

The Cultural History of Pregnancy

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For the 2008-2009 year, I was awarded a grant to travel to the Rockefeller Archive Center (RAC) to complete research for my dissertation on the cultural history of pregnancy in twentieth-century America. In the course of the twentieth century, pregnancy has undergone a significant change as a medical condition and a social construction. From the “shadow of maternity” to the “maternal glow,” obstetricians, retailers and advertisers have shaped women and men's perceptions regarding maternity. During the twentieth century, the nine-month period changed from a time filled with worries regarding complications, pain, debility, and even death, to an event occupied with prenatal visits and consumer activity idealizing babyhood and motherhood. The experience and expectations of pregnancy clearly changed, but what influenced this shift? To answer that question, my dissertation examines how the links between medicine and consumer culture shaped the conception of the modern pregnancy across the United States over the course of the twentieth century.

Early in the twentieth century, the obstetric community took a closer look at the causes of the high maternal mortality rates in America and argued for the expansion of obstetrics to include prenatal medicine. Studies revealed that women who received prenatal care had a greater chance to survive labor and delivery. Not only was there a decline in the number of maternal deaths, but there was also an improvement in newborn mortality figures, revealing a correlation between prenatal health and infant survival. The obstetrician's expanding role and responsibility had an important part in creating the medical definition of the normal pregnancy, which included new ideals for weight gain, prenatal visits, and physical activity.

No scholar has yet examined the medical history of pregnancy. Although there is abundant scholarship in women's and medical history on childbirth and child rearing, pregnancy is rarely examined as a distinct category. Scholars who do discuss pregnancy treat it either as a biological, or for the most part, historical event. They also tend to deal primarily with the consequences which could occur during pregnancy and childbirth, or to consider the subject as a prelude to their more central examinations of the labor and delivery process. The most important scholarly works on pregnancy in the United States have focused on issues such as racial discrimination, infertility, miscarriage, single motherhood, fetal alcohol syndrome, and eugenics. There are also narratives that examine political/public health successes and disappointments, such as the founding of the Children's Bureau and the failure of the Sheppard-Towner Act, both of which brought a new awareness to the abysmal mortality rates of expectant mothers and newborns. Unfortunately, the focus on the Bureau and the Sheppard-Towner Act overshadows the role of the obstetric community in establishing prenatal care, which in turn shaped the conception of the normal pregnancy. Overall, scholars have been primarily interested in defining and analyzing the "abnormal." I argue that we also need to understand what Americans

measured these atypical instances against—the “normal” pregnancy—and how that category changes over time.

So how did medicine define the “normal” pregnancy? Obstetricians defined the normal pregnancy as healthy, free of disease and other complications. The model that fit the definition was the white, middle-class married woman, who came to every prenatal visit, watched her diet, and accepted her doctor’s advice. For this project, the goal I have in place is to examine several files at the Rockefeller Archive Center that will highlight the emergence, acceptance, and propagation of this medical definition. This is extremely important, because my dissertation will not only look at the growth of prenatal care and transformation of obstetrics, but also the invention and dissemination of the maternity wardrobe, the baby shower, and the ideal pregnant figure, arguing that expectations of the normal pregnancy were shaped by the convergence of medicine, advertising, and consumer culture.

My research to date has taken place at Countway Medical Library, Chicago History Museum, University of Chicago and Schlesinger Library. I have also looked at numerous magazines, advice manuals, and medical journals. Numerous doctors, lay authors, and public/medical associations wrote advice books and pamphlets during the twentieth century, detailing every aspect of maternity from when to see the doctor to what clothing to wear. In medical journals, such as the *Journal of Obstetrics and Gynecology (AJOG)*, debates, reports, and studies outlined the need and the efficacy of prenatal care. In both, the modern pregnancy took shape, which included specific roles for the physician and patient that highlighted ideas of authority and responsibility. The obstetrician was the authority figure, responsible for administering quality prenatal care. The expectant mother’s responsibility was to see and listen to her doctor, as well as to follow his or her orders exactly. She bore much of the blame if her deviation from medical advice caused serious ramifications.

Not only did these sources highlight the discussions regarding doctor and patient roles, but also those of other individuals and groups. The Maternity Center Association (MCA) repeatedly appears in the RAC collections and is a good example. The RAC has folders from MCA's Brooklyn and Manhattan locations that date from 1919-1929. The MCA, established by doctors, nurses, and other Progressives in 1918, sought to combat high maternal and infant mortality rates by opening clinics, offering classes, and publishing advice books that taught expectant mothers how to take care of themselves and their newborns. While MCA's publications emphasized their public opinions, only the RAC's holdings can shed light on how this association internally defined and implemented maternity care and education in an urban setting. My original question was to assess how MCA shaped the perception of pregnancy. What I found was two stages of work conducted. The first stage used nurses during the early 1920s to canvass neighborhoods to convince pregnant women to visit MCA clinics for pregnant care. For example, one clinic saw 418 women in 1918; by 1922, that number jumped to 2200. The second stage, which started in the mid to late 1920s, implemented new education classes, entitled Mothercraft Clubs that held clinics for middle-class women who were under the care of a private physician. What I am finding in other collections is that as the modern pregnancy become more associated with private care, characterizing the "event" as middle class, which has larger implications. The material I found on the Mothercraft Club will help me assess this change.

The dominant characteristics of the normal and modern pregnancy set a precedent by which all other pregnancies would be judged. The *AJOG* and many states' professional medical journals published many reports on urban and rural maternal welfare. RAC has health studies that focused on rural counties of Tennessee between 1933 and 1945. My main question was to assess how the model, created in urban settings, translated to rural environments. In doing research, I was surprised to find that the model was indeed disseminated and accepted for the

most part. However, in doing further research, the work in these mainly rural states corresponded to a shift in obstetrics in the 1920s and 1930s. Obstetric leaders became highly aware that the practice of obstetrics was purely subjective. What one physician deemed acceptable, another believed inadequate. In 1925, the Children's Bureau and doctors worked together to release *The Standards of Care* in 1926, which was the definitive treatise on the medical management of pregnant patients. The main weakness outlined was the ineffectual obstetrician who resisted change and in turn allowed high mortality rates to continue. From the mid 1920s onward, obstetric leaders, nurses, and patients worked to standardize obstetric therapeutics in every corner of the U.S. In Tennessee, conferences and lectures, under the auspice of post-graduate education, were held to teach doctors this new standard. Doctors would attend ten lectures that included demonstrations, discussions, question and answer sessions, and examinations. It was felt that if all obstetricians practiced the same medicine, most complications that caused infant and maternal mortality rates could be addressed. Additionally, women would come to expect this type care for each pregnancy. I was hoping to get a sense as to how the black community fared under the intense retraining of doctors, but, unfortunately, the evidence reveals little.

In conclusion, this grant-in-aid allowed me to understand the emergence and acceptance of the medical definition of the normal pregnancy. As journal articles, books, and pamphlets highlight, the normal pregnancy was the obstetrician's goal. Yet, its definition was imbued with notions of race, class, and gender, revealing that although pregnancy is biological, its meaning has been shaped by other cultural factors.