

Book Reviews

Brought to Bed: Childbearing in America, 1750-1950

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Judith Walzer Leavitt. *Brought to Bed: Child-bearing in America, 1750-1950*. New York: Oxford University Press, 1986.

Brought to Bed: Childbearing in America, 1750-1950, written by Judith Walzer Leavitt, is a detailed history of the journey undertaken by both parturient women and doctors struggling to find their place in the birthing rooms of America. Covering the periods between 1750 and 1950 chronologically and categorically, Leavitt attempts to recreate in as much detail as possible the stereotypes and medical difficulties encountered in childbirth. Drawing from the personal records, journals, and correspondences of both the women and doctors involved, the author is able to untangle complex meanings from the history of obstetrics.

Leavitt explains her endeavor in writing this book as a direct result of her personal interest in the medical changes taking place during this time period in America and her personal knowledge about the centrality of childbirth to the experience of womanhood. As such, Leavitt focuses on two planes of childbirth experience. First, Leavitt addresses the then scientific aspect of childbirth, such as the use of anesthetics, forceps, and cleanliness. Second, but not in importance, Leavitt also focuses on the emotional experiences of women during childbirth, such as their fear of death and their desire to remain in control of their own childbirth in a time normally represented by a shift in medical authority from the patient to the doctor. Rather, Leavitt allows the reader to understand that while many changes were occurring in the medical field, many of the resulting techniques and procedures affected a very small portion of women. Most women continued to give birth in their homes, and it was not until 1940 that over half of American women began giving birth in a hospital environment¹. Even when moving childbirth to such a strange, new environment, birthing women still exhibited their ability to make the practice of obstetrics meet their personal needs; many women chose the hospital environment voluntarily because they believed it presented them greater hope for a safe delivery. Although this entailed being without relatives and other loved ones at such a critical moment, Leavitt writes, "In seeking life and health, women were willing to relinquish some of their traditional supports."²

Leavitt presents her arguments with both factual astuteness and a sense of consideration for all parties involved. While recognizing that the pregnant women discussed within the text deserve control over their own bodies, Leavitt also acknowledges their sometimes uneducated decisions in the birthing room, which were the direct result of emotional considerations rather than scientific knowledge. Also, Leavitt accepts the difficult position of obstetricians in such cases; they were genuinely interested in advancing the science of childbirth but oftentimes produced more harm than good through poor knowledge of when to intervene in birth, the effects of the drugs being used without regulations, and the pressure to "do something."³ Juggling the widely varying perspectives of so many groups is a difficult task, which Leavitt conquers with aplomb. The litany of problems encountered and subsequently overcome by birthing women and obstetricians is impressive, and Leavitt is thorough in naming and discussing as many of these problems as possible.

Although supplying a somewhat tedious amount of detail at times, Leavitt possesses a thorough arsenal of sources which she uses to exemplify her arguments. There are literally pages and pages of journal articles, medical textbooks, and personal letters which the author incorporates into this thorough study of childbirth in America. The

¹ Judith Walzer Leavitt. *Brought to Bed: Child-bearing in America, 1750-1950*. (New York: Oxford University Press, 1986), 171.

² Leavitt, *Brought to Bed*, 182.

³ Leavitt, *Brought to Bed*, 43.

author uses medical records, though few, medical journals, and personal correspondences from both women and doctors to illustrate her arguments and establish credibility. Leavitt is careful to avoid over-simplified generalizations on the part of the mothers or doctors. Some of the correspondences mentioned addressed unusual situations or opinions. Therefore, Leavitt is careful to acknowledge that the feelings of certain parturient women are not necessarily consistent for the entire female gender and that the individual medical methods of private practitioners may not reflect the profession as a whole.

Leavitt is a formidable writer and is able to bridge the difficulties of portraying a long period of time both chronologically and categorically with ease. Unfortunately, because doing so requires frequently crossing back and forth through time, the reader is subject to some amount of repetition both within the chapters and throughout the book. However, the intended subject matter is certainly complex enough to warrant reiteration and the author's varying use of language makes the fault forgivable. In conclusion, Leavitt is more than capable of addressing such a broad and difficult subject. The author is able to convey both her technical knowledge in the history of child-bearing in America and her own vested interest in the progress of obstetrics. The author leaves the reader understanding that the relationship between doctors and parturient women has always been a tenuous, volatile one, experiencing progress and regress simultaneously. Women throughout the ages have found many ways of influencing the circumstances they found themselves in and have found many other areas in which they held no influence at all. As such, until parturient women are able to deliver their own children, this elastic relationship between birthing women and obstetricians is sure to continue.