University of Brighton

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Risks in childbirth in historical perspective

AHRC funded network

Workshop 1:

Date: Thursday 3rd November 2016

Venue: London, Open University, 1-11 Hawley Crescent, Camden, NW1 8NP. Room 1AB

Chair: TBC

time	session	speaker	Title
10:30	Arrival and coffee		
11:00		Adrian Wilson	The rarity of difficult births
11:15		Louise Jenkins	Attitudes to instrumental delivery rates: lessons from history
11:30		Isabel Davis	The risks of not giving birth: the strange case of Mary Tudor
11:45		Angela Muir	Infant mortality and non-marital childbirth in eighteenth-century Wales
12:00	Roundtable discussion		
13:00	Lunch		
13:45		Tania McIntosh	Doctors, midwives and risk as professional

			signifier
14:00 14:15 14:30	Roundtable discussion and tea/coffee	Elselijn Kingma Christine McCourt	Invisible patients in birth debates Contemporary concepts of risk and place of birth in theoretical and historical perspective
15:45	Last thoughts		
16:00	close		

Abstracts:

Adrian Wilson (Senior Lecturer in history, University of Leeds)
The history of childbirth, it seems fair to say, has to reconstruct both past ideas about birth and the character of actual births in the past. Reconstructing ideas falls (or should fall) within the historian's comfort zone, but how is the historian to describe a bodily event such as childbirth? Here, as in other cases that involve the bodily as well as the social, two complementary temptations beckon: on the one hand, the uncritical application of modern "scientific" categories; on the other, an insistence that we should only deploy the categories of the period we are studying. This paper seeks to chart a middle course by identifying a feature of birth that seems to have been constant across long periods, albeit described in different ways: namely the association between difficulty and rarity. Though not all observers commented on the frequency of different kinds of birth, those who did – from Antiquity onwards – were unanimous in remarking that the commoner kinds of delivery were easy, whereas the unusual ones were difficult. This, I argue, gives us a warrant for positing a degree of constancy in the varieties of childbirth, even though very few of the variants distinguished today were identified before the eighteenth century. Thus, while there were no doubt historical differences arising from changes in such factors as nutrition and average parity, and of course methods of delivery have changed dramatically over the centuries and are still changing today, the underlying risks of childbirth as a bodily event were by and large much the same for our remote ancestors as they are today.

Louise Jenkins (PhD student (history), University of Leeds)
Instrumental and operative delivery rates are a perennial 'hot topic' in contemporary maternity care. The World Health Organization has recommended a global caesarean section rate of between 10 and 15% as the optimum rate since 1985[i], yet in most developed countries the rate far exceeds this.

A number of organizations and individuals have called for a reduction in intervention rates in the UK and financial incentives have been attached to this, but always with very limited success.

What is not commonly realized is that this phenomenon has a very long history. Ever since the one of the secret Chamberlen instruments was revealed in print by Edward Chapman in 1733, authors have criticized the rate of use of instruments by other practitioners. For instance, Thomas Denman wrote in 1805 that 'it behoveth every person, who may use instruments in the practice of midwifery, to be well convinced of this necessity before they are used, and to be extremely careful in their use; that he may not create new evils, or aggravate those which might be existing'[ii]. But Denman himself used instruments (in his case the vectis, another Chamberlen invention), and this pattern was common. That is, authors criticized the use of intervention by others whilst arguing that their own use was justified.

This paper will look at some of the attitudes to the use of instruments in the late eighteenth and nineteenth centuries and will ask what light these shed on present-day attitudes to instrumental and operative delivery.

Isabel Davis (Senior Lecturer in Medieval and Renaissance Literature, Birkbeck College)
Within the public understanding of history a common view holds that because childbirth was dangerous in the past, considerable energy was spent on trying to avoid it. Within this view, women are rational actors who might, for example, choose to enter an enclosed religious community to escape motherhood. Plenty of professional academic historical research validates this narrative; looking at how women avoided pregnancy or used abortifacients is certainly a rich and valuable area of research.
This paper argues that this is not the whole picture and asks how we change popular understandings of the past and, by so doing, our present and future. This paper uses the example of Mary Tudor's two false pregnancies (1557). I consider how her case has been read, demonstrating the pitfalls of diagnosing people in the past and showing too, that for some constituencies of women, there were more risky things than childbirth. There is also evidence of the reactions from her husband and also the public, beyond the court. What was at risk for them was different but the risk was also considerable.
Mary's case tells us about the Tudor past but also about how attitudes to the past shape understandings of the reproductive body today. The narrative that tells us that childbirth was dangerous but has incrementally become safe, is also a narrative in which the risks – to health and well-being – of not being pregnant or of being involuntarily childless are not well recognised. Historical work can contribute here where biomedical science can't: it can help raise awareness about people who are disappointed and not enjoying the choice that is perceived to be the condition of modernity and it can dignify a common experience – of not being pregnant for month on month – with a history.

Angela Muir (PhD student, history, University of Exeter)
This paper explores the risks and consequences of non-marital childbirth for infants in eighteenth-century Wales, particularly by examining the link between identifiable paternity and both acceptable non-conforming conjugal unions, and illicit sexual encounters. The significance of the frequency with which unmarried fathers were identified at the time of baptism – a recurring phenomenon unique to Wales – is explored. It has been suggested that the frequent identification of unmarried fathers in

baptism registers reflects a diverse typology of 'illegitimacies' that carried varying levels of social acceptability, which therefore had considerable implications for children born outside of wedlock. The hypothesis that there are correlations between both licit and illicit identifiable non-marital paternities and infant mortality rates is tested through demographic analysis of parish baptism and burial records. If increased identifiable non-marital paternity was the result of non-traditional cohabitative conjugal unions the children born into such unions would have better survival rates than children whose fathers were not identified. This is because a present father suggests a family structure and provision of care for children similar to that of a traditional marital union. However if the presence of fathers in illegitimate baptism records is indicative of illicit sexual unions where a child was considered to be at greater risk of poverty and stigmatisation, it would be expected that their mortality rates would be higher. The aim of this research is to provide fresh insight into our understanding of non-marital childbirth and infant mortality, and to broaden our understanding of courtship, marriage and sex in early modern Britain.

Tania McIntosh (Principal lecturer in midwifery, University of Brighton)
Midwives in the UK in the early 21st century base not just their practice but their entire professional identity around the concept of normality in pregnancy and birth, with themselves at the heart of care as 'lead professional' and guardian of the normal. This paper explores the concept of normality in midwifery practice including the genesis and mutations of the concept from the mid-19th to the mid-20th centuries in the UK. It considers how the concept was developed, and its implications for the identification and development of 'risk' in childbirth. The conclusion is that 'normality' is not fixed and immutable, and that furthermore it is dichotomous because it relies concomitantly on notions of 'abnormality'. The likelihood of any abnormality, that is to say the risk, was parsed to arrive at a position which locked both doctors and midwives into particular roles. As a social construct rather than a fixed medical delineation, it was originally promulgated by doctors to safeguard and develop their own professional project. It does not appear to have originated with midwives, yet they have continued to be defined by it and to work with it. The parameters of the 'normal' became increasingly narrow across the period, with risk as a concept developing to colonise the grey area between the normal and the abnormal, and increasingly being the point at which the doctor and the midwife meet.

Elselijn Kingma (Associate Professor in Philosophy, University of Southampton)
"Having a homebirth may be like not putting your child's car seat belt on" quipped de Crespigny and Savulescu (2014) in one of several articles that review the ethics of choosing, providing for or recommending home-birth. This paper examines a range of sources that represent data on the comparative safety of different birth-options to expose a systematic error in our representation or risks and benefits: birth-outcomes pertaining to mothers are consistently overlooked. This systematic bias feeds into, and distorts, our practical and moral analysis of pregnant women's choices. Several explanations for this distortion are considered. Whilst many of these are explanatorily convincing, none of them justify the distortion; which remains an error. This reveals the bias identified to be deeply seated in our cultural consciousness, which gives us reason to be extremely cautious in our reasoning and advice surrounding pregnancy and birth.

Christine McCourt (Professor of Maternal and Child Health, City University)

This paper will introduce and discuss Mary Douglas's anthropological theories of 'purity and danger' and 'risk and blame' and using this framework, provide a historical overview of how the modern developments in concepts of risk framed a discourse in which (despite empirical evidence to the contrary) hospital birth came to be seen as representing *safety* and domiciliary birth settings *danger*. This historical analysis will then be extended to consider recent developments in relation to place of birth and in how risk is conceptually framed and institutionally managed.

As an investigator in the Birthplace in England Programme and a subsequent series of ethnographic studies of midwifery-led birth settings, both our research and our experiences of disseminating that research have illuminated valuable insights into how risk is framed in contemporary culture, as manifested by societal attitudes towards reproduction.

I will also highlight the issue of globalization of policies relating to birth and how these are also shaped by culturally rooted attitudes towards risk, extending the post-colonial critique of global MCH polices and place of birth to the present day and the inception of the Sustainable Development Goals.

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[i] World Health Organization, WHO Statement on Caesarean Section Rates, (2015) [online] http://apps.who.int/iris/bitstream/10665/161442/1/WHO_RHR_15.02_eng.pdf?ua=1 [accessed 05/10/2016]

[ii] Thomas Denman, *Introduction to Midwifery,* (1805). p. 102.

Participants:

Dr Cathy Ashwin	Editor MIDIRS	MIDIRS	
Anna Burel	artist		
Dr Emma Cheatle	Architecture	Newcastle University	
Dr Isabel Davis	Medieval and renaissance literature	Birkbeck University	
Professor Billie Hunter	Midwifery/ history	Cardiff University	
Louise Jenkins	Midwifery/ history	UEA/ Leeds University	
Professor Helen King	classics	Open University	
Dr Elselijn Kingma	Philosophy	Southampton University	
Professor Christine McCourt	anthropology	City University	
Dr Tania McIntosh	Midwifery/ history	Brighton University	
Angela Muir	history	Exeter University	
Gemma Newby	Radio producer		
Lauren Ryall Stockton	Curator	Thackray Museum, Leeds	
Dr Adrian Wilson	history	Leeds University	