ABSTRACT

You and Your Baby (home, husband, and doctor): maternal responsibility in the British Medical Association booklet (1957-1987)

You and Your Baby was a pregnancy advice booklet, produced by the British Medical Association (BMA) from 1957-1987. This booklet was provided to expectant mothers in the UK, free of charge, and offered authoritative information on pregnancy, childbirth and caring for infants. Reprinted each year, *You and Your Baby* captured contemporary maternity policy and advice. But, in addition to the typical information that you might expect about mother and baby health, *You and Your Baby* advised readers on matters such as maintaining their appearance, marital relations, and domestic duties. In this way, it advocated a specific vision of motherhood, with responsibilities to the home and husband. Further to these duties, this article will focus on the balance of responsibilities between pregnant women and their doctors, and how attitudes to trust and authority developed over time. The BMA publication repeatedly warned readers against listening to "old wives' tales", instead emphasising the importance of accepting (and not questioning) professional medical guidance. Following the thalidomide scandal, however, women were made partially responsible for doctors' professional integrity; women were advised to avoid asking their doctors to prescribe medication that may later prove to be harmful, shifting the responsibility from the healthcare practitioner to the mother. This created an uncomfortable dissonance between the publication's attempts to establish and reinforce medical authority, and yet shift professional responsibility. The booklet series, therefore, posed women as responsible for their doctors, as well as their babies. In summary, this article presents a case study of the *You and Your Baby* BMA booklet, examining developing healthcare messaging around maternal behaviour and responsibility. It draws attention to supposed responsibilities to the home, husband, and doctor and how those responsibilities changed over thirty years.

Introduction

Scholars have established that in the early twentieth century there was increased emphasis on medical expertise in pregnancy and motherhood (Apple 1995; 2006; Freidenfelds 2020; Golden 2018). Within this framework, expectant mothers required expert medical knowledge to successfully raise children. With this increased emphasis on medical expertise, the modern maternity manual played a key role in disseminating scientific knowledge about reproduction and translating it for lay-audiences. Lara Freidenfelds writes that in sharing scientific knowledge, authors of the genre hoped that readers would feel 'modern, engaged, and in control of their destinies' and that this would 'inspire women and their husbands to trust doctors' advice and adhere to prenatal care guidelines' (96). But just as the modern maternity manual shaped knowledge about reproduction, it reproduced and reinforced broader societal ideas and anxieties about women's roles. Tasks traditionally associated with female gender roles like housework and personal grooming were included in the maternity manual, and thus transformed into maternal responsibilities.

Pregnancy guides reflect, but also help define, ideal responsible behaviours for pregnant women (Ruhl 1999; Seigel 2013). In other words, they provide a script of maternal responsibilities. These scripts are embedded within broader discourses concerning the changing ideas of motherhood (Apple 2006; A. Davis 2012) and what constitutes a "good" or "bad" mother (Ladd-Taylor and Umansky 1998; Lowe 2016; McIntosh 2012, 14). By performing the maternal responsibilities outlined in the manual, pregnant women culturally fulfil the role of "good" mother. By the same token, any deviance from the antenatal script indicates abnormality or failure (Howard 2020).

This essay is concerned with the presentation and development of maternal responsibility in the modern maternity manual. Using the *You and Your Baby* series as a case study, it will track the development of maternal responsibility 1957-1987. It does not aim to provide a social or technological history of antenatal care (Al-Gailani 2013; 2020; McIntosh 2012) nor will it offer an analysis of the cultural or political resonances of emerging antenatal technologies in this period (for example, the obstetric ultrasound: Duden 1993; Petchesky 1987; Hartouni 1997; Roberts 2017; Taylor 2008). Rather, this essay draws attention to the discourses that surrounded antenatal information. It therefore considers the ways in which reproduction was communicated in the mid-late twentieth century and the larger frames that informed this communication (Hopwood et al. 2015), how expert knowledge about pregnancy was translated for lay-audiences (Al-Gailani and Davis 2014), and how this messaging evolved over time. It will argue that *You and Your Baby* operated as a site wherein ostensibly disparate and non-medical topics were united and placed within a medical context. As a result, topics such as domesticity, marital relations and aesthetic appearance were medicalised and framed as maternal responsibilities. In addition to responsibilities to home and husband, this essay will finally examine the balance of responsibilities between pregnant women and their doctors, and how thalidomide – a drug given to pregnant women which caused severe foetal abnormalities - complicated this relationship.

Family Doctor and *You and Your Baby*

In 1948, the British Medical Association (BMA) began endeavours to publish a monthly magazine, educating lay-audiences about public health (B. Edsall & Co. Ltd. 1966; Nathoo 2009; Olszynko-Gryn 2023). The *Family Doctor* magazine subsequently launched in April 1951, under founder editor Dr Harvey Flack, and ran until his death in 1966. According to a subsequent editor, Evelyn Brown, the *Family Doctor* magazine faced hostility because many in the medical profession argued that the public should have limited medical knowledge (Brown 1983). But Flack believed education was key to improving the health of the nation, and he advocated passionately for the production of

authoritative medical information that was easily understood by the general public. As the magazine developed, the BMA decided to launch specialist Family Doctor publications, including the pregnancy advice booklet *You and Your Baby.* This became one of the most popular titles in the series and outlived the monthly magazine.

Available in the UK from 1957, the first *You and Your Baby* was an 80-page booklet comprising of articles by leading obstetrics and gynaecology figures such as Dugald Baird, William Fletcher Shaw, and John Campbell McClure Browne, as well as paediatricians Dermod MacCarthy, Ronald Illingsworth, and Frank Falkner, psychologist John Bowlby, and geneticist Roger Pilkington. A small number of articles were offered by lay contributors. The booklet was revised annually to reflect the most up to date guidance and consensus of professional opinion. Annual edits were often confined to small word changes and rearranging the order of sequence, but over time more significant changes were made and new articles introduced. The first editions covered conception through to early infancy, but by 1963 the publication was split into two parts: part one covering pregnancy to birth, and part two birth onwards. The two-part format continued until 1985, when the booklet briefly appeared in a single volume for a special edition featuring a letter about immunisation from Prince Charles and Lady Diana. The booklet then returned to its two-part format for the final edition in 1987, after which date the publication was overhauled and reworked.

During its publication, *You and Your Baby* was widely circulated. Paid for through advertising revenue, it was distributed to expectant mothers free of charge in the UK, through general practitioners, antenatal and welfare clinics, and maternity hospitals. The series was well-received and in 1966, a report from the Royal College of Midwives named *You and Your Baby* one of the most useful sources of pregnancy information for expectant mothers (Royal College of Midwives 1966, 49). BMA figures vary, but it was estimated in the late-1970s between 24.5 and 26 million copies were distributed in the UK (British Medical Association 1978; Brown 1977). One of only a few mass-distributed, comprehensive and free resources, *You and Your Baby* was one of the most prevalent sources of antenatal information in the UK until the Health Education Authority disseminated Nancy Kohner's *The Pregnancy Book* (originally published 1984) to all first-time mothers. Despite this, *You and Your Baby* has received little critical attention within the scholarly discourse on twentieth-century maternal advice cultures. This essay approaches *You and Your Baby* as a case study to enrich the historical understanding of a little-studied genre of medical advice manual, and in doing so develops an argument about the role of mass communication in producing new kinds of maternal responsibility in postwar Britain. It begins by considering how the series framed maternal responsibilities for the health and wellbeing of the unborn child. Namely, it will examine the presentation and development of messages around maternal nutrition, infant-feeding and smoking. It will then move on to the more unexpected maternal responsibilities in the text: those to the home, husband and doctor.

Maternal nutrition

Like most pregnancy advice literature, *You and Your Baby* provided information on maternal nutrition. In 1957, the article on maternal nutrition began: 'Let's get straight down to brass tacks, and discuss your diet in pregnancy in straightforward terms. As a general rule, you should eat all the things you are used to. But you should bear in mind that the health of your baby after the birth is determined to a very large extent by what you eat during your pregnancy (British Medical Association 1957, 10). Readers were encouraged to continue their regular diet, but this was suffixed with the assertion that child health was contingent on maternal nutrition. This placed a responsibility on the mother to eat well to ensure the long-term health of their child. The article explained that the right diet was important because 'the proper materials must be supplied in the

right quantities to build different tissues of the baby's body' (British Medical Association 1957, 10-11). Whilst the language suggested that mothers were perhaps building a house rather than a baby, this sentence emphasised that there was, in fact, a correct, functional diet. The remainder of the article set out this ideal with precise detail. So, contrary to the earlier statement that instructed women to continue with their normal diet, a specific one was advocated. This is in line with Lealle Ruhl's observations on pregnancy manuals, whereby pregnant women are presented with a "choice" when really only one decision is deemed acceptable (Ruhl 1999). Here it was assumed that readers will follow (or at least, want to follow) the prescribed regimen, with little attention to possible dietary, religious, or financial restrictions. This guidance was reprinted until the late-1970s.

From 1978, the reader was no longer told to continue with their regular diet; instead, they were given a clear list of foods to 'go for' and 'go easy on' (British Medical Association 1978, 27). This list was sectioned off from the rest of the article and presented in contrasting colours and a bold font, making it hard to miss. Alongside was an illustration of fresh fruit and vegetables, milk and cheese. These changes suggested a more prescriptive approach to maternal diet, possibly aimed at increasing comprehension of, and adherence to, the guidance. This layout was consistent until 1985.

Infant feeding

The illusion of choice extended to infant-feeding. In 1957, *You and Your Baby* wrote that whilst modern formula was very good it 'cannot quite reproduce the beneficial physical and psychological results of natural feeding at the breast' (British Medical Association 1957, 19). When considering the benefits of breastfeeding, the article posed questions that expected particular answers: 'what mother of that wonderful achievement, a new baby, does not want to do whatever is best in the world for its health and happiness?'. This wording was reprinted until 1962 when an additional sentence was added in answer: 'Not you I'm sure' (British Medical Association 1962, 19). Whilst the booklet did not give a directive, it strongly advocated for a particular course of action – in this case, for women to breastfeed. The tone of this language sought not only to persuade the reader to breastfeed, but equated breastfeeding with being a "good mother" (Foss 2017; Hausman 2003; Marshall, Godfrey, and Renfrew 2007; Murphy 1999).

This emphasis on breastfeeding is consistent with larger concerns surrounding infant-feeding practices, and the subsequent efforts to encourage breastfeeding. Unlike prevailing medical attitudes in the United States, in the UK breastfeeding was preferred (Apple 1988). Despite this, uptake and duration of breastfeeding steadily decreased after the Second World War. The reason for the post-war decline is unclear. Linda Bryder suggests that a hospital epidemic of penicillin-resistant staphylococcal aureus may be one reason for the increase in artificial feeding. Another hypothesis is that doctors grew suspicious of breastfeeding because of its association with the natural childbirth movement (Bryder 2005). Commenting on this decline in 1974, a Working Party under the chairmanship of Professor Oppé deemed the UK a bottle-feeding nation and made recommendations to encourage breastfeeding. This report was followed by a number of Department of Health and Social Security publications concerned with infant-feeding. The representation of breastfeeding in *You and Your Baby* is therefore consistent, as it reflected the consensus that "breast is best" as well as the contemporary push to increase rates of breastfeeding. However, through their well-intentioned advocacy of breastfeeding, the publication produced stigma against mothers who bottle-fed.

Through subsequent editions, the dichotomy between breastfeeding and bottle-feeding was upheld with supposed "good" mothers breastfeeding and "bad" mothers choosing to bottle-feed. This was most stark in the 1978 edition which featured two sections on infant-feeding: 'Breast really is best'

and ‘If you decide to bottle feed’ (British Medical Association 1978, 66-75). The titles left nothing to doubt, clearly indicating that breastfeeding was preferred. But the titles also assumed that all readers were capable of breastfeeding and those who bottle-fed were *choosing* to do so. This placed an over-emphasis on personal choice and did not acknowledge medical, social or external structural influences that might have impacted a woman’s decision, or indeed ability, to breastfeed her baby. Breastfeeding was posed as the default or expected choice for “good” mothers. This analysis is supported by accompanying photographs, which visually presented breastfeeding in a more positive light **(figures 1 and 2).** Similar visual tactics were used in editions 1978-1984, with breastfeeding mothers depicted in full-colour photography next to bottle-feeding mothers in black and white. In 1985-1987, images of bottle-feeding mothers were entirely removed, reflecting the push from multiple breastfeeding initiatives at the end of the century (Crowther, Reynolds, and Tansey 2009). So even though *You and Your Baby* presented a choice when it came to infant-feeding, the language and accompanying imagery – or lack thereof – strongly advocated breastfeeding.

(Figure 1) British Medical Association (1978), p.71. A woman is breastfeeding. She is sat comfortably next to a bouquet of flowers, gazing into the camera, smiling. The breastfeeding mother is captured with high-contrast colour photography making her look modern and joyous beside the bottle-feeding mother.

(Figure 2) British Medical Association (1978), p.77. The bottle-feeding mother is tight-lipped and dour with half-closed eyes. In contrast to the breastfeeding mother, the bottle-feeding mother is shown in black and white, making her look old-fashioned and gloomy.

Smoking

When it came to smoking, *You and Your Baby* developed a more assertive tone to suggest a maternal responsibility to protect the child from harmful toxins. In early editions there were no anti-smoking messages. Although smoking had been linked to lung cancer for many decades, it wasn't until 1957 when a report by Winea Simpson sparked interest in the effects of smoking during pregnancy (Oakley 1989, 314). As such, between 1957-1960 the only reference to smoking was in relation to the size of the fertilised ovum, which was compared to a 'cigarette end' (British Medical Association 1957, 6). In 1965 a casual anti-smoking message was printed, but it was embedded within a larger article making it difficult to distinguish on the page. It stated: Don't smoke if you can possibly help it. If you do smoke, smoke as little as you can. Smoking is not good for babies. Mothers who smoke have babies that weigh less at birth and that are often less vigorous as well. Smoking in pregnancy is not very good for the mother either (British Medical Association 1965, 101). The tone was informative without being accusatory. The statement also considered the detrimental effects of smoking on the mother, as well as the infant. This wording was reprinted until at least 1972.

During the 1960-70s, an increasing body of research had suggested the harmful effects of maternal-smoking on foetal development, alongside a heightened risk of miscarriage. Laury Oaks describes the development of US anti-smoking messaging, noting that although the 1964 Surgeon General Report, *Smoking and Health,* increased medical attention on the effects of smoking during pregnancy, it was not until the 1970s that it became a visible public health issue (Oaks 2001, 57). This was mirrored in the UK when the newly-formed Health Education Council launched a major anti-smoking campaign in 1969. The campaign used shocking imagery to capture public attention and discourage smoking (Berridge and Loughlin 2005). In this context, the BMA's messaging around maternal-smoking also evolved. By 1977 the language and tone became more forceful, reflecting the severity of the risk. The section on smoking was now clearly indicated with the imperative 'Give up smoking' (British Medical Association 1977, 26). It stated that women who smoke tend to have babies that weigh less and that fall behind in school. It concluded: 'you owe it to your baby to give him or her the best possible start in life'. Like maternal diet, readers were told that their behaviours during pregnancy may have life-long effects, suggesting that if they valued the health of their future children – as a mother was expected to do – they would avoid smoking and other risky behaviours. Later, the booklet stated that 'smoking is like taking a drug of addiction; we can all find the will-power to stop it if we really try […] So why not make a real effort and stop smoking altogether, at least during your pregnancy, to give your baby a better chance for the whole of his life (British Medical Association 1977, 94). Smoking was depicted as a conscious choice, wherein the pregnant woman chose a cigarette over her baby's health. Phrases like 'you owe it' and 'make a real effort' may have been motivational in their intent, but they oversimplified the complexities of addiction by implying smoking cessation was a matter of willpower alone. This may have alienated readers who struggled with quitting and made them less likely to seek further support.

By 1980 the anti-smoking statement was emphasised further. Rather than appeal to the long-term benefits of smoking cessation, the booklet evoked an image of a "baby" in the womb struggling to breathe. It ended with the question, 'You would not give a young child cigarettes to smoke, so why force it to be poisoned in this way in your womb?' (British Medical Association 1980, 70). In metaphorically comparing maternal-smoking with giving a child a cigarette, the booklet directly echoed the Health Education Council campaign of the 1970s, which asked 'Is it fair to force your baby to smoke cigarettes?' By comparing the foetus to a child, these anti-smoking messages personified the foetus. It became an innocent child being 'poisoned' and 'forced' to smoke by their

mother. By this time, ultrasound imaging was becoming routine in British antenatal appointments; it is therefore significant that this anti-smoking message would vividly conjure an increasingly familiar image of the "baby" in-utero to make this emotional appeal (for visual cultures of the 'public foetus' see: Petchesky 1987; Björklund and Jülich 2024). Just as Oaks recognises in her study of US public health literature, these British messages leant into pro-life strategies, combining foetal images and ideas of foetal personhood to amplify their anti-smoking message (Oaks 2001, 150), and infer an intense maternal responsibility to quit smoking.

In 1985 the anti-smoking message continued to be firm but was less severe: 'If you are a smoker and pregnant, you have no doubt tried to stop the habit in the past. Well, now you have a strong reason to give up completely (at least for nine months): you are risking the health of your baby even before it is born' (British Medical Association 1985, 34). This message recognised the difficulties associated with smoking cessation but positioned it as an expression of maternal love or responsibility. Whilst this might seem to be a positive message, it implicitly cast the smoking pregnant woman as unloving and irresponsible. The negative language and shock tactics of the 1970s and early-80s gave way to positive admonition. Beside the article was an illustration of a pregnant woman considering the cigarette in her hand, her expression sombre as she imagines the foetus wearing a gas mask. Susan Grayzel describes how the civilian gas mask exists in the cultural imaginary as a vector of wartime memory and conflict. A symbol of modern warfare, images of children wearing gas masks elicit a particularly poignant, emotional response (Grayzel 2022). The use of the gas mask on the foetus thus evoked ideas of chemical warfare, conveying a sense of vulnerability and emphasising the need for protection. So, even though this anti-smoking message was less aggressive than its antecedents, it still used powerful metaphors to underline the severity of the risk and the maternal responsibility to protect the unborn infant. The 1987 edition continued with a similar approach, advising readers to 'give up now, however hard it is, because smoking starves your baby' (British Medical Association 1987, 23). Like the previous message, this statement acknowledged the difficulties in quitting, but was resolute in warning against the dangers of maternal-smoking.

Maternal responsibility to the home

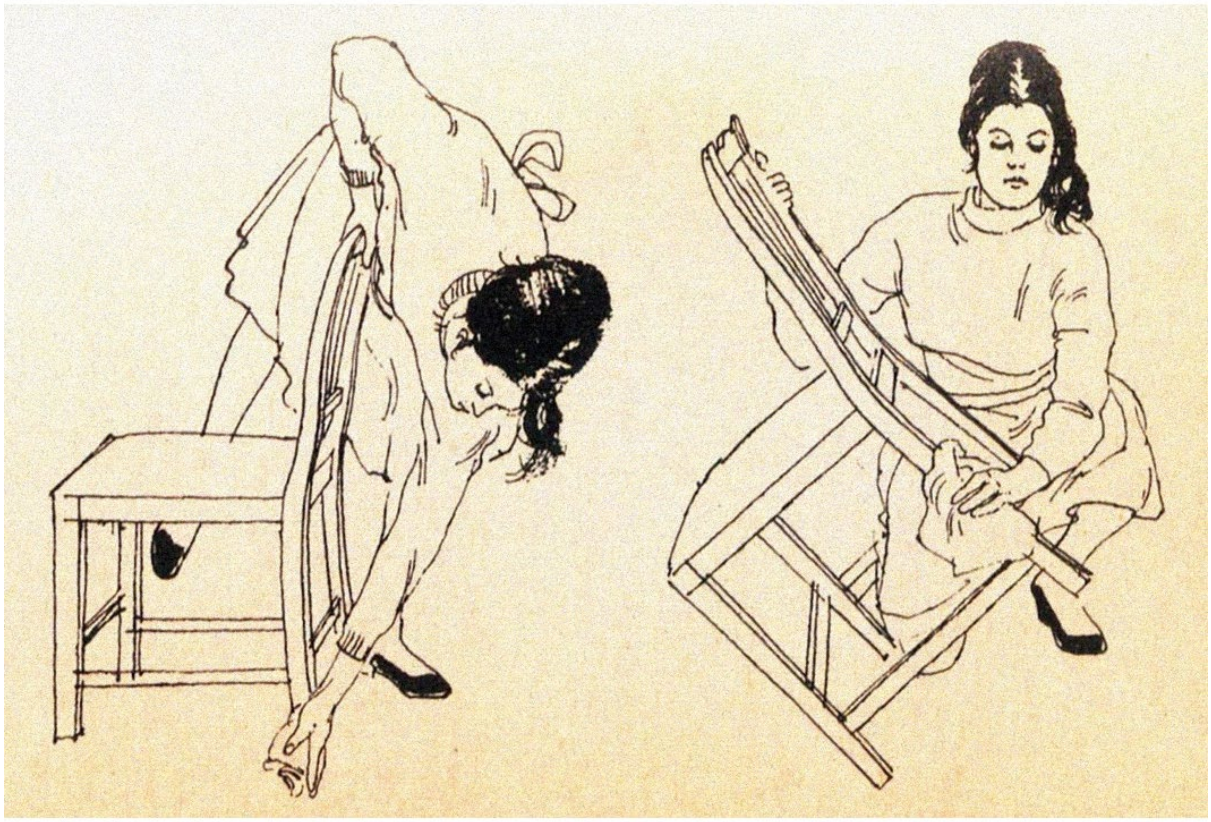
So far, we have seen how *You and Your Baby* framed maternal responsibilities around the health and wellbeing of the unborn child, through messaging around maternal nutrition, infant-feeding and smoking. As a pregnancy manual, such content is typical. What is more surprising is how the series presented responsibilities outside the mother and/or baby, namely to the home, husband and doctor. Starting in the mid-twentieth century and targeting female readers, one might anticipate representations of traditional gender roles that emphasise domestic responsibilities and patriarchal ideals. What is striking here is the medical context in which these ideals are expressed. Embedding such information into a pregnancy manual transformed these obligations into maternal responsibilities. Responsibilities to the home, husband and doctor were prescribed like medication. The remainder of this essay draws attention to these supposed responsibilities and how they changed between 1957-1987.

Domestic labour

Discussing the home, the 1957-1967 editions stated that two weeks post-partum 'you should be able to carry on most of your household duties' (British Medical Association 1957, 19). Failing this, the 1957-1960 booklets advised to 'let the dust accumulate' because 'as a man' the author believed that 'dusting is overdone anyway' (British Medical Association 1957, 19). There was no indication in these early issues that the partner might have shared in the household duties. This reflects the traditional division of labour at this time, wherein women were expected to assume the majority of household

duties (Cowan 1985; McCarthy 2020; Oakley 1984b). Claire Langhamer nuances this position, contending that men did in fact take on an increasingly active role within the home in the postwar years; however, this role was confined to what was deemed "appropriate" household duties and remained within a broader framework of female responsibility for managing the home (Langhamer 2005). By the 1970s, this gendered division of housework was under increased scrutiny as a new generation of feminists were coming-of-age (McCarthy 2020, 323–24). For example, in 1974 the feminist sociologist Ann Oakley conducted a study examining housework and the housewife role. In it she concluded that women had been socially conditioned to identify with the role, even though they were dissatisfied and disliked housework (Oakley 1984b). At the same time, a faction of second wave feminists in the UK, US, Europe and Canada were hitting headlines with their wages for housework campaign (Toupin 2018). Despite such scrutiny and feminist protest, Ruth Cowan states that most men during this period continued to do very little housework (Cowan 1985, 200). The *You and Your Baby* booklets of the late 1960s-70s echoed this sentiment, suggesting that whilst men could be called upon to help, housework remained a female responsibility. The 1968 booklet maintained that late pregnancy was 'the most reasonable of all excuses for getting your husband to help in the house' (British Medical Association 1968, 42). And then in 1978: 'Housework may become quite a strain later on in the pregnancy when physically it becomes difficult to clean a bath or bend under furniture. Help from husbands should be enlisted early for such awkward jobs and for heavy shopping' (British Medical Association 1978, 61). The third trimester therefore served as a temporary justification for women to seek domestic assistance from their husbands.

Other Family Doctor titles emphasised the maternal responsibility to the home by incorporating images of pregnant women cleaning. First published in 1964 and re-released in 1971, *Preparing to have your baby* by Professor of Obstetrics and Gynaecology Philip Rhodes, was one supplementary title. The 62-page booklet advised on pain relief, relaxation methods and the physical aspects of labour inspired by the natural childbirth techniques of Dr Grantly Dick-Read. It also addressed physical posture and included an illustration of a woman cleaning a chair **(figure 3).** On the one hand, such imagery reflected the likely practical realities of readers, where – as already established - it was expected that women would take on the bulk of the housework. These images acknowledged the unbalanced division of domestic labour and provided guidance to adapt or modify tasks to ensure these chores were carried out safely. On the other hand, incorporating household chores into pregnancy advice manuals, reinforced the notion that housework was a maternal responsibility.



(Figure 3) ***Preparing to have your baby*** **(1964), reprinted in 1971, p.57. An illustration depicting good posture when cleaning a chair.**

You and Your Baby also featured images of women cleaning, emphasising the responsibility to persevere with household duties during pregnancy. In 1981, an article entitled 'Keeping well – coping with minor ills' reassured readers about the commonality of pregnancy symptoms such as heartburn, backache and heart palpitations. The article was accompanied by a stylised illustration of a pregnant woman experiencing palpitations whilst cleaning the floor **(figure 4).** The article did not offer advice on managing symptoms alongside household duties, nor did the accompanying image provide any additional information or instruction. Perhaps it was implying that one was more prone to dizziness when engaged in household chores – but then, there was no suggestion that the housework should stop, or that the woman should rise from the floor. This image was reprinted in subsequent editions 1982-1984, although the information about palpitations was removed; instead, it was featured alongside information on heartburn and indigestion. Regardless of the ailment, it seemed that housework should continue.

(Figure 4) British Medical Association (1981), p.37. An illustration showing a pregnant woman experiencing heart palpitations whilst cleaning the floor, above the title 'If your heart goes bumpety-bump'. The meaning behind the image is unclear and left to the reader to interpret. Without this clarity, the otherwise decorative image seems only to reinforce the idea that housework should continue throughout pregnancy and despite minor health concerns.

By 1983, *You and Your Baby* placed less emphasis on housework. Under the subtitle 'Don't be too houseproud', the booklet advised 'Do try not to do any extra-heavy house-work if you can possibly help it. […] No one will notice if you keep the place reasonably tidy, and the kitchen and bathroom are clean' (British Medical Association 1983, 48). This conveyed a greater degree of flexibility than previously indicated, giving the reader permission to wind down their cleaning regimen, as long as the house *appeared* presentable. This somewhat reflects the ethos of contemporary domestic advice literature, such as Shirley Conran's *Superwoman* (1977), which advised readers on ways to reduce time and effort cleaning by embracing imperfection. The following booklets gave housework even less attention. In 1985 there were two passing mentions: the first in relation to good standing posture; and the second, regular rest-breaks. In 1987 there was no mention of housework at all. Through this decade, the representation of domestic labour and the maternal responsibility to keep a well-kept home, therefore dramatically declined. This waning emphasis on housework may indicate shifting societal norms when, ideally, household responsibilities were more equitably distributed, and women were no longer expected to shoulder the burden. It may also reflect the decline in the total number of hours dedicated to housework as time-saving domestic technologies grew in availability and more women participated in the workforce (Bianchi et al. 2000; Gershuny and Robinson 1988). In any case, by 1987 housework was no longer presented as a maternal responsibility.

Homemakers

In *You and Your Baby,* maternal responsibility to the home was not confined to housework, but also encompassed homemaking. Like housewifery, homemaking involves domestic labour like cleaning, childcare, and generally running a household, often without paid employment outside the home. But homemaking has wider connotations, relating to the overall creation and maintenance of the family home. Helen McCarthy describes how recipes, sewing patterns and domestic advice columns, alongside ads for the latest consumer goods in 1920s-30s women's magazines, painted a picture of the modern homemaker that was rooted in wider ideologies of domesticity. These ideas, she writes, seemed to tether women to the home more than ever before (McCarthy 2020, 159). Such pre-war ideals of modern domesticity and "home-centred" living continued into the 1950s, even though many found them unattainable (Langhamer 2005). Being a homemaker was therefore part of this idealisation of the home (Chambers 2020, 12), an ideal that was reproduced in medical advice literature.

The importance of homemaking can first be observed in the BMA *Family Doctor* magazine. In January 1954, the magazine stated: 'If you are a mother with a job or career which you would like to carry on with, you should weigh seriously the satisfaction of bringing up fine happy children – and enough of them to *make* a noisy but *real home* – against the satisfaction of a job and the additional income it brings' (Selborne 1954, 39, emphasis added). Women were advised that keeping paid employment was not compatible with making a "real home". Homemaking – or rather *real*-homemaking – meant dedicating oneself entirely to the home and what it had come to symbolise: domestic stability, security and a privatised family life (Langhamer 2005). With regard to childrearing, the article suggested that the homemaker's constant presence was required to raise 'fine happy children'. This aligned with maternal deprivation and attachment parenting theories proposed by psychoanalyst John Bowlby. Supported by his affiliations with the World Health Organisation, Bowlby's ideas were incredibly influential in the post-war period (Freidenfelds 2020; Vicedo 2013). His influence in the present context is made clear when Bowlby contributed an article for *You and Your Baby* which ran 1957-1960. In it, he wrote: 'Naturally mothers need a break sometimes. There is no reason why they should not get it, provided they do not make it too long and

provided they realise that small children never relish being left, and their need for a mother's presence is natural, healthy and right' (British Medical Association 1957, 47). Similar to the rhetoric around maternal nutrition and infant feeding, the guidance began by offering an option – here, for a mother to take a break – but the subsequent sentence undermined it. If a mother's presence was 'natural, healthy and right', then even a short absence was wrong, condemning working mothers. Marga Vicedo argues that Bowlby's influence was heightened precisely because his theories coincided with contemporary debates about women's role in modern society (Vicedo 2013, 69–70). As rising numbers of women worked outside the home, Bowlby's theory of maternal deprivation legitimised social concerns, reinforcing the homemaker ideal. The replication of these ideas in pregnancy advice literature gave further legitimacy to these claims by posing homemaking as a maternal responsibility.

Alongside the Bowlby article, a quotation by writer and geneticist Roger Pilkington further stressed the importance of homemaking. It stated: 'Home is what YOU make it. A child is much more than a bundle of genes, and the real quality of the children of the future depends not on eugenics and population policy, but on the homes in which they will grow up' (British Medical Association 1957, 49, emphasis in original). Here the responsibility for "quality" children is not on societal or governmental level strategies, but on the homemaker and home environment. The mention (and rejection) of eugenics is significant. In Britain, eugenic ideas began to have impact in the first decades of the twentieth century (Bland and Hall 2010). However, after revelations about Nazi ideology and population policy, it lost favour in the postwar years. Amongst its critics, the new science of genetics refuted simple genetic determinism associated with mainstream eugenics. Instead, geneticists advocated for improving living conditions and social reform (Roll-Hansen 2010). Given his background in genetics, Pilkington's emphasis on the home environment aligns with this position. The editorial decision to juxtapose this quotation by Pilkington against Bowlby's article, bolsters the scientific basis on which the home and homemaker were championed. *You and Your Baby* therefore urged mothers to stay at home. It was not until the late 1960s that the series provided any guidance at the intersection of pregnancy, motherhood, and paid employment.

In 1968, Dr Trevor Weston took over as the editor for *You and Your Baby,* following the death of Harvey Flack. In his inaugural booklet, Weston penned an article entitled 'Have Fun with your Pregnancy' which briefly touched upon employment outside the home. He wrote that 'unless you are a trapeze artist' or had a similarly physically-demanding job, there was no reason to give up employment until the third trimester (British Medical Association 1968, 42). This article, however briefly, acknowledged that many pregnant women worked outside the home. There was no indication, however, that the woman might return to work after a period of maternity leave. Ten years later a new article was introduced called 'Pregnancy while you work'. It stated that most 'expectant mothers and many already with children work nowadays. To continue to work helps financially, and it makes the long months pass more quickly' (British Medical Association 1978, 61). This article provided nuanced guidance on managing pregnancy alongside work, for example advising saleswomen and hairdressers to sit between customers, or for office workers to change their working patterns to avoid rush-hour traffic. Unlike previous editions, this article acknowledged that mothers may return to work and provided tailored information for occupations outside the home. This marked a significant departure from the earlier guidance which exclusively encouraged homemaking. As Sarah Stoller points out, the late twentieth century 'saw a sea change in the perception of working mothers across the developed world' (2). By the 1960s, Bowlby's attachment theories had been challenged by social scientists who were rewriting debates on maternal employment and laying the groundwork for more radical feminist critique in the subsequent decades (Singer More 2011). As this *You and Your Baby* article reflects, by the late-1970s, there was

less stigma around working mothers. Nevertheless, the same article that focused on employment outside the home, included instructions on daily domestic chores. Although this edition made strides towards recognising women in different occupational roles, their work duties still included responsibilities within the home. Homemaking responsibilities were not entirely dropped but maintained alongside paid employment, an analysis that embodies the concept of the "second shift" (Hochschild and Machung 1989). This article was reproduced in editions 1978-1982, and again in 1984.

In 1985 it was no longer assumed that pregnant women and mothers would take on the role of homemaker; instead, they were supported in re-entering the workforce and managing potentially complex workplace scenarios. Readers were given more information around employee rights and benefits, including time-off for antenatal appointments, maternity pay, the right to return to work and to challenge pregnancy-related dismissals (British Medical Association 1985, 31). This pivot reflected recent political debates around maternity leave and the introduction of statutory maternity pay. It also coincided with the special edition of *You and Your Baby,* featuring a letter and family portrait of Prince Charles, Lady Diana and their children. In placing the royal family at the forefront of the booklet, and significantly Lady Diana in the role of mother, the traditional homemaker archetype required a transformation that embraced mothers in diverse occupational roles. Expanding further on the representation of working mothers, a new article appeared highlighting the experiences of celebrity mothers, Jan Frances, Sally James and Sandra Dickinson, all of whom had children whilst carrying on their careers in television (British Medical Association 1985, 112-114). The homemaker was no longer venerated or presented as the only legitimate option. The maternal responsibility to the home, and to be a homemaker, therefore gave way to a new era that celebrated mothers in diverse occupational roles, exemplified by the representation of working mothers in both the media and the workforce.

Maternal responsibility to the husband

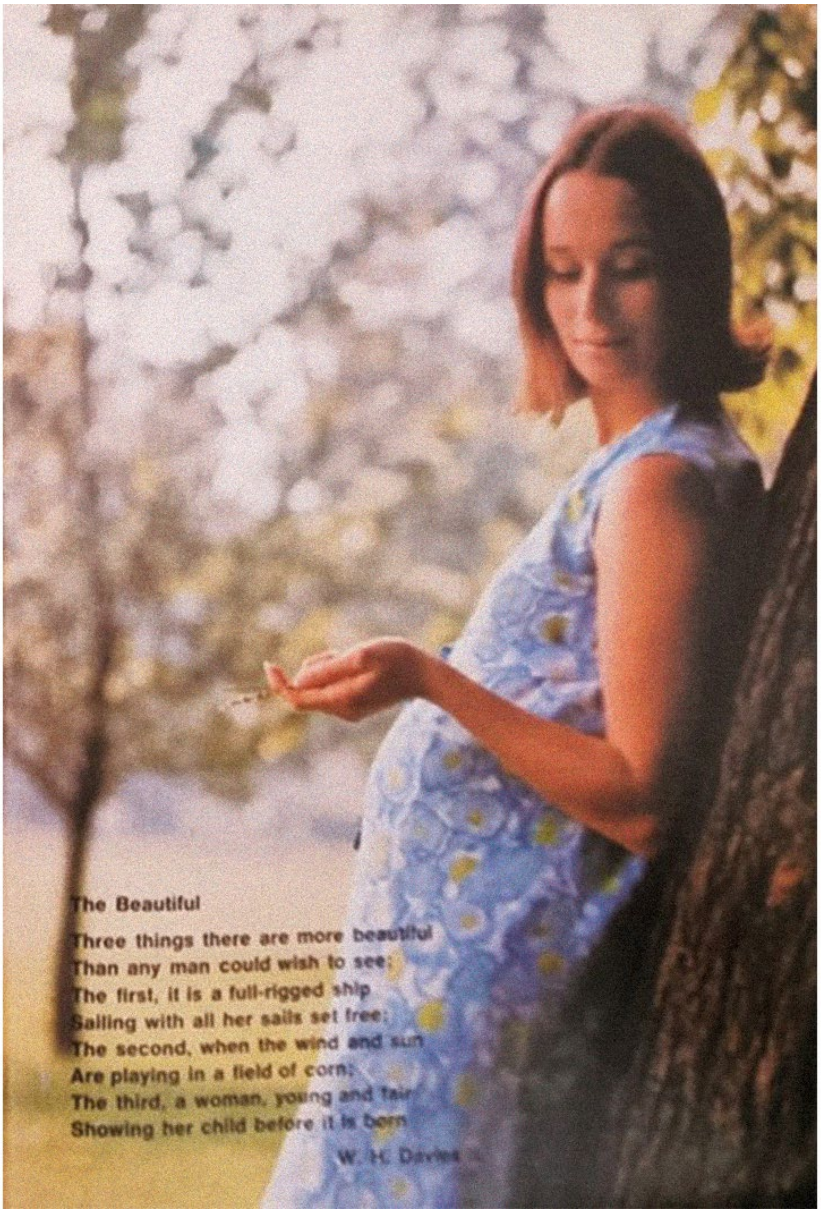
Alongside maternal responsibilities to the home, *You and Your Baby* presented responsibilities to the husband, first for the reader to look nice for their partner, and second to support and reassure them. In this analysis the word 'husband' is chosen deliberately; between 1957-1987, *You and Your Baby* used 'husband' when referring to the biological father. From 1977 the word 'partner' appeared, but inconsistently. For the majority of its history, the text assumed the reader is both heterosexual and married.

"Pretty Pregnancy"

In every booklet of its thirty-year history, *You and Your Baby* advised women on what to wear and/or personal grooming, but while this started as practical advice for mothers there was a noticeable shift towards dressing for the husband. From 1957-1964, an article titled 'Keeping Your Figure' by lay-contributor Lilla Spicer combined information on dressing with the physiological changes of pregnancy. The article suggested letting out seams to accommodate a growing bump and customising a brassiere to prevent breastmilk from leaking through clothing (British Medical Association 1957, 23-4). It concluded that weight gain was 'natural and not to be despised' and suggested that, with adequate rest, women with curves should 'receive nothing but compliments' (British Medical Association 1957, 24). Overall, the tone was informative but reassuring, advocating body positivity and self-confidence. In 1959 an additional article was printed with the subheading 'What to wear'. This article, by Dr J.C. McClure Browne took a more restrictive tone, cautioning readers against wearing constrictive clothes and undergarments, garters and high heels (British

Medical Association 1959, 12-13). This approach was more prescriptive but still focused on dressing for the health of the pregnant woman and foetus.

In 1965 this focus began to shift towards dressing for the husband. Spicer's article was removed and a new article by Dr Elliot Philipp addressed wardrobe and personal grooming. It advised readers to wear 'nice, glamourous and sensible clothes' because 'this is a time to look and be feminine, for there is nothing more feminine than a woman who is carrying a baby' (British Medical Association 1965, 93). The article then instructed readers to make up well and tend to their nails, hands and hair. It concluded: 'if you look good you will give pleasure to others. If you give pleasure to your husband and to others you will feel a lot better' (British Medical Association 1965, 93). Personal grooming therefore became a maternal responsibility, not for the benefit of the mother or the child, but for the husband. This message was further emphasised in 1968. A new article, this time by a Mr David Brown, proposed that 'carefully applied make-up and a new hairdo proves a tremendous morale booster' when the mother suffered nausea, and that 'the end result is appreciated more than a little by the father-to-be' (British Medical Association 1968, 65). Here, the article seems to prioritise the potential, emotional discomforts of men, before the actual physical discomforts of pregnant women. In the same edition, a poem by W.H. Davies asserted the beauty that men find in seeing pregnant women **(figure 5).** This poem was reprinted in subsequent editions of *You and Your Baby* for almost a decade. Aside from the seeming incongruity of poetry in this context, the poem's inclusion reinforced the notion that pregnancy was a sort of performance for the male gaze.



(Figure 5) British Medical Association (1977), p.7. *The Beautiful* by W.H. Davies reproduced 1968-1977. Beside the poem is a photograph of an expectant mother, the pastoral image of femininity, resting against a tree and holding a straw of wheat.

The theme of “pretty pregnancy” continued after the 1960s with articles such as ‘Looking Pregnant – and Pretty’ (1978), ‘Pretty and Pregnant’ (1980) and ‘Staying Pretty’ (1982). By advising women to present themselves in a certain way, *You and Your Baby* advocated a specific vision of pregnancy and motherhood. In it, women had a duty not just to themselves and their child, but to the eyes of the imminent father – and to men in general. It is unclear why the mid-1960s marked such a significant shift towards “pretty pregnancy”, however it does seem noteworthy that this grew following the removal of the female-authored ‘Keeping your Figure’ and its replacement with articles by men. The 1968 booklet was the first edited by Trevor Weston, so these changes may have also reflected the new editor’s preference, or his attempt to take the series in a new direction. It is also important to consider these changes within a broader context of social change and anxiety around women’s roles. Developments within the women’s liberation movement, the introduction of the contraceptive pill and the passing of the UK Abortion Act, are just some of the challenges that destabilised traditional gender roles at this time. Perhaps, then, the emphasis on “pretty pregnancy” was a response to broader anxieties around the changing role of women, and aimed to uphold and perpetuate the traditional gender norms that were otherwise under threat.

This trend persisted until 1985 when the article ‘Feel good – and look good!’ by Anna Browne shifted its focus back to maternal health and wellbeing. While the article did discuss appearance-related concerns such as weight gain and changes to hair and teeth, it did so by explaining the physiology of pregnancy and the changing female body. This was also the first instance in *You and Your Baby* where readers were warned about the potential risks of perms and hair dye to the unborn child. Rather than presenting oneself for the benefit of men, women were once again told to prioritise their own wellbeing, as well as the health of the foetus. This transformation in guidance effectively redefined maternal responsibilities, shifting the focus from men to the unborn baby.

Marital relations and emotional support

In addition to dressing for the approval of men, the series presented the continuation of marital relations as another maternal responsibility to the husband. Early editions provided safety information on sexual intercourse, for example the 1962-65 booklets advised abstinence in the first and third trimesters to minimise risk of miscarriage or early labour. This message changed slightly in 1966, when abstinence was only advised for readers with a history of miscarriage. It added: ‘To answer a common question. It [sexual intercourse] is good for you both and it cannot harm the baby’ (British Medical Association 1966, 7). If we read ‘both’ to mean mother and father, then this is the first instance where the husband was factored into the advice surrounding sex. In 1968, the husband’s desires became more prominent. The booklet advised readers: ‘Don’t deprive yourself, therefore, or your husband of the normal pleasures that you had before you were pregnant. Going out, going to the theatre, going dancing and having intercourse are all normal pleasures for a young married couple’ (British Medical Association 1968, 28). The guidance around sexual intercourse moved from physical concerns around safety, to maintaining a sense of normalcy and pleasure within a marriage. The advice was repeated until 1978. Writing about sexual advice cultures in the 1970s, Ben Mechen argues that after the sexual revolution, sex was reconceptualised to focus more on pleasure. Within this reconfiguration, he states ‘women’s management of good sex became a part of the definition of housekeeping’ (Mechen 2024, n.p.). The explicit advice in *You and Your Baby* to continue with the “normal pleasures” of sex, reflected this expanded notion of housekeeping. It positioned pregnant women as responsible for sustaining marital relations. This responsibility extended to the post-partum period; in 1977 *You and Your Baby: Part 2* instructed readers to remember ‘your husband has been deprived of your company, and sex, for a long time and see to it

that the new member of the family does not mean that he has less of your time and love' (15). Women were urged to ensure that their husbands felt both physically and emotionally cared for.

The emotional needs of the father and their desire for sexual intimacy were further discussed in 1981, but with a notable shift; rather than present these needs as a maternal responsibility to manage, men were encouraged to share in the responsibility. *Father-To-Be,* by Ruth Forbes, was the first Family Doctor antenatal booklet aimed at fathers. This new title mirrored the cultural shift of the 1970s whereby fathers took on a more active role during antenatal classes, appointments and childbirth (King 2017; McIntosh 2012, 119–20). The booklet suggested ways that the father could support their partner during pregnancy. These suggestions included practical support such as cleaning the bath and lifting heavy objects, as well as offering their wives emotional support. It also lists ways a wife could support their husband, for example by acknowledging their feelings and making sure they did not feel pushed out. When it came to sex, the booklet stated that the husband may feel their wife had lost interest in them 'particularly if she does not feel like making love' (Forbes 1981, 5). It went on to describe potential feelings of loneliness and encouraged the reader to talk about these feelings. It concluded that as long as 'love-making is comfortable and not too tiring' it should not harm the baby, but that the couple 'may have to experiment with positions and be prepared to be gentle and go carefully' (Forbes 1981, 6). When compared to the 1977 booklet, the wife is no longer solely responsible for providing emotional support and physical intimacy to her husband. Instead, the couple are encouraged to work on these aspects of their relationship together.

Returning to *You and Your Baby,* from the early-1980s, the booklets put less emphasis on the maternal responsibility to maintain marital relations, and instead advocated sharing responsibilities between partners. The 1982-1983 editions advised 'towards the end of pregnancy, intercourse is not much fun and if it does become a bore forget all about it. Do not force yourself in this direction, but do not deprive yourselves either' (British Medical Association 1982, 59). As well as acknowledging the physical discomforts that may accompany sex during pregnancy, the guidance suggested that it is alright to lose interest in sex altogether, and that women should not feel pressured or obligated to sustain sexual activity. Now, the focus was on mutual understanding and finding new ways to maintain intimacy. This message was further emphasised in 1987 when readers were told: 'Even if you don't want to have sex, or are advised not to by your doctor, don't stop lovemaking altogether. […] Kissing and cuddling and plenty of affection will reassure you both that you are still lovers as well as prospective parents' (British Medical Association 1987, 20). Through the 1980s, there was more focus on "lovemaking" than sex, with greater emphasis on maintaining an emotional connection during pregnancy. What's more, this emotional connection was presented as a responsibility for both mother and father to attend to.

Maternal responsibility to the doctor

In addition to responsibilities to home and husband, *You and Your Baby* positioned the mother as responsible to their doctor. In the clinical encounter, one might expect the balance of responsibilities to be necessarily skewed, with the healthcare practitioner responsible for the care and wellbeing of their patient, but this dynamic was not so straightforward. The clinical encounter was marked by a maternal responsibility to the doctor, the nature of which evolved over time.

Medical knowledge versus 'old wives' tales'

This maternal responsibility first unfolded as a commitment to honour and follow the guidance of healthcare professionals without question, prioritising their advice over other sources of antenatal

information. Most notably, the modern mother privileged medical knowledge over "old wives' tales". The first editions 1957-1958 featured an article by Dr Dick Glover called 'You and Your Doctor'. By mirroring the title of the series, this article implied that the mother had equivalent responsibilities to her doctor and baby. In the article Glover set out ten rules for navigating the doctor-patient relationship. These rules included instructions such as being brief on the telephone and not getting upset if a doctor fails to return a call, imposing a script for how women should behave and feel when dealing with their doctor. This reflected a broader culture of paternalism that existed within the healthcare profession and limited patient autonomy by encouraging them to accept a passive role (Mold 2015, 18). In the context of maternity services, Janet Golden writes that the "doctor knows best" paradigm developed alongside scientific motherhood in the early twentieth century (see also Apple 1995), a concept she describes 'pushed women to follow expert advice and to eschew the wisdom dispensed by friends and relatives' and reflected the 'enshrinement of biomedical knowledge and the growing cultural power of physicians' (Golden 2018, 65). This deference for medical knowledge was clear in Glover's advice surrounding prescriptions: 'Let him do the prescribing. If you don't feel that you are getting better as quickly as you would like, say so. But don't say, "That medicine you gave me didn't do me any good." Not all illnesses respond after one bottle of medicine. And the medicine may not be as important as the instructions about your diet that you forgot. It's your doctor's job to prescribe for you and to know how your illness is progressing. What he does prescribe is more likely to be right for you than whatever it was you read about on Sunday' (British Medical Association 1957, 73). The patient was admonished for voicing their concerns and overstepping their role; it is the 'doctor's job to prescribe' and the patient's job is to follow this prescription without question. If the medication proved ineffective, the implication was that the patient was still at fault. The alternative knowledge sources, or "whatever you read about on Sunday", were rejected outright, establishing the primacy of the doctor's expertise.

In these early editions, the doctor emerged as the sole authority when it came to antenatal information. In the foreword of the 1957-1960 editions, readers were advised to consult 'the only person who knows you and your background intimately and in detail – your own doctor' (British Medical Association 1957, 3). The failure to recognise the patient's own knowledge undermined their personal expertise and embodied experience. In the same editions, a quotation by Professor of Obstetrics and Gynaecology, and outspoken advocate for the liberalisation of abortion, Dugald Baird, was printed under the contents (G. Davis 2005). It read: 'The best antidote for ignorance and the fear arising from it is accurate information. If you are worried or in doubt, quite the best thing to do is to ask your doctor, whose job it is to know the facts. Don't rely on the woman next door, and don't believe every bit of gossip which goes round the clinic' (British Medical Association 1957, 1). In addition to establishing the doctor as an authoritative source of antenatal information, such statements disparage women in the community and undermine the value of their anecdotal advice. This sentiment was further emphasised in an article by Baird expressly titled 'Old Wives' Tales' that began 'Where there is ignorance, old wives' tales grow apace' (British Medical Association 1957, 71). Such gatekeeping around knowledge of sex and reproduction can be understood within a larger history, wherein scientific knowledge was authorised through the delegitimisation of experience and traditional forms of knowledge (Fisher 2018). For instance, many scholars have examined how the obstetrics profession was established and legitimised through the denigration of midwifery (Arney 1983; Donegan 1978; Donnison 1988; Ehrenreich 2010; Wilson 1995). Colonial medicine, as well, rejected native knowledge about sex and reproduction as ignorance (Nussbaum 1995). The 'Old Wives' Tales' of *You and Your Baby* were an extension of this discourse, serving to highlight the doctor's comparative expertise.

By the mid-1960s, there was a subtle shift in the portrayal of lay-women's antenatal knowledge. In 1965, readers were advised: 'The doctor or midwife gives the right advice, quickly. The friendly amateur, who maybe has just had a baby herself, or even if she is your mother who bore you some twenty-five years ago, is not usually the person who knows most about pregnancy' (British Medical Association 1965, 95). There was a softening in tone. Rather than ignorant, these women were more amiably (albeit patronisingly) described as the 'friendly amateur' who was perhaps well-intentioned but misinformed. The 'mother who bore you some twenty-five years ago' served as a poignant marker for the rapid changes in maternity care at this time. The 1940-mother gave birth before the establishment of the National Health Service and likely did so at home attended to by a domiciliary midwife. The 1965-mother on the other hand is in the midst of the wholesale transition to hospital-birthing, with more medicalised procedures and doctor oversight (for more information, see: Al-Gailani 2018; A. Davis 2011; 2014; Donnison 1988; Leap and Hunter 2014; McIntosh 2012; Oakley 1984a; Tew 1995). By juxtaposing the two figures, this statement highlighted how much maternity care had evolved, and how quickly one became out-of-date. The booklet emphasised this point: 'Most doctors now attend regular refresher courses, and no midwife is allowed to practise unless she has kept right up to date by attending a refresher course once every five years. So they really do know much more than the well-meaning amateurs possibly can' (British Medical Association 1965, 89). Given the rate at which maternity practices were changing, healthcare professionals emerged as the only correct up-to-date source of antenatal information. This wording ran until 1977.

All of this is not to undermine healthcare professionals and their expertise; rather, it highlights the coexistence and validity of other forms of knowledge that were denied. People in the community may have possessed complementary knowledge informed by personal experience, but this knowledge was dismissed. Elizabeth Perkins and Nicholas Spencer observe this phenomenon in UK antenatal literature in the late-1970s. Including *You and Your Baby* in their analysis, they contend that these booklets diminished parental regard for the experiences of mothers, neighbours, and friends by posing official services as the only legitimate source of pregnancy information (Perkins and Spencer 1980). In doing this, they suggest that individuals who had limited access or trust in official services were isolated, with no other means of support. This speaks to an ongoing conundrum with healthcare literature – how can it offer authoritative information while acknowledging alternative sources that patients may find more accessible? And how can they do this without implicitly endorsing these alternative sources and risking misinformation? The 1985 booklet made attempts to balance these demands first with the celebrity mother testimonies already discussed, and second with a new section called 'Tips from other Mums'. The title indicated a more inclusive approach that acknowledged the value of maternal experience. However, one of the tips read: 'don't take too much advice from mothers or mother-in-law' (British Medical Association 1985, 73). This tip underscored a lingering scepticism toward non-medical sources of antenatal information, and the persistent tension between valuing alternative forms of knowledge and a wariness around their reliability.

Thalidomide

The thalidomide scandal marked a significant shift in the messaging around the doctor-patient relationship, and by extension the maternal responsibility within the medical encounter. Between 1957-1961, thalidomide was prescribed to pregnant women without knowing that the effects of the drug passed through the placental barrier and harmed the developing foetus, causing congenital anomalies (Martin and Holloway 2014). Prior to the scandal the guidance in *You and Your Baby* around prescriptions was firm; as Glover wrote in 1957, 'let him do the prescribing'. But, after thalidomide, this changed. In 1965, women were advised: 'Since the thalidomide scare doctors are

prescribing less and less at the beginning of pregnancy […] but do not persuade your doctor to give you medicines when they are not really necessary. The pressure on doctors is very heavy, and sometimes they find it easier to give a tablet that has not been proved to be bad, rather than to argue with the insistent patient. It isn't fair to put your doctor into that position. Do without drugs and tablets that are not really necessary' (British Medical Association 1965, 97). Here the responsibility was not on the doctor to prescribe safe medications, but on the mother to go without, and to refrain from asking for medications that may later prove harmful. From this point onwards, maternal responsibility in the medical encounter was bolstered to maintaining the professional integrity of the doctor. This wording was unchanged until 1978 when a concluding sentence was added: 'It's not worth the risk' (British Medical Association 1978, 25). In this context, the risk of medications was not just to the foetus, but also to the doctor. And yet, as we have seen, women were dissuaded from listening to any advice other than their doctor's, even after the thalidomide scandal. What remained was an uncomfortable dissonance between the publication's attempts to establish and reinforce medical authority, and yet forgo responsibility in the event of a negative pregnancy outcome. Thalidomide figured as a cautionary warning in *You and Your Baby* until 1984.

This trend was further replicated in the guidance concerning antenatal appointments. Pre-thalidomide, women were advised to assume a more passive role in their clinical encounter. Post-thalidomide, their role became more active, tasked with reminding their doctors about important details in their medical notes. For example, in 1965 the reader was told to help their doctor by reminding them of their rhesus-status and blood test dates (British Medical Association 1965, 89). If a mother is Rhesus-negative, this means that her blood does not show the Rhesus-D (RhD) antigen. If an RhD-negative mother is pregnant with a RhD-positive baby, this can lead to serious complications if left untreated. Research into the rhesus-factor was prominent in the 1940s-1960s, and a (now routine) prophylactic injection was introduced in 1968 (for more information on the history of Rhesus research, see: Bangham 2014; Reali 2007). Information on rhesus-testing is therefore not surprising in the 1965 *You and Your Baby*; it was important and pertinent to contemporary scientific research. The focus here, is the onus on the pregnant woman to record-keep, and to remind and steer their doctor. This instruction was reprinted for two decades. Similarly, between 1977-1983, when an x-ray was required, readers were instructed to ensure the radiographer had been informed of the pregnancy (British Medical Association 1977, 8). The harms of x-ray technology on the foetus were debated in earlier decades, following reports of a possible link between childhood cancers and diagnostic radiology in utero (Olszynko-Gryn 2023, 126). This link was confirmed in 1962 and, as a result, by the late-1970s, foetuses were seldom x-rayed. Like rhesus-testing, the effects of foetal irradiation were therefore topical and medical professionals should have been aware of the risks. But, once again, it was the mother who was charged with managing and minimising this risk. These examples illustrate how maternal responsibility in the medical encounter expanded to include proactive risk mitigation, with mothers sharing the responsibilities that were once solely assumed by their doctor.

This shared responsibility is indicative of broader shifts within British healthcare. Through the latter half of the twentieth century there was growing emphasis on consumerism and individual patient autonomy (Mold 2015). Patient interest groups such as the Association for Improvements in the Maternity Services (AIMS), which was founded in 1960, and the National Childbirth Trust (NCT), developed the idea of women as consumers of the maternity services (McIntosh 2012, 114). Unhappy with increasing obstetric interventions, Angela Davis writes that during the 1970s, the NCT pursued 'a less accommodating approach to medical professionals' and through the 1980s 'explicitly espoused patient's "right to choose"' (A. Davis 2012, 87). Some women therefore assumed more responsibility within their clinical encounters, to achieve the maternity experience they wanted and

to leave as a "satisfied customer" of an increasingly marketized and medicalised health service. But, as *You and Your Baby* shows, women were actively instructed to take on more responsibility in the medical encounter – the transfer in power and responsibility was not entirely consumer-led. By encouraging women to take on more responsibility, the booklet may have been responding to this consumer trend, but the final edition offered another explanation: the inability to ensure continuity of care.

In 1987 readers were advised that while they would be assigned a midwife, they shouldn't be 'surprised if she goes off duty after a few hours and another midwife takes over' (British Medical Association 1987, 53). The challenges to continuity of care are made even clearer in the description of a co-operative card: 'The results of all the tests carried out at the clinic will be recorded on this card. Should you ever have to see another doctor, or go into premature labour, the card gives a complete and important record' (British Medical Association 1987, 11). The co-op card served as a practical information transfer tool when continuity could not be guaranteed. By carrying the card at all times, mothers were made responsible for this information, in the same way they were responsible for reminding their doctor about their rhesus-status in the 1960s. Perhaps, then, the more active maternal-patient role also responded to the increasing constraints within maternity care, where continuity was limited. One's family doctor was no longer the only person who knew you and your background best, as was attested in 1957. By the final editions of *You and Your Baby,* the only guaranteed continuity throughout the pregnancy may well have been the mother herself.

Conclusion

Examining discourses around foetal alcohol syndrome, Elizabeth Armstrong describes pregnancy as a prism through which notions of risk, responsibility, uncertainty and social desires reflect and refract (Armstrong 2003, 18). Pregnancy manuals, then, are the site wherein social anxieties around gender and motherhood are reproduced and reinforced under the guise of medical advice. Excavating these texts makes explicit some of the undulating cultural attitudes towards women and maternity, and how they manifest in medical scripts. Using *You and Your Baby* as a case study, this essay has demonstrated how narratives of maternal responsibility were presented and developed between 1957-1987, and how broader social concerns influenced the communication of this antenatal knowledge.

Maternal responsibility was first considered in relation to maternal nutrition, infant-feeding and smoking. In this analysis, attention was drawn to the discourses that surrounded the guidance and the communication strategies employed, for example the illusion of choice and underlying rhetoric of "good" and "bad" motherhood. The essay then focused on topics such as domestic labour and homemaking, arguing that their inclusion within the pregnancy manual framed them as maternal responsibilities. The messaging around these responsibilities changed considerably over thirty years. Early editions instructed readers to continue with their housework and homemaking duties, but emphasis waned as more women entered the workforce and challenged the gendered division of domestic labour. Responsibilities to the husband also transformed. Booklets in the 1960-70s presented a responsibility for pregnant women to look pretty for their husbands, and to reassure them physically and emotionally by maintaining marital relations. But, by the 1980s this emphasis shifted; women were encouraged to present themselves in a way that prioritised maternal and foetal wellbeing. And rather than a maternal responsibility to the husband, marital relations became a shared responsibility between partners, with a greater focus on intimacy. Finally, this essay considered the changing dynamics of the doctor-patient relationship. *You and Your Baby* began by firmly discrediting "old wives' tales" and emphasising the maternal responsibility to only follow antenatal guidance provided by doctors. Over time, the representation of anecdotal advice became

softer and eventually maternal tips and testimonies were featured, even though caution persisted around these alternative sources. This reinforced the overarching message: doctor knows best. But when thalidomide highlighted doctors' fallibility, women were made partially responsible for doctors' professional integrity. They were encouraged to take on a more active role in the medical encounter, and to share responsibility for risk management. This shared responsibility mirrored contemporary initiatives from patient interest groups to improve maternity services, but also spoke to broader systematic constraints within the health service where continuity of care was lacking.

In the present context, these healthcare messages might appear alien, outdated or outrageous. And yet, these messages are relatively recent. Recognising the way social attitudes imbued themselves in pregnancy advice manuals, this historical case study invites us to critically reassess current antenatal literature and how broader discourses influence their construction.

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