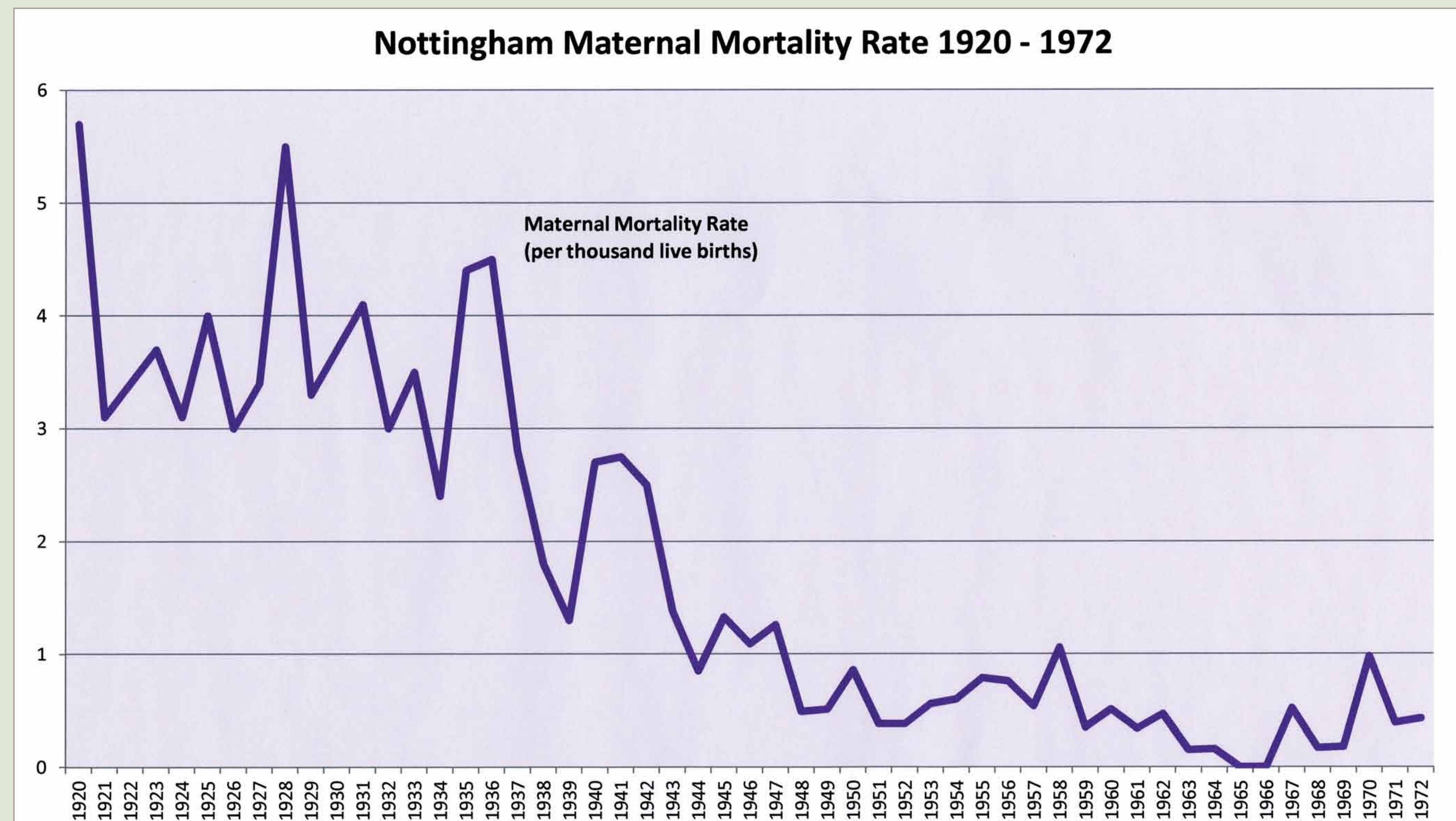




# Hard labour?

*Having a baby*

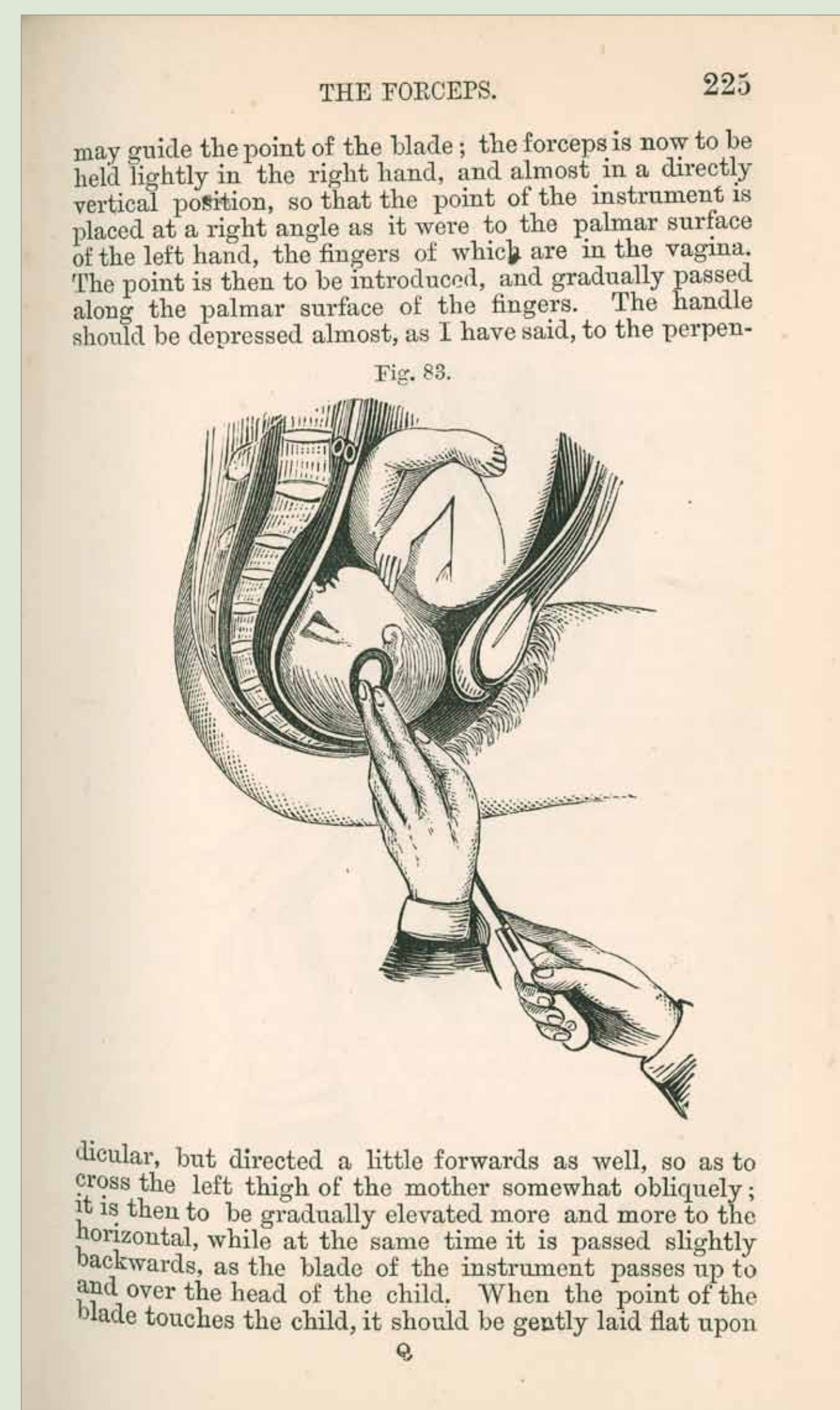
# MOTHERS & MIDWIVES



Graph showing maternal mortality, compiled from data contained in the reports of the medical officers of health for Nottingham



Heanor Maternity Home, c.1920s  
DCAV 002416  
Courtesy of Derbyshire Local Studies Libraries and [www.picturethepast.org.uk](http://www.picturethepast.org.uk)



Alfred Meadows *A manual of midwifery*, 1882  
Med Rare Bks WQ.160.MEA

The watchful waiting on a woman in labour by her attendants, advocated by the seventeenth-century male midwife Percival Willoughby, has not always been followed. ‘Meddlesome midwifery’ has frequently been practised. General Practitioners were castigated in official reports in the 1920s and 1930s for causing maternal death and disability through their over-enthusiastic, and sometimes ill-judged, use of forceps to deliver babies.

Historically, childbirth has been associated with risk. The maternal death rate was the subject of much official concern in the inter-war period. A small rise in the rate coincided with a falling birth rate, and falling death rates in every other sphere of life. The most common cause of death was puerperal fever, in which women died of infection in the days after birth, often leaving behind a healthy baby. With the introduction in the 1930s of sulphonamide drugs that prevent the growth of bacteria in the body, and penicillin in the early 1940s, deaths from puerperal fever plummeted, and the general maternal death rate fell sharply.

In the mid-nineteenth century chloroform was first used for pain relief in labour, and it became increasingly customary for women of all classes to labour and deliver in bed. A century later hospitals were becoming popular places to have babies. They offered food, clean bedding, and ten to fourteen days bed rest as well as new forms of pain relief such as ‘gas and air’ and opiate injections which were often not available for home births. Women in Nottingham demanded the right to hospital birth in the 1950s and 1960s, putting pressure on existing services.

## PREFACE.

THERE is, perhaps, no disease of equal importance with the Puerperal Fever, respecting which such contrariety of opinion has prevailed amongst medical writers and practitioners. This disease is mentioned in the earliest records of medicine, and has been noticed by many of the most celebrated authors from the time of HIPPOCRATES to the present day. Yet, though they are generally agreed as to the leading symptoms and the extreme danger of this dreadful malady, their descriptions of it are, nevertheless, in many respects dissimilar; and they are still more at variance in their sentiments of its true nature, and of the most appropriate method of treatment.\*

As to the danger and mortality of the disease, it is asserted by one author, that the Puerperal Fever “occasions the death of much the greater part of those women, who die in child-bed.” Another remarks, that “there is not, perhaps, any malady to which the human body is subject, where powerful remedies of every kind have been tried with more diligence and

\* “Scarce any two authors have described this fever alike.” WHITE on the Management of Pregnant and Lying-in Women, p. 24.

“With regard to the method of cure, no disease has more divided the sentiments of physicians, than the Puerperal Fever.” MANNING on Female Diseases, quoted from HULME’s Treatise, p. 145.

† DENMAN’s Introd. to Midwifery, Vol. 2, p. 456. Ed. 4.

Preface from William Hey, *A treatise on the puerperal fever* (1815)  
Nor Med-Chi WQ.505.HEY

