From Midwives to Obstetricians: The Fixed Maternal Mortality Rate in America from 1750 to 1930

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In October of 1799, Elizabeth Drinker witnessed her daughter Sally suffer “in great distress” as she gave birth to her sixth child. After many days of unfruitful labor, Sally’s doctor William Shippen declared, “the child must be brought forward.” Although Sally delivered naturally, Dr. Shippen believed that “‘he should have had occasion for instruments’” and rattled his forceps in his pocket.\footnote{Cecil K. Drinker, \textit{Not So Long Ago: A Chronicle of Medicine and Doctors in Colonial Philadelphia} (New York: Oxford University Press, 1937), 59-61.} Elizabeth Drinker’s description of her daughter’s delivery is one of the earliest accounts in American history of a doctor attending childbirth instead of the traditional midwife. Dr. Shippen, returning in 1763 following completion of his training in England, was the first male obstetrician to practice in America. Shippen, and many other doctors who followed, eventually dominated the practice of midwifery due to advances in medical technology, as well as to the emerging perception that a woman’s role in society was purely domestic. These changes during the Enlightenment transformed the practice of midwifery from that of an ordinary event shared by the female community to a medical one controlled by male doctors. The majority of Americans praised male doctors for bringing science into the birthing room and supposedly decreasing the high mortality rate of mothers during delivery. However, from 1750 to 1930, male obstetricians failed to reduce the mortality rate for mothers and excluded midwives from their age-old profession, drastically altering childbirth from a natural phenomenon to one requiring medical intervention.

Women in colonial America regarded childbirth as a frequent and burdensome female event. A woman spent a significant portion of her life bearing and raising children, from the time she was married, typically at twenty-two years of age, until
about forty years old.\textsuperscript{2} The average woman had seven to eight children, giving birth to another child every fifteen to twenty months.\textsuperscript{3} Childbirth was an event shared by the female community and supervised by a midwife; as such, a woman’s companions enabled her “to bear more advantage” and “their cheerful conversations supporte[d] her spirits and inspire[d] her with confidence.”\textsuperscript{4} The mortality rate for mothers was high compared to today’s standards, yet low compared to contemporary standards in Great Britain. For example, rural Maine midwife Martha Ballard recorded only 5 maternal deaths per 1,000 births in the 1790’s, while London at the same time averaged 27.5 deaths per 1,000 births.\textsuperscript{5} Although American colonists did not document the exact causes of death, even if every woman in seventeenth-century Plymouth who died during her childbearing years died because of labor complications, birth was still successful 95\% of the time.\textsuperscript{6}

Even though women received emotional support from other women and mortality rates were not exceedingly high, childbirth nevertheless caused great trepidation, especially among Puritans. Cotton Mather, an influential Puritan minister, told pregnant women: “For ought you know, your Death has entered into you, you may have conceived that which determines but about Nine Months more at the most for you to live in this world.”\textsuperscript{7} Mothers viewed childbirth as a source of death, and possibly the last event before eternal judgment. Moreover, parents considered a


\textsuperscript{4} Valentine Seaman, \textit{The Midwives Monitor and Mothers Mirror} (New York: Isaac Collins, 1800), 91.

\textsuperscript{5} Laurel Thatcher Ulrich, \textit{A Midwife’s Tale: The Life of Martha Ballard, Based on her Diary 1785-1812} (New York: Alfred A. Knopf, 1990), 173.

\textsuperscript{6} Wertz, 19.

\textsuperscript{7} Cotton Mather, in Scholten, 428.
stillborn or deformed baby as a sign from God of damnation. For example, when Mary Dyer gave birth to a child with no head, the Puritans believed it was because she was a follower of Anne Hutchinson. Women were also apprehensive of the injuries caused by childbirth, including permanent and painful tears and lacerations. One woman wrote that “‘Between oceans of pain, there stretched continents of fear; fear of death and dread of suffering beyond bearing.’” This fear of childbirth eventually led women to seek better medical care.

Though practicing midwifery in Europe and America did not require an extensive education, midwives were still well respected in their communities. In England, midwives were not considered part of the medical society but rather performed a necessary social and religious occupation. The Church required midwives to obtain licenses and punished them for committing illicit or irreligious acts, such as practicing abortions or delivering a fatherless child. Some midwives participated in formal training, but most were older women with years of personal experience that prepared them for the job. For example, midwife Martha Ballard started practicing at age forty-three after having nine children of her own. Colonial midwives in North America mirrored those in England and were even less regulated. Only in New York were midwives required to take an oath not to perform abortions or allow males to deliver babies. They had varied levels of training, from taking apprenticeships to reading manuals to solely learning folk knowledge. Midwives spent most of their time comforting the mother and waiting for the delivery, letting nature take its course. In

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8 Wertz, 22.
10 Wertz, 12.
11 Ulrich, 30.
12 Scholten, 430
cases of protracted labor, midwives may have manually stretched the cervix or administrated hard liquor or mulled wine. Although they rarely interfered in birth, midwives performed an invaluable service for their communities and were often highly honored for their services.13

In contrast, most people in colonial America did not respect medical doctors because they had little training or practical purposes. Most doctors were folk practitioners who relied on herbal remedies to cure patients.14 Midwifery as a medical profession for males was discouraged and “looked down upon with distrust and suspicion.”15 Male midwives were not present in America until Great Britain made advances in obstetrics during the 1750’s.

In Europe, before America was even discovered, doctors began to take an interest in aiding childbirth. During the early sixteenth-century, the French government established hospital schools in Paris to train midwives. In the maternity wards for poor women, surgeons and midwives were able to observe many births. They devised ways to measure the size of the birth passage in advance in order to estimate the difficulty of delivery, transforming midwifery into a science.16 This event marked the first time in western history where birth was seen as a medical event that could be altered by external factors instead of a natural one.

In early seventeenth-century England, Peter Chamberlen, the royal doctor, invented forceps to free the fetus from the birth canal without killing it. Although he

13 Leavitt, 38.
14 Wertz, 30.
kept them in his family for more than a century, once English doctors discovered the forceps in the eighteenth century, they began to use them on their own female patients. Yet unlike the forceps used today, doctors used “high” or even “floating” forceps, which presented extreme danger to the mother and child, with possibilities of physical damage, infection, hemorrhage, or even a crushed fetal head.17 Doctors believed that female midwives, due to their inferior intellect, were incapable of using the instrument properly. However, English midwives, such as Elizabeth Nihell, discouraged the use of forceps, explaining that midwives

attempted to employ them [but] soon discovered that they were at once insignificant and dangerous substitutes for their own hands, with which they were sure of conducting their operations both more safely, more effectually, and with less pain to the patient.18

Since most of the doctors that used forceps were not well trained and lacked the experienced hands of midwives, there was a backlash against “…these self-constituted man-midwives made out of broken barbers, tailors, or even pork butchers.”19 Other reputable doctors in England called the male-midwife’s tools “instruments of death.”20

In 1742 London, William Smellie was the first man to teach classes to fellow doctors on how to administer the forceps, which he called “new midwifery.” Smellie did not teach his students using real women but instead used “mock women,” often models

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17 Wertz, 6. These “high” or “floating” forceps that were used in the eighteenth and nineteenth century had potential to cause great harm during delivery. Today, doctors only use forceps when the fetus’ head has cleared the cervix; however, these forceps were administered when the baby’s head still had not cleared the cervix. This practice, which was used to expedite the birthing process, was extremely dangerous because this “pulling” often caused lacerations or even dislocations in the mother and baby.
19 Nihell, 71.
20 William Buchan, Advice to Mothers, on the Subject of their own Health: And on the Means of Promoting the Health, Strength and Beauty of their Offspring (London: A. Strahan, 1803), 68.
constructed from wood and metal, and a doll as the newborn baby.\textsuperscript{21} Nihell asked, “Does it become a doctor to call us interested who himself for 3 guineas in nine lessons makes you a man-midwife, or a female one, by means of this most curious machine, this mock woman?”\textsuperscript{22} Though his methods were not superb, many men attended his classes and learned to practice midwifery. Americans studying medicine in Great Britain soon discovered that men could bring the practice of new midwifery back to America and gain income as well as status.

The entrance of male doctors into the female domain of childbirth was a watershed in the history of American obstetrics. The first doctor in the colonies, William Shippen, returned from London and Edinburgh in 1762 with medical knowledge on childbirth. At first he advertised in the \textit{Pennsylvania Gazette} that his duty was to teach the midwives, as did most other doctors trained in Great Britain. From 1750 to 1810, American doctors worked closely with midwives and intervened with forceps only when necessary. They maintained a symbiotic relationship, with both midwives and doctors preserving tradition and employing new scientific techniques.

This alliance did not last long, however, because the American government refused to support medical education in the nineteenth century. Private investors turned to the more lucrative business of training male doctors rather than females and established medical schools that only males could attend.\textsuperscript{23} Soon William Shippen began teaching midwifery at the University of Pennsylvania, where midwives had neither the money nor the desire to enroll. Men and women with various degrees of experience and training started to compete to attend births because doctors no longer

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\item \textsuperscript{21} Wertz, 39-40.
\item \textsuperscript{22} Nihell, 50.
\item \textsuperscript{23} Wertz, 46.
\end{itemize}
desired the assistance of a midwife. Unlike those in Europe, by 1810 American midwives were excluded from childbirth among white women of the middle and upper classes. Their disappearance can be attributed to the increasing competition among doctors, changes in cultural attitudes about the proper place of women, new preferences of middle and upper class women, midwives' lack of organization, and more advanced instruments.\footnote{Scholten, 440.} 

The first reason that doctors excluded midwives was due to the severe competition for patients among doctors with varying degrees of experience. Doctors who returned America after their training in Great Britain had competition not only from midwives but also from pseudo-doctors called empirics, who had no formal education and only offered herbal remedies to patients. Doctors remained loosely organized throughout the nineteenth century because they were not able to translate their basic medical knowledge into significant improvements in patient care. Originally, Federalist state legislatures passed licensing laws to assure that only professional doctors practiced medicine.\footnote{Wertz, 52-53.} However, during the Jacksonian Era most states repealed these laws because they believed that the practice of medicine should be open to all men. In addition to empirics and regular doctors, the sectarians, which included Thomsonian botanists, homeopaths, and eclectics all practiced medicine. The standard doctors formed two groups: the elite, who attended medical schools, and the large number of poorly educated who had studied a few months at proprietary medical

\footnote{Sectarian doctors were different from other doctors, and include the Thomsonian Botanists, the Homeopaths, the Eclectics, and many other minor sects, such as the Hydrotherapists. Homeopathy was a popular therapeutic system based on the theories of German physician Samuel Hahnemann. He prescribed minute amounts of drugs, along with rest, proper diet, and cleanliness. Eclecticism, which was an offshoot of a method popularized by Thomsonian botany (created by Samuel Thomson), combined elements of botanical and regular practice, and even founded their own medical schools.}
Many trained physicians were against “[t]hese young, inexperienced doctors…[who] have little knowledge, except what they get from books, and their practice is to try experiments.” The American Medical Association was privately founded in 1848 to exclude irregular practitioners from medicine and standardize regular practices. Yet even by 1910, ninety percent of doctors lacked a college education and most attended substandard medical schools. Doctors did not actually have far superior training to women, but used their “knowledge” to eliminate their female competitors.

Midwives were a dangerous economic threat to male doctors during the nineteenth century. One doctor complained,

How can a physician be expected to watch a case carefully and patiently when he knows that his fee for twenty hours of work which have kept him from his sleep and his office and other practice will be $10, this also including his compensation for previous and subsequent visits? It is no doubt true that much of the obstetric work pays less than 50 cents an hour, less than the wages of a carpenter or plumber.

Although it did not pay well, midwifery offered a secure income because it was a family practice. Doctors were afraid that, “[i]f female midwifery is again introduced among the rich and influential, it will become fashionable and it will be considered indelicate to employ a physician.” Doctors had to eliminate female midwives to boost their own practices.

In addition to the stiff competition to attend childbirth, midwives were also disparaged because of new cultural prejudices. After the Revolutionary War,

26 Wertz, 48–49.
29 Wertz, 55.
Americans viewed the role of women primarily as wives and mothers who did not work outside the home and were financially dependent upon their husbands. This phenomenon is often referred to as “the cult of domesticity” or “separate spheres.”

Many doctors began to publicly declare that midwives were physically and mentally incapable of delivering a baby. For example, Dr. Walter Channing, a leading obstetrician, bluntly stated that women did not “have the power of action” nor “that active power of mind” to practice midwifery. Moreover, he said that a midwife’s “feelings of sympathy are too powerful for the cool exercise of judgment.”

Dr. Charles Meigs of Jefferson Medical College wrote in 1847:

The great administrative faculties are not hers…such is not a woman’s province, nature, power or mission. She reigns in the heart; her seat and throne are by the hearthstone. The household altar is her place of worship and service…she has a head almost too small for intellect and just big enough for love.

Doctors’ fear of midwives also encouraged a barrage of name-calling and innuendo, such as “‘unnatural female physicians’ or ‘the third sex.’” Doctors believed that a woman could not be trained in midwifery without losing some of her standing as a lady. By arguing that women should not practice midwifery, doctors were both protecting their practice and supporting cultural prejudices.

Physicians’ objections to midwives were not the only reason that midwifery declined. Many women themselves chose doctors over midwives because they believed that doing so would improve their chance of surviving childbirth. Fears of dying and

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31 Channing, 12.
the new cultural bias of the authority of men changed many women’s opinions. Women had come to believe that a doctor’s forceps were far superior to a midwife’s care. In addition, women may have wanted a male to see their pain and suffering in childbirth so that their femininity might be established and the legitimacy of their pain confirmed before men. Though teachers of midwifery stressed the danger of instruments, young doctors continued to utilize them to satisfy the mother’s desires for a safer birth. These instruments, however, did not prove to be helpful to women in the long run.34

The entrance of male doctors into intimate medical relations with their female patients during the nineteenth century undoubtedly caused a backlash among other doctors and husbands who believed that doctors were infringing on a woman’s modesty. Women rarely talked about their body or birth in general with their doctors. For example, Susan B. Anthony’s mother felt such shame about her pregnancies that “before the birth of every child she was overwhelmed with embarrassment and humiliation, secluded herself from the outside world and would not speak of the expected little one.”35 Catherine Beecher believed that doctors were immoral by trying to take advantage of women in “painful and peculiar circumstances,” with examinations occurring “with bolted doors and curtained windows…”36 Doctors, such as Dr. Thomas Ewell of Virginia, indicted male-midwives, charging that “[e]very situation which causes an internal blush is real prostitution.” He believed that obstetricians were an “imposition on the credulity of women” and could not be trusted.37 Some women

34 Wertz, 65-66.
36 Beecher, 130-133.
“prefer[d] to suffer the extremity of danger and pain rather than waive those scruples of delicacy which prevent their maladies from being fully exposed.”

However, though women may have been the more socially acceptable assistants during delivery, men were potentially more valuable given their scientific cachet.

Doctors avoided infringing on a woman’s modesty by not looking when examining and spending as little time with the patient as possible. Doctors knew that they had to be trustworthy or else they faced the risk of their patients’ returning to a midwife. In his book *A Compendious System of Midwifery*, William Dewees told his students that the practitioner should not “remain with the patient longer than the state of labour may make it necessary” and to “divert your patient’s mind from the purpose of your visit.” But by relying on touch only, doctors had little clinical experience or practice when actually delivering a baby. Doctors did not even examine their patients; it was always left “[t]o a third person, as a nurse, the husband, or some matronly female.” Doctors also thought of themselves as “‘angels of mercy’ and ‘priestly confidants’,” emphasizing their paternalism and moral nature. Following advances in

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**References**

38 Meigs, 19.
39 Scholten, 442.
40 William Dewees, *A Compendious System of Midwifery: Chiefly Designed to Facilitate the Inquiries of Those Who May Be Pursuing This Branch of Study* (Philadelphia: Carey and Lea, 1832), http://books.google.com/books?id=KLswAAAAIAAJ&dq=William+Dewees,+A+Compendious+System+of+Midwifery:+Chiefly+Designed+to+Facilitate+the+Inquiries+of+Those+Who+May+Be+Pursuing+This+Branch+of+Study&printsec=frontcover&source=bl&ots=U7WPuuumN3&sig=oJ45mAni4hTFHx8P6fspL\Nmpk\hl=en&ei=0qNCS8PecXY1Aeu-4GgBw&sa=X&oi=book_result&ct=result&resnum=1&ved=0CAoQ6AEwAA#v=onepage&q=&f=false (accessed October 18, 2009), 189.
medical technology, however, women became less concerned with their modesty and were willing to sacrifice it for better treatment.\textsuperscript{42}

Another reason midwives slowly vanished from upper and middle class births was because they did not wish to organize or have an affiliation with medical science. Most midwives correctly thought that this new ‘training’ and ‘science’ was superfluous and did not wish to participate in it. Yet most Americans believed that the best care came from people with a professional degree, so by not organizing, midwives did not seem as qualified as doctors. However, because of continued immigration to America and the persistence of Old World traditions among recent immigrants, by 1900 half of all women were still delivering babies with a midwife. Most obstetricians practiced in cities such as New York, Boston, or Philadelphia to make the biggest profits, charging twelve to fifteen dollars per birth. Women who could not afford a doctor had to turn to a midwife or if indigent, a government-sponsored hospital.\textsuperscript{43} For wealthier women, as the number of midwives diminished, it was harder to find a respectable midwife of their own class.

Doctors also prevented women in general from entering medicine. Although many women wanted to go to medical schools, the first woman, Elizabeth Blackwell, was not admitted until 1847. After applying to twenty-nine medical schools, Blackwell was finally accepted into Geneva (New York) Medical School after a miscommunication in the admissions committee.\textsuperscript{44} When Harriot Hunt applied to Harvard in 1850, she was admitted, but the other students’ objections forced her to resign. They protested that, “We object to having the company of any female forced

\textsuperscript{42} Wertz, 92-102.  
\textsuperscript{43} Scholten, 438.  
\textsuperscript{44} Wertz, 60.
upon us, who is disposed to unsex herself and to sacrifice her modesty by appearing
with men in the medical lecture room.”45 Some medical schools for women were in fact
built in the latter half of the nineteenth century, but most did not teach standardized
curricula and closed after the American Medical Association raised educational
standards. Female practitioners who were once viewed with respect and pride were
now looked at with scorn. Female doctors never comprised more than 6% of the total
doctors in America during the nineteenth century.46

The separation of women from obstetrics fundamentally altered the “new
practice” of midwifery by forcing doctors to prove that their methods were better than
those of a midwife. Even though many doctors only had minimal training, they relied
on their medical aids, such as forceps, to guide them. As Dr. Channing wrote in 1848,
in most cases “the physician must do something. He cannot remain a spectator merely,
where there are many witnesses and where interest in what is going on is too deep to
allow of his inaction.”47 Doctors more frequently used their tools even if natural birth
was adequate, causing unnecessary complications. Consequently, doctors relied on a
number of new methods to aid in childbirth. Ergot, an herb, promoted uterine
convulsions, though many times it damaged the fetus or ruptured the uterus because
contractions could be too forceful. Bloodletting and leeches helped cure fevers and
prevented perspiration. Also, calomel, a chloride of mercury, purged the intestines
when a woman suffered from puerperal fever. All of these drugs may have relieved

45 Harriot Kesia Hunt, Glances and Glimpses (Boston: J.P. Jewett and Company, 1856), 270.
46 Leavitt, 113.
47 Walter Channing, A Treatise on Etherization in Childbirth, Illustrated by 581 Cases (Boston: William D.
e&client=firefox-a&cd=1#v=onepage&q=&f=false (accessed December 21, 2009), 229.
some of the symptoms of childbirth pains, but did not alleviate the mortality rate. Doctors attempted to prove their superiority with instruments, but did not fulfill their promise of providing less morbidity and mortality during childbirth.48

As the nineteenth century progressed, doctors began to justify their interventions by claiming that women’s general health was deteriorating. In fact, many people thought that upper-class women were less healthy than before. Corsets, lack of exercise, and improper diet contributed to poorer health, and doctors believed that women experienced more trouble delivering their babies. In *Letters to the People on Health and Happiness*, Catherine Beecher conducted a survey of women across America and concluded that they were less happy than their mothers and grandmothers, stating, “…there was a terrible decay of female health all over the land.”49 Furthermore, many doctors declared that elite women suffered bad health due to their many responsibilities, such as education and social activities, and that poorer women were more vigorous, only rarely needing help bearing babies. In fact, the lower classes were actually at a higher risk for having complications during delivery because they had on average two to three more children.50 Dr. Frederick Hollick attacked this juxtaposition, arguing that, “[t]he suffering invalid is called interesting, and the pale-faced, debilitated creature, scarcely able to crawl about, is styled, genteel, while robust health and physical capability is termed coarseness and vulgarity.”51 Doctors used a woman’s supposed deteriorating health to promote more interference and higher birth fees.

48 Wertz, 64.
49 Beecher, 121.
50 Leavitt, 65-71.
One accomplishment by doctors to alleviate pain associated with childbirth was the discovery of chloroform and ether as anesthetics in the 1840’s. Ether and chloroform are both pain-relief drugs inhaled through the nose. By 1900, on average either ether or chloroform assisted fifty percent of all physician-attended births. Anesthetics enhanced the place and role of the physician in birthing rooms across America.52 Doctors claimed that women needed to use anesthetics to calm their nervous tendencies and asserted that “[p]ain long continued is dangerous, particularly to those not well endowed by nature for the bearing of pain.”63 These anesthetics, however, did not necessarily make labor more enjoyable. Most drugs could not be used safely until the final stages of labor, because they affected muscle function and were dangerous to the fetus, so women still experienced pain.54 They also increased the mortality rate for both mother and child because of possible overdoses and belaboring the birth process.55 Many doctors, such as Dr. Meigs, did not use anesthetics, and firmly believed that a woman should “have her mind unclouded, her intellect undisturbed, her judgment fully adequate to realize and appreciate the advent of a new and important era in her existence—the birth of a child.”56 Inappropriate forceps use and the careless administration of ether and chloroform resulted in serious maternal lacerations and infant respiratory disorders that otherwise would not have developed.57 Doctors began over-emphasizing the benefits of anesthesia and did not focus their attention on the true killer of mothers during childbirth, puerperal fever.

52 Leavitt, 120-125.
54 Leavitt, 127.
55 Ibid., 137-142.
56 Wertz, 117.
57 Leavitt, 57.
Puerperal fever, also known as postpartum infection, attacked a small percentage of women in the colonial period. For example, midwife Martha Ballard only lost four mothers due to presumed puerperal infection out of 1,000 births. After the 1840’s, however, the spread of puerperal fever in America became more prevalent. Puerperal fever is a wound infection caused by a bacterial invasion of the uterine cavity. Bacteria introduced from the outside, such as that from a doctor’s gloves or instruments, cause this infection by entering into lacerations in the cervix, vagina, or perineum during birth. Because most midwives were part-time practitioners who delivered women at home without instruments, they had little occasion to spread puerperal infection from one patient to another. However, in crowded maternity hospitals or with regular house doctors not disinfecting their tools, puerperal fever spread rapidly due to the high rate of lacerations caused by forceps. Even skilled physicians could not guarantee that injuries during birth would not result. Although the mid-nineteenth century was a time when there was much knowledge about disease transmission by microorganisms, efforts at prevention and control of infection seemed even less effective. Many doctors did not recognize the deleterious effects of the disease and had no way to prevent or cure puerperal fever. Physicians also tried to mask many of the deaths caused by puerperal fever. For example, Dr. Edward P. Davis noted that many doctors reported, “cases…with ‘jaundice,’ ‘pneumonia,’ ‘congestion of the liver,’ or ‘malaria,’ that, on closer study will be found to be the results of puerperal septic

58 Ulrich, 31.
infections." Even so, in 1885 about 75% of reported deaths during childbirth resulted from puerperal fever. The deadly disease was not cured, nor mortality rates lowered, until the 1930's with the invention of antibiotics such as sulfa and penicillin. In order to combat the disease, physicians tried to create a more sterile environment for their patients, leading to the emergence of hospitals.

In order to guarantee women the safer and less harmful births they desired, many doctors began delivering in hospitals. These hospital births, however, merely intensified the interventions in childbirth that had begun in the 1750’s. During the nineteenth century, most women gave birth at home and not in hospitals. Initially only women who were either incarcerated or unmarried delivered at a hospital. These maternity hospitals were a place to train students and test new operations. In these teaching hospitals doctors continued to exercise even more control over childbirth. Doctors often justified instrumental interventions with ethical judgments about how the patients were too lazy or stupid to deliver by themselves. After the Civil War, there was an influx in the number of unmarried expectant women who needed to deliver in hospitals.

By the 1880’s, as hospital-based obstetricians developed new medical tools such as the X-ray and prenatal tests, doctors had to move to hospitals because they could not carry the equipment from one house to another. Hospitals made delivering babies much less time-consuming for doctors, for they had ready access to all of the latest technology and a supporting staff. Additionally, many women wanted to move to

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61 Wertz, 125-128.  
62 Ibid., 130-140.  
63 Leavitt, 180.
hospitals in order for physicians to more safely manage birth.\textsuperscript{64} By 1939, half of all American women and three-quarters of all urban women delivered in hospitals. Delivery was not seen as a natural practice anymore, though, with all births presumably in need of medical intervention. For instance, Dr. Joseph DeLee believed that, “[l]abor has been called and still is believed by many to be a normal function. It always strikes physicians as well as laymen as bizarre to call it an abnormal function, a disease, and yet it is a decidedly pathologic process.”\textsuperscript{65} Despite the high mortality rate in hospitals, many sources such as women’s journals argued that the new hospital-based childbirth would be advantageous to mothers. For example, \textit{Ladies’ Home Journal} advertised that the “hospital is equipped with every modern device for the safe delivery of babes, nursing and medical attention is available at any hour of the day or night. How much simpler—and more restful—to be in a hospital where babies are an accepted business.”\textsuperscript{66}

Physicians in hospitals also prematurely intervened in naturally progressing births because of the availability of new instruments and chemicals to ease their use. Doctors used anesthesia more often, and noted that “[t]he frequent use of instrumentation is based upon the easy accessibility of anesthesia…the increase in the use of anesthesia is a factor in keeping the maternal morality rate stationary.”\textsuperscript{67} Urban rates of puerperal fever increased drastically during the 1920’s, indicating that hospitals may have increased postpartum infection risks for women. For example in 1900 there was an average of 42 maternal deaths per 10,000 births, while in 1920 there were 70

\textsuperscript{64} Ibid., 174.
maternal deaths per 10,000 births. The move into hospitals did not cause a decline in the mortality rate; it solely changed the nature of the practice of obstetrics from a passive role to an interventionist one.

Though doctors interfered more, during the early twentieth century, following tuberculosis, childbirth was the second highest killer of women from age 15 to 45. In 1918 the number of maternal deaths was 23,000 and each year 250,000 infants died. Although around the turn of the century the death rate from various infectious diseases was dropping rapidly, deaths from childbirth-related causes remained astonishingly high. Dr. A.H. Halberstadt observed “while medicine and surgery have prodigiously advanced and therapeutics [has] become almost revolutionized, obstetrics continues in the trend of a former half century.” In 1930 there were approximately 6.7 maternal deaths per 1,000 births. In comparison midwife Martha Ballard had 5.0 maternal deaths per 1,000 births, with many other midwives in colonial America documenting similar statistics. Dr. Williams remarked that the “average practitioner, through his lack of preparation for the practice of obstetrics, may do his patients as much harm as the much-maligned midwife.” In 1933 the White House issued a report entitled *Fetal, Newborn, and Maternal Mortality and Morbidity*, reporting that the maternal mortality rate had not declined between 1915 and 1930 despite the increase in hospital deliveries.

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68 Leavitt, 184.
69 Wertz, 155.
70 Leavitt, 27.
71 A.H. Halberstadt, “Advances in Obstetrics During the Last Half Century,” *JAMA* 36 (April 27, 1901), 1167.
73 J. Whitridge Williams, “Medical Education and the Midwife Problem in the United States,” *JAMA* 58 (Jan. 6, 1912), 1-5.
prenatal care, and the use of aseptic techniques. In fact, infant deaths from birth injuries due to unnecessary intervention had increased by forty percent.\textsuperscript{74}

Fortunately for women, mortality rates dropped sharply between 1936 and 1955 due to a higher standardization of care and new antibiotic drugs. Blood banking and blood typing limited the danger of postpartum hemorrhage, and oxytocic drugs sped up labor to counteract some of the negative effects of anesthetics. X-ray pelvimetry aided in early detection and diagnosis of pelvic deformities, and dangerous high-forceps were no longer utilized. Though hospitals became a place of alienation for many women, the 1930’s were the first time that mortality rates for women decreased since the eighteenth century.\textsuperscript{75}

The major reason that women were incapable of working in professions during the nineteenth-century was due to their biology, the fact that they physically were limited because they spent such a large portion of their life carrying and raising children. It is ironic that the one thing American men allowed women to do, bear children, was the basis of a critical job that male doctors took away from women by infringing on midwifery practices. Many nineteenth-century American doctors believed that they had triumphed over the backwards practices of midwifery. For example, William Smellie’s countryman Charles White wrote as early as 1793 that “the bringing of the art of midwifery to perfection upon scientific and medical principles seems to have been reserved for the present generation.”\textsuperscript{76}

\begin{flushright}\textsuperscript{74} Wertz, 161. \\
\textsuperscript{75} Ibid., 165. \\
\textsuperscript{76} Charles White, \textit{A Treatise on the Management of Pregnant and Lying in Women, and the Means of Curing, but More Especially of Preventing the Principal Disorders to Which They Are Liable, Together with Some New Directions Concerning the Delivery of the Child and Placenta in Natural Births}, (Worcester: Isaiah Thomas, 1793), 31.\end{flushright}
professor, believed that “the science of midwifery, like all others, has continued to improve, and has numbered among its successful cultivators a host of men of first-rate genius and industry.”  

Despite their tools and superior perception of themselves over midwives, it took obstetricians almost 200 years to actually improve the mortality rate for mothers in America.

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77 Swayne, 500.
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