical community.

⁶¹ Sarah A. Webb, *Easy Parturition or Childbirth* (Southport, Lancs., 1925), 3–5.

⁶² The best two summaries of this literature are John Hoberman, 'The Primitive Pelvis: The Role of Racial Folklore in Obstetrics and Gynecology During the Twentieth Century', in Christopher E. Forth and Ivan Crozier (eds.), *Body Parts: British Explorations in Corporeality* (Oxford, 2005), 86–95; and Laura Briggs, 'The Race of Hysteria: "Overcivilization" and the "Savage" Woman in Late Nineteenth Century Obstetrics and Gynecology', *American Quarterly*, lii, 2 (June 2000), 246–73. For contemporary examples, see Carl Henry Davis, 'Obstetrics and Gynecology in General Practice', *Journal of the American Medical Association*, xliii, 13 (28 September 1929), 963; C. Jeff Miller, 'Special Medical Problems of the Colored Woman', *Southern Medical Journal*, xxv, 7 (July 1931), 738; Douglas G. Wilson Clyne, *A Textbook of Gynaecology and Obstetrics* (London, 1963), 559. Note that there were some attempts to debunk the myth much earlier: see 'Primitive Pain', *Time* (23 March 1950).

⁶³ R. J. Knight, 'Mothering and Labour in the Slaveholding Households of the Antebellum American South', in this volume.

⁶⁴ Grantly Dick-Read, *Natural Childbirth* (London, 1933), 39; B. Winsburgh and M. Greenlick, 'Pain Response in Negro and White Obstetrical Patients', *Journal of Health and Social Behavior*, viii, 3 (September 1967), 222–7; William F. Mengert, 'Racial Contrasts in Obstetrics and Gynecology', *Journal of the National Medical Association*, lviii, 6 (1966), 413.

VII

HIERARCHIES OF POWER

The use made of the idea of 'natural' mothering involved practices that confirmed and solidified hierarchies. The most important was the hierarchy of medical professionals, including general practitioners, midwives and obstetricians. The latter, in particular, were unwilling to cede control to other medical specialists.⁶⁵ Throughout the century, they attempted to ensure that GPs and midwives were not allowed to employ the most effective forms of analgesic and anaesthetic when aiding birthing women.

There were also anxieties within the medical professions about how to avoid relinquishing power to birthing women themselves. In 1956, this was what worried obstetrician Sita Sen, a devotee of natural childbirth who boasted twenty years of clinical practice. Sen argued that the *untrained* mother was the most natural in carrying out the most primary mothering task. Sen contrasted the 'completely unsophisticated girl giving birth to her first baby' with 'her more sophisticated sister' who had 'been through one of the programmes for training in natural childbirth'. The 'unsophisticated girl', Sen claimed, would have a more 'natural' childbirth because she would have 'complete faith in her accoucher' combined with the ability to 'use her own efforts instinctively to expel the baby as soon as full dilation has occurred'. In contrast, the woman educated in natural techniques

appears to consider herself an authority on childbirth of any sort whether natural or unnatural. She is then prepared to enter into long arguments with her doctor about every detail, from the type and amount of analgesics to the kind of suture material used for suturing the episiotomy wound . . . Nothing can be more exasperating and unreasonable than to have to give explanations and detail to someone who has not had any medical training.⁶⁶

In other words, although Sen was a proponent of natural childbirth, she believed that it went too far if the birthing woman imagined that she had a right to override the disciplining power of medical professionals.

The other hierarchy that had to be maintained (or solidified) was a particular, heterosexual ordering of husband and wife. This was not new. It was a prominent aspect of the debates during the 'anaesthetic revolution' of the 1840s and 1850s as well, when opponents of chloroform argued that it was not natural to use the drug because it rendered the birthing woman passive

⁶⁵ See Laura E. Ettinger, *Nurse-Midwifery: The Birth of a New American Profession* (Columbus, Oh., 2006).

⁶⁶ Sita Sen, 'Natural Childbirth', *British Medical Journal* (29 December 1956), 1545.

under the sight and hands of male physicians. At that time, the fear was that anaesthetics would undermine the prerogatives of a husband to have exclusive access to his wife's body.

A century later, during the 'aesthesiological' revolution, this trope was played out differently. There were tentative attempts to include husbands in the labour process, with a dual role as tutors to their wives and allies of obstetricians. Admittedly, the extent to which husbands were encouraged to be involved should not be exaggerated. As late as 1961, the Ministry of Health's Standing Maternity and Midwifery Advisory Committee agreed that husbands 'should be allowed to sit with the patient (*sic*)', but admitted that it was 'obvious that very few husbands will be able to spare the whole of the time needed to be with their wives during the first stage'.⁶⁷

However, when men *were* given a role, it was as coach. This was most effectively promoted in Robert A. Bradley's book *Husband Coached Childbirth* (1965).⁶⁸ The role of these fathers was managerial.⁶⁹ This can be illustrated by an account published in the *American Journal of Nursing* in 1969 and entitled 'Natural Childbirth — Word from a Mother'. In this article, Gretta Estey described her very positive experiences of training for childbirth (using the Lamaze method) with her husband, Larry. This is how she described the nature of this training at home:

'Contraction begins' ... my husband commanded. And so each evening for an incredibly long two and a half months, he faithfully drilled me in all those exceptionally boring breathing exercises until I really found that I was responding to his commands like a well-trained Pavlovian dog! As a result of our instructor's thorough teaching, I began to cringe when women spoke about their labour 'pains', and Larry always corrected me if I slipped and referred to contractions as 'pains' myself.⁷⁰

Surveys by psychologists like Dr Deborah Tanzer were published which purported to show that when fathers were allowed to be present at 'natural'

⁶⁷ Central Health Services Council, Standing Maternity and Midwifery Advisory Committee, Ministry of Health, *Human Relations in Obstetrics* (London, 1961), 4.

⁶⁸ Robert A. Bradley, *Husband Coached Childbirth* (New York, 1965). Also see Barbara Katz Rothman, in *Labor: Women and Power in the Birthplace* (New York, 1982).

⁶⁹ This only changed with the women's liberation movement, as argued by Judith Walzer Leavitt, *Make Room for Daddy: The Journey from Waiting Room to Birthing Room* (Chapel Hill, 2009).

⁷⁰ Gretta P. Estey, 'Natural Childbirth — Word from a Mother', *American Journal of Nursing*, lxi, 7 (July 1969), 1453. Also see Florence E. Hoff, 'How Any Nurse Can Help', *American Journal of Nursing*, lxi, 7 (July 1969), 1453.

childbirths, their presence 'strengthened the marriage'.⁷¹ Revealingly, Tanzer added: 'There is much more male psychic involvement in childbirth than people realize'. While she was questioning birthing women, husbands would ask, 'Don't you want to study me?'⁷²

The father-as-coach model attempted to naturalize gender categories. As Carine M. Mardorossian points out, the use of the term 'coach' to 'name the activity of the partner . . . reveals a lot about what kind of gender roles the parents are expected to play in the delivery room'. When, she adds, 'the supporting cast is someone other than the husband, they are designated as . . . *assistant* rather than coach'.⁷³ Mardorossian contends that by framing childbirth labour 'as a sporting event, the language of coaching represents the woman's sweaty and straining body as one whose activity and level of pain can and should be directed by her partner'.⁷⁴ Birthing women were allowed to be proud about their achievements in the labour-room, but their success in mothering the child into the world was the outcome of a naturalized science and heterosexual nuclear family unit.

VIII CONCLUSION

Mothering's forms of labour were framed around the concept of 'natural', even if 'natural' was a remarkably flexible concept. In British medical ideology and practice, it could fit a vast range of behaviours and fulfilled the needs and desires of an equally large range of clinicians, birthing women and their partners. Almost without exception, everyone worked on the assumption that, in normal births, natural was good: this was why even the most interventionist obstetricians framed their interventions in terms of the natural. These natural hierarchies also meant creating or constituting the active birthing woman, who was involved in the most primary act of mothering. Mrs A. was now required to be an engaged and active labourer in the labour ward (although she was not allowed to be too active and knowledgeable). Childbirth technologies and methods were intended to construct the natural mother, guided by the calm, professional, masculine obstetrician and the

⁷¹ Dr Deborah Tanzer, cited in 'The Role of Fathers', *Science News*, xciii, 15 (15 June 1968), 568.

⁷² *Ibid.*

⁷³ Carine M. Mardorossian, 'Laboring Women, Coaching Men: Masculinity and Childbirth Education in the Contemporary United States', *Hypatia*, xviii, 3 (autumn 2003), 116.

⁷⁴ Carine M. Mardorossian, 'Laboring Women, Coaching Men: Masculinity and Childbirth Education in the Contemporary United States', *Hypatia*, xviii, 3 (autumn 2003), 117.

coaching, paternal father. 'Natural' did not mean totally pain free — what it did mean was a fulfilment of certain gendered roles (which was partially spatial, with husbands training wives at home, nurses supporting women in labour wards, and obstetricians dominating delivery rooms), a prioritizing of an emotional reaction (both of the woman and the medical staff), and a celebration of the conscious, mothering woman. It was a new disciplining rhetoric that had lasting effects on the process of making babies and the labouring woman.

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