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Female Midwifery in the Czech Lands 1850–1950: A Career on the Decline[1]

Abstract: *Although midwives were incorporated into the administrative system governing the conditions of birth delivery, female midwifery became the target of verbal attacks from the leading authorities of scientific medicine. Physicians addressed midwives often with superior hostility. In professional medical journals, the opinion was repeatedly represented by articles accentuating the archaic element of midwives' obstetric practice and, in particular, the lack of education and subsequent ability to absorb modern knowledge to improve obstetric practice. Professional discourse was constantly questioning the female midwives' capabilities, which, together with constantly increasing number of female midwives, resulted in the lack of guaranteed financial support for female midwives' professional practice. Thus, as a profession, midwifery mostly could not provide an opportunity in terms of economic and social independence.*

Key words**:** *history of medicine – physicians – Czech lands – 19th–20th century – midwives*

The Habsburg monarchy in the last third of the nineteenth century stepped into the final stage of professionalization of the medical field. Obstetrics has become a key area of action for pro-population measures since the period of enlightenment. In the eighteenth century not only doctors but politicians, bureaucrats, and governing rulers start to understood the population, its abundance and health, as an essential condition for the successful development of the state. Daniela Tinková emphasized the impact of this influence on the medicalization of births in the first half of the 19th century. The professionalization of obstetric assistance developed into two types of practitioners – female and male midwives.[2] The legislation led to the introduction of courses taught in the Habsburg monarchy often at the soil of medical faculties, which should guarantee the minimal level of female graduates for real practice and enable them legal approval for the

1 Publication of this study was supported by the project of GAČR - Czech Science Foundation nr. 17-14082S *Midwives: The Professionalization, Institutionalization, and Performance of the First ever Female Qualified Profession in the Course of Two Centuries*.

2 Daniela TINKOVÁ, *Tělo, věda, stát. Zrození porodnice v osvícenské Evropě*, Praha 2010, pp. 109–123.

professional practice. But was the profession of midwifery considered from the viewpoint of practicing midwives to be an independent occupation in terms of economic and social independence or should we see childbirth assistance only as a part-time job opportunity for lower classes? To what extent were midwives dependent on other sources of income or financial support of relatives and the local community?

Although midwives were incorporated into the administrative system governing the conditions of birth delivery, midwifery became the target of attacks from the leading authorities of scientific medicine. Physicians addressed midwives often with superior hostility. In professional medical journals, the opinion was repeatedly represented by articles accentuating the archaic element of midwives' obstetric practice and, in particular, the lack of education and subsequent ability to absorb modern knowledge to improve obstetric practice.

Midwives were represented in the discourse of medical periodicals in the 1860s as an archaic element that became synonymous with the rural environment.[3] Based on historical tradition, the population in the countryside trusted the therapeutic abilities and skills of midwives. Physicians often faced, in the case they entered in the practice in the rural areas, to develop a client network, a confrontation with the regional reputation of capable midwives.[4] Ignác Kvapil, a district physician in Chudenice, has reported such experience in 1867. He published a description of the problems associated with rural practice, where a young physician „must endure many difficulties before he gains the trust of his sick."[5]

While greater anatomical knowledge, coupled with access to a greater range of obstetric techniques, will have proved beneficial to male midwives, the quality of training that man-midwives received, especially with respect to the number of births that they were able to witness, was variable to say the least. This fact was well known in the population.[6] As the basic advice for new doctors therefore often stand the recommendation of a strict demonstration of the dominance that the doctors had towards the pupils on the basis of differences in education, professional corporate identity and symbolic capital that they could draw from the growing prestige of the medical profession. Therefore, „the doctor must strictly prohibit the midwife to mix in the medical treatment, in particular it must not allow the midwife, as many others, in obstetrics uneducated medical practitioners, to let her help in the cases of difficult deliveries."[7]

3 Edward SHORTER, *Women's Bodies. A Social History of Women's Encounter with Health, Ill-Health, and Medicine*, New Brunswick – London 2009, pp 36–37.

4 Jürgen SCHLUMBOHM, *Lebendige Phantome. Ein Entbindungshospital und seine Patientinen 1751–1830*, Göttingen 2012, pp. 199-201.

5 Ignác KVAPIL, *Náčrtky z práce venkov*ského lékaře, Časopis lékařů českých, no 30, 1867, p. 237.

6 Robert WOODS – Chris GALLEY, *Mrs Stone & Dr Smellie. Eighteenth-century midwives and their patients,* Liverpool 2014, p. 310.

7 I. KVAPIL, *Náčrtky z práce venkov*ského lékaře, p. 238.

The difference between the level of education of midwives and the future obstetric doctors has become a constitutive element for the differentiation of both professions outside the faculty: "It is understood that education and indepth training of midwives has almost no value. Where they would take it in four months courses? That is the reason why old views and habits, inherited from the old grand-midwives still hold."[8]

The midwives were ranked side by side with other representatives of the traditional medical field; shepherds, folk healers, quackers, but also old women healing illnesses with sympathetic magic formulas, amulets, prayers and other superstitious practices. Although midwives were not ranked directly on the level of uneducated lay-healers using the magic principles of treatment, they were, from the point of view of conventional medical culture, on the margin of professional medicine.[9] Irrationality of the traditional non-educated midwives was associated also with the identification of their new status, caused particularly by professional ignorance of physicians. Midwives stood thanks to their official education on the border of the illegal world and the paradigm of scientific medicine, but their practical activity (in the case of willingness to provide abortions) often brought their position often closer to folk healers.[10]

Midwives, according to testimonies of physicians, had a strong position in the countryside, they used to provide not only physiological birth, but also by providing turnovers, extractions, and only the inability to use the attribute of an obstetric profession, the forceps, prevented them from performing an even wider range of therapeutic treatments. In fact, the doctor was most often invited to child delivery in the case of its excessive length, when it was clear that complications are threatening the health both of the mother and the fetus. However, in addition to obstetric practice, the midwives held the positions of childhood diseases therapists, to the extent that „ if a doctor orders something that the midwife is not satisfied with, he may often be convinced that his prescriptions will not be kept."[11]

František Dvorský published a contribution to the history of midwifery in Bohemian lands, in which he described the status of midwives in 1880 with disturbing words: "in the cities are the insufficiently educated midwives under the direct disciplinary supervision of bureaucratic apparat, but in the countryside are the midwives free to do almost anything, even if they had never been examined or educated, nor were they sworn to official practice,

8 František DVORSKÝ, *Příspěvky k dějinám českého lékařství*, Časopis lékařů českých, no 19, 1880, p. 464.

9 Antonín Chvojka, *Poměr mezi porodními babičkami, poměr porodní babičky k obecenstvu a k lékaři*, Věstník věnovaný zájmům porodních babiček, no 3, 1913, p. 6.

10 Marijke GIJSWIT-HOFSTRA, *A Sense of Gender: Different Histories of Illness and Healing Alternatives,* in: Robert Jütte – Motzi Eklöf – Marie C. Nelson (eds.), Historical Aspects of Unconventional Medicine. Approaches, Concepts, Case Studies, Sheffield 2001, p. 42.

11 I. KVAPIL, *Náčrtky z práce venkovského lékaře*, p. 238.

and through their practice are the midwives causing danger for the pregnant and suffering women – for their body and livelihood."[12]

Dvorský subsequently proposes several recommendations to improve the state of midwifery practice and education of midwives. And here we come across perhaps the most typical phenomenon of shaping the relationship between doctors and midwives. Especially since the turn of the 19th and 20th centuries, a whole group of doctors has clearly established themselves as experts, whose primary interest was the effort to raise the level of professional education and social status of midwives, thus ensuring more professional and safe medical care for mothers.

Institutionalization of childbirth

There was, of course, also the second way to improve the conditions of child delivery – the institutionalization. To understand the importance of home deliveries, we have to explain the historical development of the transfers the obstetric practice in maternity hospitals. When comparing the choice of place of birth between 1850–1950 in Czech lands, we observe a much smoother tendency to develop the preference for seeking medical care outside the home of the women.

In the seek for the period when there emerge a break in the preferences between the birth at home and in a maternity hospital, we have to mark the definition of what should be seen as a breakthrough. Irvine Loudon for that purpose used the line of 50 percent of deliveries per year realized in the frame of institutions. In New Zealand, the turning point was reached as early as 1926, in Sweden between 1935–1940. In USA this transition occurred around the year 1940 (in urban areas even earlier - around 1920). In Britain, the turning point occurred before 1950. A completely different development went through the Netherlands, where hospital births accounted for only 26 percent in 1957, 33 percent in 1965, and even in 1970, the proportion of births in hospitals did not exceed 47.4 percent.[13]

The representation of obstetric facilities in Czech culture before the First World War was largely influenced by the older tradition. In 1898, Professor Karel Chodounský defined the role of a maternity hospital as a place established mainly for desperate single (meaning non-married) women, in order to find a safe shelter in the difficult times for their health. Poor mothers were looking not only for medical help but also for the welfare of their child. The hospital for them meant a safe place where they could give birth to a child in relative

12 F. DVORSKÝ, *Příspěvky k dějinám českého lékařství*, p. 466.

13 Irvine LOUDON, *Death in Childbirth. An internationl study of maternal care and maternal mortality 1800-1950*, Oxford 1992, pp. 151-152.

comfort and be turned away from crimes. Secondly, as Chodounský reminded, maternity hospitals were also open to married women.[14]

The Prague Provincial Maternity Hospital, founded in 1789, combined several functions. In addition to midwifery, it provided "live study material" for the practical teaching at medical faculty, educating young obstetricians and midwives. The social determination of the target clientele of the original obstetric clinics was determined by the fact that the maternity hospitals were by their disposition connected with the orphanage. It was expected that most of the newborns would be left by single mothers to their fate. Gradually, two other similar public maternity hospitals were established with similar intentions in outside Prague – in Brno and Olomouc.

The environment of public maternity hospitals has also been associated for a long time with high mortality rates of mothers and newborns. Undoubtedly, this was due to the low social status of mothers and the resulting low resistance to the physical and mental exhaustion that accompanied childbirth. But for this stigmatization of maternity hospitals were in the second half of the nineteenth century also objective reasons – high mortality rates of mothers as well as infants. The eradication of infectious diseases in the hospital environment was complicated by the debates reflecting the unclear origin of the contagion.

According to common acknowledgment, Ignaz Semmelweis was the first person to discover the cause of puerperal fever and to take it as a contagious disease. Semmelweis was appointed to assistant in the Vienna Maternity Hospital at 1846. He made his first observations on puerperal fever 1847–1848 but he did not publish a single note related to this problem until 1858. His famous reflection of the causes of maternal mortality at the hospital The Aeriology, Concept and Prophylaxis of Childbirth Fever was published even later – in the year 1861. His predecessors from different countries, such as Oliver Wendell Holmes or Alexander Gordon, have already published numerous articles referring of the contagoinistic origin of puerperal fever, even before 1840.

By the 1850s and 1860s, the enormous Viennese hospital hosted about 8000 patients a year. In 1833 the Maternity Hospital was divided into two clinics. Medical students and midwives attended both clinics. From 1840 the first clinic was reserved for the instruction of medical students and doctors, the second for midwives. Patients were admitted to two clinics on alternate days, unintentionally producing a system of randomized patient allocation. There was no selection of complicated cases for the first clinic and uncomplicated for the second. By the 1840s it was already well known that the mortality rate from puerperal fever was higher in the first clinic than the second and many explanations were provided. But It

14 Karel CHODOUNSKÝ – Josef THOMAYER, *Slovník zdravotní, Populární praktická kniha poučná*, Praha 1889, p. 313.

was the death of Semmelweis's colleague caused by a minor injury which gave Semmelweis first insight into the real reason for the difference between both part of the hospital.

At the Hospital it was custom for students of medical faculty to attend post-mortem pathological examinations of female bodies before walking over to the labour wards where they undertook numerous vaginal examinations in labour as part of their routine training, dressed in their ordinary clothes, without any protection or form of sanitation.

The Maternal mortality rate per 1000 births in the first clinic reached between the years 1833–1840 the average number of 65,3 deaths per 1000 births while in the second (midwives) clinic in was in the same period only 55,2. The difference increased in the following period between 1841–46 to 114 deaths per 1000 births in the first (male) clinic, in the second clinic was the average number of maternal mortality significantly lower – 39,9 deaths per 1000 births.[15]

From May 1847 Semmelweis insisted that his students washed their hands in disinfectant before attending the labour wards. Maternal mortality in the first clinic fell between the years 1847–55 to 34,5 deaths per 1000 births, which was level close to that of the second clinic – 29,7. The notorious success of Semmelweiss practice and his incompetence for finding the satisfying explanation are well known. Irvine Loudon has nonetheless reminded that Semmelweiss's approach succeeded in reducing the MMR in the first clinic from monstrously high levels of 900 and more deaths per 10000 births to still very high levels that prevailed in both clinics of about 300 female deaths per 10000 births. A rate of 3000 was fifteen times as high as for example the rate achieved by London's Royal Maternity Charity in the period 1842–1864, based on the home deliveries amongst the instate population of East End, London.

Thus, although the Viennese maternity hospital was a very prestigious institution of education, teaching, and scientific progress, its reputation suffered greatly in terms of hope for the survival of hospitalized patients. And to be a pregnant woman at that time, it was better to avoid the benefits of its treatment.

There is one general trend in the international comparison of maternal mortality. Since 1850, the maternal mortality curve moved almost in a horizontal plateau, until the early 30s of the 20th century, when it started in all Western countries falling sharply and continuously until the 80s of the 20th century. It is very remarkable that the trend can be traced regardless of the specifics of the local medical market and the fact who was the dominant provider of midwifery, whether midwifery was provided predominantly in hospitals, by medical doctors, by midwives in different types of institutions, or midwives in private apartments. Similar tendencies could be traced in Czech lands ss in the Netherlands,

15 I. LOUDON, *Death in Childbirth*, pp. 66–67.

where the tradition of home births led by female midwives remained for longest period of time from all countries of the Euro-Atlantic culture.[16]

The situation in the Czech lands was similarly complicated. Disputes over the ideal form of institutionalized care were directly intertwined in the planning and construction of the new building of the Land Maternity Hospital in Prague. In 1859, the Ministry of the Interior Affairs earmarked 400,000 guldens for construction; Prague was supposed to adopt the Viennese path and establish similar obstetric facilities by setting up a new institution. The building was to be located in Helfert's Garden, in the immediate vicinity of the old maternity hospital. With an expense of 377,000 guldens, a building capable of providing 4000 births annually was to be established.[17]

Within the following two years of preparatory work, the situation became uncleared and finally was swept away from the table by the provincial governor, count Anton Forgách. He was advised by professor Josef Vilém Löschner, who pointed out that the matter of new establishment had not been properly examined from a medical perspective. According to medical knowledge, Löschner considered the planned high-capacity building to be inappropriate and it could not ensure the health safety of the patients, especially because it would have been established in the vicinity of an old clinic where puerperal fever had often occurred. Forgách decided to appoint an expert committee to assess the health aspects of the construction of the maternity hospital and then recommend further steps.

The puerperal fever appeared to be a matter of intense debates even in the sixties of the nineteenth century. Prestigious pathological and anatomical authorities were called as members of the Löschner's committee, including the leading medical experts Josef Škoda, Karel Rokytanský and Rudolf Virchow from Berlin. Written questions were sent to the commission members. The responses of the committee showed that a new maternity hospital can only be safe with a maximum capacity of 1000 births per year and built more distant from the original old maternity hospital. Some members of the commission – Škoda, Rokytanský, and Oppolzer were not against the construction of a building designated for 4000 births per year, but they did not seem to find a suitable location, because the conditions did not provide enough space for such a large building.[18]

The establishment of a new institution was debated also at the Bohemian provincial assembly and many members of the assembly protested against the recommendation of Löschner's committee, among them medical doctor Josef Hamerník. He mediated not only

16 Irvine LOUDON, *Midwives and the Quality od Maternal Care*, in: Hilary MARLAND – Anne Marie RAFFERTY (eds.), Midwives, Society and Childbirth. Debates and controversies in the modern period, New York 1997, p. 196.

17 Josef HAMERNÍK, *O nakažlivých a epidemických nemocech*, Časopis lékařů českých, no 51, 1865, p. 402.

18 Petr SVOBODNÝ – Ludmila HLAVÁčKOVÁ, *Pražské špitály a nemocnice*, Praha 1999, pp. 79-82.

his dismissive opinion but also medical expertise of a major opponent of the Semmelweis theory, Bernhard Seyfert, who at the time headed the maternity hospital.

Both Hamerník and Seyfert, still adhered to the contagionist theory of Giorlamo Fracastro, even in the 1860s. Seyfert advocated a contagionist theory and appeared to be the main of Semmelweiss and his theory of puerperal sepsis, arguing that the fever was spreading mainly due to the exhaustion of the patient's body due to delivery. Finally, the compromise between both sides was approved and the construction capacity of the future maternity hospital was rated at 3,000 births per year.

The popularity of institutional care was evolving very slowly. Obstetrician František Pachner, a fundamental figure of the development of modern obstetrics education in Moravia, has introduced thorough analysis of the situation of obstetrics in the Czech lands at the beginning of the twentieth century. According to his information, only 1.5 percent of births were carried out in Bohemia at the beginning of the twentieth century, while in Moravia it was slightly higher – 2.5 percent of births. The relatively low proportion of institutional care that was provided to mothers before World War II is usually explained by the lack of capacity of the healthcare network. According to Pachner's calculation, only 1165 public obstetric beds were available in Czechoslovakia in 1937.[19]

A turning point in the public meaning of institutional obstetric care occurred in Czech lands after the First World War when it was possible to observe the shift of middle-class future mothers' preferences towards the institutionalized care. During the interwar period, could be observed an increase in the share of births performed in institutionalized care, and more frequent was also the medical assistance performed by male obstetricians by home deliveries. According to Pachner's estimation, health care facilities provided 17 percent of all births in 1939. In the course of the Second World War, the proportion raised even further, so in 1945 the figure was 22.1 percent.

Although governmental authorities have tried since the period of enlightenment's reform movement to incorporate men into obstetric practice, even after more than a century, František Pachner in 1910 indicated that only five percent of births were delivered with the assistance of male physician, meanwhile dominant 95 percent of births took place under the supervision of female midwives.[20]

The first half of the 20th century was a period in which the number of certified doctors in Europe was massively increasing. While the number of midwives often stagnated and rather decreased, in the 50 years of development between the 1880s and the third decade of the twentieth century, the number of medical doctors more than doubled in most European countries, but medical market in the Czech lands went through a slightly different path.

19 František PACHNER, *Porodní babictví v Rakousku a jeho nutná reforma*, Časopis lékařův českých pro lékaře, ranhojiče a lékárníky, no 34, 1910, p. 1042.

20 F. PACHNER, *Porodní babictví v Rakousku*, p. 1044.

Structure of the medical market

In 1831, the number of midwives in the Czech lands was 5665. The need to take midwifery courses and fight against illegal unapproved female practitioners led to a temporary fluctuation in the number of midwives in the first half of the 19th century, as some midwives did not admit to illegal practices and are not incorporated in the statistics. The break in the growth of the number of midwives occurred in the second half of the 19th century. Thanks to the raising number of midwifery courses that gave the women a possibility to acquire official approval for practice, the number of midwives in Czech lands continued to increase every decade.

In 1850 there were 5078 midwives in the Czech lands, in 1870 it was 7329 practicing women. By 1900, three decades later, 9038 midwives were practicing in Czech lands. As we see, the number of women practicing midwifery almost doubled in 50 years between 1850 – 1900. The highest number of midwives could be traced in the statistics around the year 1910 when the sources recorded 9208 midwives.[21] The decline in the rate of births per year occurred during the First World War and the lack of opportunities for financial earnings resulted in a reduction of the number of midwives, they simply could not earn enough to benefit from the professional practice.

Thus in 1920, we find only 7361 practicing midwives (the name of the profession was called now birth assistant). Subsequently, their number was only further decreasing. This was mainly caused by the temporary limitation of the teaching of midwifery courses in the 1920s, which was enforced by the professional bodies of female midwives themselves. They understood that the continued production of new graduates of obstetrics courses undermines the livelihood of practicing midwives. By 1930, the number of practicing midwives decreased to only 5758 persons. The records of 1940 are unfortunately inconclusive, as they do not take into account the territories incorporated after 1938 into the German Empire. However, the number of babies was further reduced after World War II. By 1960, there were only 2969 female midwives in Bohemian Lands.

The opposite trend is apparent in the growth in the number of physicians. Male students of medical faculties had until the year 1875 two career opportunities for the practice in the medical field. Either they could become surgeons, which often also included the specialization in obstetrics, or they could become physicians. As a result of reforms of medical studies, the prestige of the physicians' profession was on the constant rise. That

21 Statistical data are based on the medical statistics published in the series *Tafeln zur Statistik der oesterreichischen Monarchie (1828-1848), Tafeln zur Statistik der oesterreichischen Monarchie - Neue Folge (1849-1865), Statistisches Jahrbuch der Oesterreichischen Monarchie (1863-1881), Österreichische Statistik (1880–1910).*

is the main reason for which the number of surgeons decreased from the number of 1527 in the year 1831 to 1082 in the year 1875. Later the number of surgeons decreased even more dramatically because of the dismissal of surgical schools.

Physicians were in the 19th century the most prestigious profession in the medical field, but by 1831 only 423 physicians were practicing in the region of Czech lands. The symbolic status of the profession led continuously to the point when physicians surpassed surgeons in their numbers by the 1870s. For example, in 1875, 1405 doctors have been practicing, while the number of surgeons fell to 1082. The significant growth in the number of medical doctors can be observed since the 1880s. By 1900 there were 3459 in the Czech lands, in 1910 already 4555 practicing physicians. Their number continued to grow so that in 1930 the number of 6961 physicians exceeded the number of 5758 midwives. Stagnation in the 1940s was caused due to the emigration after 1938 and the subsequent dismiss of universities. However, in the postwar period, the number of medical doctors began to grow even more rapidly, so in 1960 there were 17838 practicing medical doctors in the Czech lands.

Differentiation between actors in the field of obstetric practice took not only the quantitative forms. The above-mentioned suspension of education courses for midwives between 1920–1928, which was justified by the excessive number of midwives on the medical market, led later to symbolic changes in spatial determination of the place of their education. The resumption of obstetrics courses in 1928 continued to deepen the professional distinction between doctors and midwives, now called birth assistants. After 1928, the training of birth assistants was no longer delivered in a similar environment to that of doctors, at medical faculties, as it was earlier in 19th century. Courses for female midwives were symbolically opened in the interwar period strictly outside university cities. Instead of the central locations of Prague, the lessons for female midwives were given in the institutes established for midwives' education and training in Pardubice, Liberec, Bratislava, Košice, and Užhhorod.[22] This was a strategy symbolically depicting lower status of theoretical and practical training of female midwives as part of a deepening competition between physicians and their female rivals.

Old rivalry, new discourse

While obstetricians in the nineteenth century declared the superior status over midwives by their education, which they acquired as part of their standard studies at medical faculties, in the twentieth century we could trace in the articles published in the medical journals an

22 Emilie LUKÁŠOVÁ, *Otázka potomstva – otázkou národního bytí. Problémy populační s hlediska lékařského*, Praha 1939, p. 42.

increased tendency to establish a discourse that denied to midwives even the last privilege with which the profession was usually associated – practical crafts and skills.

According to this new discourse the low quantity of childbirth assistances provided by the female midwives, which often did not even reach 20 births per year, not only did not provided sufficient financial support for midwives, but according to contemporary views, could not guaranteed even the basic the maintenance of their knowledge and skills, and as a result the knowledge and skills acquired in the process of education gradually degenerated.[23]

Challenging the very foundation of the midwives' success, the crafts – the practical aspect of the midwifery profession, was the first step logically to be followed by the further incorporation of once-active midwives into the system of providing only assistance, in which they would be hierarchically subjugated to medical doctors.[24]

One part of the strategy of physicians was to emphasize the incidence of birth abnormalities, which could lead to endangering the health of the newborn and the mother itself if the services of midwives were used.[25] This agitation, which led to the strengthening of the position of institutional hospital care, was not always guided by the doctors' altruistic intentions. Physicians tried to secure as many patients as possible with birth assistance because newborn children were an ideal setting for expanding the clientele base. Mothers and their children were considered as a source of financial income. An important role was played by the need to ensure the largest possible collection of studying material for medical students. A change in the perception of childbirth has also played a role. Delivery has been increasingly seen as a pathological condition, which was eventually confirmed by the introduction of pregnancy and childbirth into the international classification of diseases.

Transfer of birth-deliveries to maternity hospitals in the 20th century

Institutionalization of obstetric care took several forms in the first half of the 20th century. Four basic types of institutions were gradually established on the medical market – in addition to the central land maternity hospitals, there were obstetrics departments in general hospitals, shelters for the protection of mothers and children, and finally private sanatoriums.

23 Antonín CHVOJKA, *Poměr mezi porodními babičkami, poměr porodní babičky k obecenstvu a k lékaři*, Věstník věnovaný zájmům porodních babiček, no 4, Praha 1913, p. 5.

24 *O poměru mezi lékařem a porodní babičkou*, Věstník věnovaný zájmům porodních babiček, no 8, 1913, p. 4.

25 *Krvácení z rodidel v životě ženy, zvláště v těhotenství*, Věstník věnovaný zájmům porodních babiček, no 3, Praha 1913, pp. 4–5.

There were several reasons for the increase of the popularity of institutional care – but its success in the Czech environment was based mainly on a modernization ethos emphasizing the progress of scientific development as s key to safe access to childbirth and postpartum care. Within the given shift of public opinion, the possibilities of institutional care, modernity of technical equipment and expertise of staff were increasingly more appreciated. The rhetoric of institutionalization also often used a discourse of pain as an element of birth delivery which could be calmed to that measure, that could cloud be beneficial for the women to get through the pain, possible complications, as well as through the consequences of the birth itself.

The possibility of leaving the responsibility for the determination of suitable spatial conditions for the delivery of a child to professional care was also attractive, especially in the context of the evolving hygienist discourse. In an urbanized environment where women often shared accommodation with many other inmates, it was not possible to ensure sufficient intimacy and privacy for the delivery, so the maternity hospital was often a necessary choice without other possibilities left.

Paradoxically, the reality of the sanitary environment and professional services did not mean a guaranty of a higher level of health security in the interwar period.[26] On the contrary, according to available information, the number of maternal deaths in maternity hospitals was higher than by the home deliveries. In France, for example, in 1937, the maternal mortality rate was 7 patients per 1000 treated women, while in the case of home births this indicator was significantly lower – it represented 2 women per 1000 births performed. The lowest maternal mortality rate was found between 1850 and 1939 in countries where the majority of deliveries were performed by educated midwives.

We are witnessing a situation where the discursive formation of specialized medical expertise engaging in the promotion of institutional care as a convenient and sophisticated alternative to traditional home deliveries, was not based on real arguments, since midwifery statistically provided a lower level of health risk. This was for the Czech environment confirmed even as late as in the year 1946 by František Pachner. Nevertheless, the trend of institutionalization of obstetric care continued in post-war Czechoslovakia. It has been massively strengthened by the systematization of health care after 1948. The nationalization of health care and the creation of adequate capacity in gynecological and obstetric wards have dramatically increased the birth rate in health care facilities to 44.1 percent in 1950. By 1955 nearly 80 percent of all births in Czechoslovakia took place in institutions and finally in 1960 the share of institutional births exceeded 93 percent.

The transfer of births to obstetrics clinics also began to change the relationship of doctors to their patients. In the early stages of their existence, socially endangered members

26 *Skandální poměry v pražské porodnici,* Ženský list, no 3, 1908, p. 2.

of proletariat with a minimum amount of education were usually admitted to maternity hospitals. Thus, representatives of the prestigious professional status came into contact with socially and often intellectually inferior groups of women. Instead of in their households, these women met doctors in areas where they had no means of power, defining the increase of the physicians' dominance over female patients. Besides, they often performed auxiliary work before and after birth in the maternity wards and had to obey clearly defined maternity ward orders. For many medical doctors, mothers were only living dehumanized study objects. The sediments of the given power disbalance have influenced the form of institutional obstetric care till the contemporary period, although in the case of todays' patients and medical doctors it is no longer possible to talk about the meeting of two unequal representatives of socially hierarchized society.

Can we go further in explaining the poor state of midwives? The sphere of midwifery predominantly occupied by women clearly showed the characteristics of a feminized profession. Gender studies use the term as a sign of the degree of social prestige that specific professions have in society. Values of economic benefits of performance of activities are also derived from the social valuation of professional status. In the case of obstetrics, we get in touch with a sphere which, despite the enlightenment reforms in education and training of professionally educated professionals, still belonged from 95% to women in its practical dimension, even at the beginning of the twentieth century.

The occupations performed by women have always been and still are assessed as inferior. Thus, the determinant of gender professional differentiation contributed to the low social and economic position of his female representatives in society. Only the reforms of the late 1940s and the subsequent transfer of obstetric assistance to institutionalized maternity hospitals in the Czech lands meant an increase in the prestige of obstetrics as well as the definitive establishment of midwifery medicalization, thanks to which gynecology and obstetrics had acquired completely different positions in society.

The above-mentioned separation of the previously parallel preparation of future obstetricians and obstetricians in several steps did not contribute positively to the public reputation of the midwifery either. After the end of Antonín Jungmann's active career, in 1850, clinical teaching for future midwives was separated from the groups of male students. Four decades later, in 1891, the Prague Department of Midwifery was separated from the university. Thus, the symbolical delimitation of spheres of science education and the space for training of practical application of the rules and principles of obstetrical practice declared the different status of students. This tendency was then developed even further when, after a short-term dismiss of the midwifery education course in 1920, the teaching of midwifery was renewed in 1928, but now symptomatically not in the university cities, but in regional towns.

Financial benefits?

According to statistics from 1896, there were 1,395 inhabitants per one midwife in the Austrian part of the Habsburg monarchy. Given the number of midwives, they had the possibility to assist in an average of 35–40 births per year.[27] Such amount of deliveries was too low to be able to earn a living and insufficient to develop and increase the professional expertise of midwives.

In respect of the economic resilience of midwives, František Pachner declared a minimal amount of deliveries, sufficient for sustaining the basic needs of midwives. He emphasized the need to reduce the number of midwives in such a way that there could be 2,000 inhabitants per midwife, which would ensure that the professionals would able to assist in 60 births per year. But the development went in a different direction. In 1905 there were 6,560,042 inhabitants in the Czech lands, with 5820 midwives, per 1 midwife were available only 1,127 persons and the average number of birth assistance was 37 cases per midwife.

In Moravia, the number of qualified midwives was even higher. There were 2,782 midwives per 2,437,701 inhabitants, so on average one grandmother could be available to 876 inhabitants and could assist only in 29 births per year. Silesian conditions were similar, for 680,423 inhabitants there were available 682 midwives, so per one midwife on average counted 998 inhabitants, and the midwife would be able to benefit only in 33 births a year.

The situation was similar almost for the whole period between 1855–1930. The potential to assist by more than 50 deliveries existed only in mid-nineteenth century, later in the 1850s to 1860s remained slightly above the number of 40 assistances per year and from the 1870s dropped even lover.

Images of midwives' earnings were rather vague, and period surveys at the turn of the 19th and 20th centuries counted on an average remuneration of 10 crowns per childbirth. Fratišek Pachner's investigation revealed several interesting findings; the midwives in the Czech lands had an average age of 42.71 years, according to the analysis related to the years 1905–1906. Given the average age of the population, the age was relatively high, which was due to the fact that midwives were not included in the pension system and their earnings throughout their lives were so small that they could barely maintain their daily needs. So they were forced to earn to the last breath. Therefore obstetric practice could not provide the midwives with long-term financial support. These women were almost always balancing on the edge of poverty, especially if they did not have a husband who would have contributed to the family budget. Not only did they face considerable competition, whether in the form of their qualified or non-qualified colleagues, but their situation was not made any easier by the state either, whether we speak of monarchy or

27 František PACHNER, *Porodní babictví v Rakousku a jeho nutná reforma*, Časopis lékařů českých, no 35, 1910, p. 1075.

the First Czechoslovak Republic. The state authorities completely failed to define basic conditions of midwifery, such as the areas of practice or the fees for medical acts. Women have visited their labouring clients day and night without much chance that their profession would ever bring them a real social ascent.

Pachner found out by a questionnaire survey that the average real number of births per one midwife was 40.31 births per year. Of course, the differences in the determinants of practice caused considerable variations in the database, but in addition to the idealized number of 60 births per year in the first decade of the 20th century, only 10.18% of midwives included in the analysis of the Moravian doctor achieved that level of success. On the other hand, 80% of grandmothers did not assist in 50 births per year. According to Pachner's statement, half of the midwives had due to insufficient practice necessarily professionally degenerated. After completing theoretical and practical training, they did not receive any further knowledge, and especially for midwives, by whom the number of births did not exceed 20 assists per year, which was a quarter, it was not possible to speak of their practice in the meaning of a professional approach. The social consequences of the low number of job opportunities for which it was possible to earn income were the low incomes of midwives. According to the results of Pachner's questionnaire survey, the average annual income from the practice of obstetric practice was 148 czech crown of 43 hellers per midwife.

The incomes were differentiated according to the social status of the clientele, but it was possible to find constant factors that influenced the level of income. It was mainly the size of the housing estate where the midwife worked – in the countryside the average annual earnings of midwives 121 crowns 48 hellers, in small towns 173 crowns 30 hellers, in cities over 5000 inhabitants 216 crowns 35 hellers.

This situation led to the pauperization of midwives, although it was primarily in the interest of the state and the general population to improve the quality of obstetric care. The reality, however, was different. The government has set up midwifery schools, put the trained midwife into practice, instructed them with 38 pages of service regulations, made them the state administrative servants, and did not care to provide them with the opportunities to make their life barrable. Thus, in the case of an average income, midwives had to make a living with a budget of 40 hellers a day.

It is quite evident that the practice of midwifery was not able to satisfy the basic needs of midwives and we should consider it not as an independent profession, but as an opportunity for acquiring additional income for the family circle. Midwives usually practiced their profession only as an ancillary activity to expand the family's income or had to supplement their midwifery performance with additional income from field works, sewing, or in some cases even from the work in industrial factories.

Resumé

Female Midwifery in the Czech Lands 1850–1950:
A Career on the Decline

The field of midwifery predominantly occupied by women clearly showed the characteristics of a feminized profession. Gender studies use the term as a sign of the degree of social prestige that specific professions have in society. Values of economic benefits of performance of activities are also derived from the social valuation of professional status. In the case of obstetrics, we get in touch with a sphere which, despite the enlightenment reforms in education and training of professionally educated professionals, still belonged from 95% to women in its practical dimension, even at the beginning of the twentieth century.

The occupations performed by women have always been and still are assessed as inferior. Thus, the determinant of gender professional differentiation clearly contributed to the low social and economic position of his female representatives in society. Only the reforms of the late 1940s and the subsequent transfer of obstetric assistance to institutionalized maternity hospitals in the Czech lands meant an increase in the prestige of obstetrics as well as the definitive establishment of midwifery medicalization, thanks to which gynecology and obstetrics had acquired completely different positions in society.

This situation led to the pauperization of midwives, although it was primarily in the interest of the state and the general population to improve the quality of obstetric care. The reality, however, was different: The government has set up midwifery schools, put the trained midwife into practice, instructed them with 38 pages of service regulations, made them the state administrative servants, and did not care to provide them with the opportunities to make their life barrable. Thus, in the case of an average income, midwives had to make a living with a budget of 40 hellers a day.