

Midwives in early modern Europe (1400-1800)

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Abstract

This article examines the status of midwives in the early modern period (1400-1800). More particularly, it examines midwives' practice, education, skills and competence, social background, public life and image as well as the way they were regarded by their clients, in an era prior to their decline and the increase in medical intervention during childbirth. Due to bulk of information this study will remain within the geographical limits of England, Germany and Holland.

Aim: The aim of the present study was to review the literature about the lives of European midwives in the early modern times, a critical period that signified their transformation and decline.

The method of this study included bibliography research from both the review and the research literature, mostly in books and in 'pubmed data base'. Although a search on Greek midwives of the same period was performed, this was not fruitful.

Results: The review of the literature showed that early modern midwives were hard working women, presumably armed with great determination and pride for their art. They had to learn their skill out of any schooling institution from which they were excluded due to their gender. They often had to deal with awkward and difficult circumstances, travelling long ways in hard weather conditions to offer their services. The midwife remained the usual assistant in childbirth during this period and even though her place in the birthing room begun to be threatened by her rivals (as well as her own clients who gradually favoured men to deliver them), she did not sit back, but fought with willpower and anticipation. This period resulted in a revolution in medical practice and subsequently in a change in gender interaction.

Keywords: midwives- medical-men- man-midwife- gender- forceps- childbirth- history of, early modern Europe

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Introduction

There were quite a few similar characteristics among midwives within the western European countries in the early modern period. In general, midwives were responsible for the safe delivery of the foetus. The women would call upon them with the first signs of labour and would set them free of their responsibilities somewhat within the first month after the birth. Their work could be a steady and chosen occupation and in cooperation with the medical profession in emergencies, such as delayed labours, or when the midwife suspected that the foetus was dead she would call upon the barber-surgeon to assist with his instruments. In contrast, their work could be occasional as supportive neighbour and friend. Midwives shared common characteristics such as: most were of a mature age, married or widowed with grown-up children. Because they came from across the social spectrum, their experience as practitioners was similarly diverse: a well-off midwife's practice would have been qualitatively different than a poor midwife's.^{1, 2}

Midwifery skill was to be learned by experience. Initially there was no formal training or the need to obtain a licence, but this changed within Europe at different times since some town authorities recognised the need for trained midwives in order to protect the safety of the public. There were some schools of midwifery in some countries, with apprenticeship being everywhere the norm.^{1, 2}

Midwives' roles were summarised in their domestic and in their public roles. On one hand there was the woman helper in the delivery room and on the other there was their public recognition gained through the administration of emergency baptisms and reporting in courts for illegitimate births, premature births and infanticide.^{2, 3}

The Church, especially the Catholic, encouraged midwives' public role. This way they had the opportunity to control subjects through midwives' helping hands. At the same time, town authorities in various countries were extremely concerned of the

increase in this role on the grounds that women's involvement in public affairs was neither common, nor desirable for the social standards of that time. As a result, it was of great importance to keep midwives' responsibilities and duties under the control of municipal and medical authorities as well as their salaries low.^{4, 5}

From the 14th to the 17th century the image of women-healers as witches was deliberately constructed by Church authorities in collaboration with male physicians, to disgrace women's powers. Since women were excluded from the universities, they served the peasant population as lay healers. Their knowledge was gained through observation and word of mouth from one generation to the next. Be it physicians, herbalists or midwives they represented a threat to the social norms of the time. Although historians have recognized that midwives have come a long way from being thrown into the fire during which hunting days for their super healing powers, during the course of time they failed to incorporate their knowledge into their practice. As a result, during the 1690s Enlightenment ideas about science, midwifery and childbirth began to expand in Europe. It was during this period that midwifery underwent an evolution from a 'mystery' to a 'science', a change that facilitated the rise of male authority over childbirth.^{6, 7, 8}

England

Up until the 17th century, midwives were trained through an unofficial system of apprenticeship by being under the supervision of an experienced and senior midwife. The period of training varied between two to three years. Formal midwifery training was slow to develop especially in provinces. Licences were given to literate and experienced midwives at older ages such as when they were widows or when their children were old enough to look after themselves. Licences could be expensive and for that reason some midwives

were not keen in getting them. As a result the licensing midwives' system gradually fell into neglect.^{1, 2, 9}

Although anatomy lessons were offered by medical schools in London, only a few midwives attended these occasionally. Even so, this did not seem to offer much to their practice as midwives. Childbirth education was not in fact offered through the medical schools as physicians did not really have the appropriate knowledge to do so.¹

Clientele and social network records show that midwives came from a higher economic and social level that generally had been considered. They were literate and respectable within the public. Some of them were quite well off with adequate financial resources. They could be wives of professional men such as mathematicians or mariners, tradesmen, or farmers.^{1, 10, 11}

They used to practice 'repeat business' meaning that the same client would employ the same midwife for her subsequent deliveries. There was also a social network by which already delivered women by one midwife, would recommend her to other friends or relatives thus, becoming the 'family' midwife. Midwives frequently worked within near and specific geographical areas. There were some exceptions of midwives travelling far and occasionally in harsh weather conditions to meet their clientele.^{1, 12}

As testimonials and midwifery account books demonstrate, the social background of their clients varied from the lower working class to the upper class of society making their fees equally diverse. A wealthier woman would usually employ a midwife for her exclusive care even from her lying-in month and obviously pay her more than a less privileged woman could.¹³

In cases of 'obstetrical disaster' that is when more than a manual removal of a dead foetus was required, the midwife would call for the help of a surgeon who was licensed to use instruments such as hooks, knives and crockets. This group of professionals was the predecessor of the male midwives and due to the 'unpleasant' nature of their duty they were not so favourable by the majority of labouring women throughout the 17th century; at that time, even surgeons' wives

called upon the midwives to deliver them.^{1, 2, 14, 15}

Midwives were acting as advisors, mediators, and were organising childbirth rituals. Their role was required and enhanced by the Church since they were the ones who would bring the children to the parish for baptism. Thus, it was common midwives who belonged to religious minorities to practice among their own people. Midwives were also called upon legal proceedings as it was their legal responsibility to question the mother in labour to reveal the name of the father in illegitimate births. They also provided witness to premature births and in cases of infanticide and rape in order for a conviction to be secured.^{1, 2, 16, 17, 18}

Midwives' activity in the lying-in chamber as given by Evenden's book helps us to reconstruct some of their usual actions when called for a labour:¹⁸

'it has been well established that giving birth in the 17th century was still 'women's business' and once the husband has called for the midwife, he was banished from the actual birth chamber... Upon her arrival... the midwife was given a fresh apron... the room would be dark and warm and the woman warmly covered... The midwife would then check the woman's abdomen to see if the child had 'fallen down' and carry out an internal examination after applying to her hand fresh butter or other oils to establish the amount of cervical dilatation... If the labour was well under way she perhaps encourages the mother to assume a favourite position: kneeling, crouching, sitting (on a stool or chair), standing, or most commonly lying... If no nourishment had been given by other attendants the midwife would arrange those small quantities of a nourishing soup or yolk of a poached egg with some bread, a cup of wine or distilled water to be offered. After placing her in a supine position with her pelvis elevated, the midwife might begin her work by attempting to stretch the opening through which the infant was to emerge. Various sweet oils or lubricants were applied to the perineal area and the midwife's hands to encourage softening and relaxation of the tissues...'

South Germany

In contrast to the 'norm' of the 15th and 16th centuries, midwives were women concerned with public affairs since they were employed by the municipal authorities and were entitled to a salary. They were also paid by their private clients. This gave them a chance for independence making their position in society more privileged compared to other women. Hence, in a male oriented society, midwives -who came from the lower middle class, were called to challenge gender divisions. However, this public role was not quite welcomed by the city councils who, in their efforts to diminish the significance of their role and to restrict their independence, kept their salaries low and in time denied their presence in the monthly council meetings.¹

During the same time, midwifery training was by apprenticeship and lasted for at least one year. Experienced midwives were followed by new midwives. Their education in the meantime was put under the supervision of male orientated university trained physicians. They were to decide who would receive a midwifery licence at a time when university medical training included very little on pregnancy and delivery. In contrast to England, in south Germany there are no books on midwifery practice. As a result, we do not really know the way they practiced their skill or if that changed through the years. Except that, according to some surviving testimonials of the 18th century midwives were given instructions on how to ensure correct obstetrical procedures such as turning the foetus into correct position in order to deliver it.^{1, 19}

Due to a strong religious climate, the Protestant and the Catholic church together with the city authorities were trying to control one significant public aspect of midwives' role; that of emergency baptism. It was extremely important for the midwife to know how to conduct an emergency baptism when she believed that the baby was near death. However, she should not be free to proceed to any similar action unless she consulted a mayor. In fact, this was the exception than the rule as the urgency of the

case restricted midwives from delaying the act even more. Moreover, the city authorities required to monitor every birth either that was full term or premature, abortions, illegitimate births or even cases of infanticide. This could only take place through midwives' practice. Except that this way their role in public life was certainly enhanced. Paradoxically, this caused midwives' more harm than good since they were accused of assisting rather than preventing abortions and infanticide, therefore blaming them for witchcraft and causing a number of deaths in the 15th and 16th centuries. As in England, by the mid-eighteenth century men midwives started their practice in towns of south Germany.^{1, 7, 8, 9}

Holland

The Dutch midwife did not seem to follow the decline of midwives' status that took place in the rest of the early modern European countries. Midwifery licences in Holland were given after completion of four-year training with an experienced local midwife and theoretical anatomy lessons given by medical authorities. Training as well as licences fees were quite high. Midwives had to pay an annual registration fee too. On the other hand, unlicensed midwives worked outside towns and were a cause of concern for both authorities and licensed midwives. Although a licence did not in fact represent expertise, by the mid 17th century when the Dutch Republic reached its zenith, most Dutch towns tried to organise and supervise midwifery practice for the good of the public. This effort came as a part of an overall movement to organise all aspects of public life.^{1, 20, 21}

Midwives working in towns acted in the service of the community. They were paid by local councils to deliver women living in the city walls. Their public role was more or less the same like in other European countries. For instance, they had the rights to perform emergency baptisms, to extract the names of fathers in illegitimate births and to witness in courts. In times of emergency they would turn to men-midwives. They were not

allowed to use any instruments even though this was not always the case. Midwives were to offer their services only in the area where they lived.^{1, 20, 22}

Every town in Holland tried to regulate its midwives through various ways. Usually the responsibility was shared between town councils and medical corporations. The aim of the regulations was to organize her practice and abilities. In cases of breaking the regulations, midwives were answerable to a fine or removal from office. Overall, these regulations were made to increase the number of licensed midwives and to supervise them, not to replace them.^{1, 23}

Midwives in Holland remained the normal childbirth attendants throughout the early modern period. They worked as a combination of an early community midwife as well as a civil servant. Even though they were put under the supervision of doctors, they were seen as essential professionals whose role had to be reformed not replaced hence their position in today's Holland where they enjoy a unique professional autonomy and attend a high number of home births.^{1, 24}

The rise of male-midwifery in England

Until the 1750's surgeons provided assistance in emergencies when called by the midwife. They often reached the scene after the woman was in labour for a number of days, thus delivering frequently a dead foetus with the means of that time, such as knives or crotchets. For that reason, they were sadly associated with death. At that time there was hardly any difference between surgeons and man-midwives.^{1, 2, 25}

After the 1750's they started being involved into normal deliveries with high profits. Except that initially there was not enough demand so, no man-midwife could survive on this income alone. As the midwifery licence system fell into neglect, more surgeons applied for licences to justify their practice. But for the public, the change to use surgeons as practitioners of first option was not simple. They were still called in for urgent cases and usually to save the woman's life by delivering the baby with their tools; that is dead. However, with the expansion of the forceps' use around the same time, this association with death was

broken as more and more alive foetuses were delivered. That was equivalent to a miracle. Although not all of the male practitioners were keen in using tools and furthermore, some midwives too practised their use, forceps were the man-midwives' original instruments.^{2, 25}

As university gates were shut to women, male-surgeons were equipped with better education and skills. Although anatomy and post mortem classes were offered to midwives too, this privilege was mainly the physicians' as a part of their academic training. Therefore, in the course of time more surgeons were called to testify to courts in cases of infanticide or mothers' death. Due to their advanced skills and education, male-midwives begun to symbolize the scientific development and the 'fashionable' metropolitan practitioner; this came in contrast to the traditional image of the midwife who found it hard to follow. But society seemed to enjoy this fashion due to an increasing interest in science and knowledge possession that matched the requirements of the Enlightenment era. By the end of the 18th century in some parts of England almost half of all deliveries were attended by men-midwives. Some of them liked to be seen as the 'forceps-men', while others wanted more interference in labour as in a midwifery role. Whatever the case, these men were called in by the women. It was the women's choice, not the physician's who finalised the establishment of the man-midwife.^{1, 2, 24}

Conclusion

It is understandable that midwives' were subject to shifting religious, social, political and economic influences. In some places this was to their favour. It is obvious that the traditional ceremonial character of labour with the midwife and the female relatives in the birthing room present was gradually altered as male interference escalated. Changes were not immediate to all geographical areas and social spectrums, but it has to be admitted that with the broad use of the forceps an enormous revolution had taken place upon which today's hospitalised medical hegemony can be identified.

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