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.