

IV LIFE STAGES: 'Pregnancy and Childbirth'

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Pregnancy and childbirth stirred powerful emotions in parents, families, and communities in a period of high infant mortality. The most dominant individual and familial feelings were apprehension, fear, and pain, hope, joy, and gratitude. For much of the period medical intervention was limited to difficult births, but by the later eighteenth century, medical practitioners were taking over elite women's childbirth from midwives in Britain. This changed landscape of birth created cultural anxieties about man-midwives as sexual predators since their role meant they touched women's sexual organs.¹ All these feelings shaped perception and experience and exploring pregnancy and childbirth through the lens of emotions thus offers new insights into their history.

Medical practitioners used the mother's emotional state to aid understanding of conception, pregnancy, and birth and as a way of gathering information about the invisible unborn child. For them maternal emotions were active agents in the health of the foetus because, as Ulrika Rublack observes, they envisaged that external experiences transformed into inner experiences which affected mother and child.² For example, although explanations for the woman's role in conception differed, most medical writers argued that mothers influenced the growth of the embryo 'through their nutrition, actions, and emotions' during pregnancy and birth.³ In seventeenth-century Germany, Volter considered that a foetus could be damaged by a mother's violent laughter, along with vigorous activities or excessive eating. In the eighteenth century Denis Diderot explained that the state of mind of parents at conception determined the well-being of the child.⁴ Maternal feelings could be deadly. In early modern Germany, not only foetal problems or accidents resulted in miscarriage, so too did shock or withheld anger. In contrast Francois Mauriceau, a French surgeon man-midwife noted in his treatise (1688) that extreme fits of anger could provoke a miscarriage.⁵

Mothers' emotions and thoughts were also understood to negatively impact upon the development of the unborn foetus. The determining factor was maternal imagination, whereby a pregnant woman's thoughts or encounters with various phenomena would mould the embryo; an explanation for birth defects. In many instances emotions were conceptualised as the bridge between the immaterial thought and the material damage upon the foetus.⁶ Typically it was fear, disgust, or

¹ Adrian Wilson, *The Making of Man Midwifery* (London: University College Press, 1995)

² Ulrika Rublack, 'Pregnancy, Childbirth and the Female Body in Early Modern Germany', *Past & Present*, 150, (1996), 86.

³ Lianne McTavish, 'Reproduction, c. 1500-1700' in Sarah Toulalan and Kate Fisher, *The Routledge History of Sex and the Body 1500 to the Present*, (Abingdon: Routledge, 2013), 362.

⁴ Rublack, 'Pregnancy, Childbirth', 95; Mary Terrall, 'Maternal Impressions: Conception, Sensibility, and Inheritance' in Mary Terrall and Helen Deutsch (eds), *Vital Matters: Eighteenth-Century Views of Conception, Life and Death*, (Toronto: University of Toronto Press, 2012), 110.

⁵ Rublack, 'Pregnancy, Childbirth', 86; McTavish, 'Reproduction', 355.

⁶ McTavish, 'Reproduction', 362; Terrall, 'Maternal Impressions', 112.

surprise that caused the damaging thoughts. In 1659 a Stuttgart woman explained that her child was born with one foot and without genitals because on her way to market she had been severely shocked by seeing a lame beggar. In late fifteenth-century Nuremberg the town council issued an ordinance instructing beggars to hide their malformed limbs to protect pregnant women and their offspring.⁷

Some societies understood maternal emotions as facilitating or hindering birth. In 1657, following three still-births, the wife of a Neckarhausen marksman was imprisoned for ten days and fined. Evidence brought against her included that during labour she sat “stiff as a stick”, as if the birth did not matter to her’. Her lack of obvious feelings was considered suspicious, a view informed by both religion and understandings of the body. As inheritors of Eve’s curse, women were expected to travail through the pain of childbirth where suffering facilitated the child’s safe delivery. Women who did not conform could be considered ungodly, killers, or possessed by the Devil. In medical terms, stagnant or suppressed emotions, blocked perhaps by envy or hatred, were a ‘clog’ which hindered successful labour and birth. Again anger was particularly dangerous for pregnant women. It was understood to either cause the blood to flow rapidly causing convulsions or to reduce its flow leading to a ‘clog’ where the accumulated blood was feared to endanger the foetus. In early modern Germany, for example, it was considered that anger would cause a hot flow of blood which would damage the embryo’s cells, in contrast to shock which would starve the foetus because it directed blood away from it.⁸

Fear and pain were an intimate feature of childbirth given the risk of maternal and infant damage and mortality.⁹ Religious faith was thus bound up with mitigating the dread and suffering of labour and delivery. Judith Aikin demonstrates that devotional texts and prayers were produced by male theologians and pastors for women to utter in early modern Lutheran Germany. These associated mothers’ suffering with their sex’s punishment for Eve’s transgression. Although maternal suffering was seen as part of God’s plan, the message of divine chastisement could augment women’s fear. Some devotional texts were less punitive. The Countess of Schwarzburg-Rudolstadt’s handbook for pregnant women (1683), for example, included prayers in which God to delivered pregnant women from ‘fear, terror, anxiety, and suffering’ rather than punishing them.¹⁰ These negative emotions could even offer personal agency to mothers. Seventeenth-century providential thinking linked danger to deliverance and thus for women such as Alice Thornton, an English gentlewoman, the fear of pain was reconceptualised as a test of faith. In enduring, Thornton envisaged herself as emerging from labour as proof of her virtue and purity.¹¹

The emotional aspects of pregnancy and childbirth were not unremittingly negative. Analysing the emotions discussed in family correspondence in relation to pregnancy reveal a focus on anticipation and apprehension, with repeated combinations of words about the passage of time and physical change. For example, the discussion of size could be an acceptable way for mothers to express and

⁷ Rublack, ‘Pregnancy, Childbirth’, 95, 96.

⁸ *ibid*, 91-94.

⁹ Sharon Howard, ‘Imagining the Pain and Peril of Seventeenth-Century Childbirth: Travail and Deliverance in the Making of an Early Modern World’, *Social History of Medicine*, (2003), 163.

¹⁰ Judith Aikin, ‘Gendered Theologies of Childbirth in Early Modern Germany and the Devotional Handbook for Pregnant Women by Aemilie Juliane, Countess of Schwarzburg-Rudolstadt (1683)’, *Journal of Women’s History*, 15/2 (2003), *passim*, 51.

¹¹ Howard, ‘Imagining the Pain’, 367, 370, 377.

share the anxiety of pregnancy. Bessy Ramsden referred to both size and timing in the 1770s: 'I am at a loss to say when to expect the fatal moment ...I am such a monster in size; and indeed I am under great apprehensions I shall drop to pieces before I am ready for the little stranger'.¹² Thus the metaphor of weight conveyed physical and emotional oppression. This emotional vocabulary built bonds between spouses and between them and family members, bridging the difficult transitions from one phase of life to another, and helping neutralise the fear of the arrival of an unseen 'stranger'.¹³ Women also used the various emotions associated with pregnancy and birth to construct female authority and make demands or challenge patriarchal authority. For example, Catherine de' Medici's correspondence with the Spanish Court about her daughter Elisabeth de Valois, Queen of Spain between 1559 and 1568, constructed her legitimate authority to direct her daughter's care during childbearing through knowledge of the intertwined health and emotional well-being of pregnancy and childbirth.¹⁴

It is misleading to see pregnancy and birth as wholly driven by emotions of apprehension, fear, and anxiety. Gratitude and joy were also defining feelings for parents in print culture and life-writings. Aemilie Juliane's thanksgiving prayer for women to use during pregnancy declared: 'My heart is joyful in the Lord' at being blessed with a child.¹⁵

¹² Amanda Vickery, *Gentleman's Daughter: Women's Lives in Georgian England* (New Haven, CT, Yale University Press, 1998), 100.

¹³ Joanne Begiato (Bailey), 'Breeding' a 'little stranger': managing uncertainty in pregnancy in later Georgian England' in Jen Evans and Ciara Meehan, *Perceptions of Pregnancy*, forthcoming 2016 .

¹⁴ Susan Broomhall, "'Women's Little Secrets': Defining the Boundaries of Reproductive Knowledge in Sixteenth-century France', *Social History of Medicine*, 15/1 (2002) 1-15.

¹⁵ Aikin, 'Gendered Theologies of Childbirth', 52.