

‘Thirty years behind England’? Framing ‘natural’ childbirth in postwar Canada

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Introduction

Following the North American publication of British obstetrician Grantly Dick-Read’s *Childbirth without Fear* in 1944, natural childbirth theories reached new audiences, including Canadians who were interested in what they perceived as a ‘new’ way to give birth. ‘Natural’ birth, in both its Dick-Read and Lamaze-inspired forms, attracted growing coverage in the Canadian press from the mid-1940s onwards, with sustained attention throughout the immediate postwar decades. In popular magazines and newspapers, as well as letters to Dick-Read, Canadian women and experts alike discussed their perceptions of and engagement with natural childbirth ideas. In so doing, they articulated a range of attitudes surrounding women’s bodies, pregnancy and childbirth, and postwar gender roles.

This chapter draws on popular magazines, newspapers, and a selection of letters from Canadians to Grantly Dick-Read to explore the ways in which Canadian women experienced and perceived reproductive health in the immediate postwar decades, with particular attention to how women framed their health before, during, and after giving birth. ‘Natural childbirth’ emerged as a malleable concept, and medical experts, the popular press, and parents-to-be continued to use the term in flexible ways throughout the postwar decades. While some continued to pathologise both pregnancy and childbirth and emphasise the need for continuous medical surveillance, others, in growing numbers, sought to position these reproductive health events and life stages as ordinary, everyday, and routine, requiring

little in the way of medical intervention. Canadian women, like their global counterparts, conceptualised their pregnancies and childbirths in various ways, demonstrating myriad understandings of what exactly constituted a 'natural' birth. Many women, however, drew on international comparisons to describe their experiences of giving birth in postwar Canada, situating these as 'antiquated' or 'modern' in the context of a transnational natural childbirth movement.

Grantly Dick-Read and 'natural' childbirth

Grantly Dick-Read was born in Beccles, Suffolk in 1890. He received medical training at the London Hospital, qualified as a physician in 1914, and went on to serve with the Royal Army Medical Corps during the First World War. By the close of the decade, Dick-Read had observed what he considered to be quintessential 'natural' births, including the relatively pain-free deliveries of a Whitechapel mother, and of a Belgian 'peasant woman' he saw deliver a child in a field.¹ These cases formed the basis of Dick-Read's theories, which centred on the idea that fear of childbirth caused muscular tension, contributing to heightened cervical contractility and spasms, resulting in increased pain. Dick-Read argued that extensive prenatal education and training in relaxation were the keys to overcoming pain during delivery and envisioned the ideal birth involving the expectant mother as an active and awake participant,² in contrast to the standard practice of anaesthetising mothers – most often to the point of full unconsciousness, or 'the surgical degree' – at the moment of delivery.³

Grantly Dick-Read's first book, *Natural Childbirth*, which popularised the term, was published in the United Kingdom in 1933.⁴ His second book, *Revelation of Childbirth* (1942), was republished for North American audiences as *Childbirth without Fear* in 1944.⁵ This book introduced a new audience of Canadian parents to the principles of 'natural childbirth' – an ideology that represented some of the first significant and organised opposition to the medicalisation of birth that had been ongoing since the nineteenth century.

Dick-Read's 'new' approach to childbirth, however, was markedly conservative in a number of ways. He drew heavily on

nineteenth-century medical folklore that emphasised the relatively pain-free deliveries of so-called 'primitive' women – a group including both members of the working and 'peasant' classes,⁶ and those who represented racial 'others', namely African women whose births he observed on travels through central Africa alongside his practice in Johannesburg in the postwar years. Dick-Read's emphasis on how the 'ideal' mother should conduct herself during labour – as conscious, composed, and silent – imposed an additional set of expectations on women, while simultaneously upholding and reinforcing physician authority. Dick-Read's approach to natural childbirth left little space for deviation from traditional gender roles, and he framed motherhood as 'the greatest conscious achievement of a woman', noting that 'she was built for that purpose'.⁷ Still, his ideas enjoyed increasing popularity amongst North American audiences from the late 1940s onwards, peaking in the 1950s before his death in 1959, after which they were largely replaced by a more Lamaze-inspired (and breathing focused) form of psychoprophylaxis or pain relief during childbirth.

In Canada, natural childbirth enjoyed increasing coverage in the popular press from the late 1940s onwards. Dick-Read's Childbirth without Fear (CWF) methods (and later, the psychoprophylactic theories of Russian psychotherapist I.Z. Vel'vovskii⁸ and French obstetrician Fernand Lamaze) were the subject of a number of articles in newspapers and women's magazines, including Canada's leading title, *Chatelaine*. At the close of the 1950s, *Chatelaine* had a circulation of nearly one million copies per month (in a country with a total population of approximately seventeen million).⁹ While contemporary analyses failed to identify a diverse readership in terms of race and ethnicity, the magazine was widely read by both working-class and middle-class Canadians from both rural and urban areas.¹⁰ White, married, and middle-class women, however, were the most likely to see themselves and their maternal identities readily reflected in the pages of the magazine. Until the late 1950s, these Canadian audiences regularly received the message that Dick-Read's CWF principles were synonymous with 'natural childbirth'. Accordingly, a growing number of Canadians, both parents-to-be and practitioners, wrote to Dick-Read as the method gained public attention. Canadian letter-writers generally requested more information on the method, referrals to physicians amenable to natural childbirth techniques,

and overwhelmingly expressed their appreciation to this British doctor. This chapter includes analysis of letters sent by over sixty women from all regions of Canada between 1946 and his death in 1959, included among hundreds of letters from expectant mothers located throughout the UK, the United States, the British Commonwealth, and globally, in the Dick-Read papers housed at the Wellcome Library for the History of Medicine. In accordance with archival restrictions, all lay letter-writer names are pseudonyms.

Remarkable for the frank discussions of individual pregnancy and birth experiences they contain, letters to Dick-Read, and to Canadian magazines and newspapers, offer a valuable window into how these women framed their health before, during, and after giving birth. These personal narratives reveal how women made sense of competing medical and cultural messages in framing their individual and subjective reproductive health experiences. Alongside popular women's magazines that published a range of health-related editorials, articles, 'expert' columns, reader letters, and advertorial content in the postwar decades, these sources allow historians to begin to 'chart those ideas about health and illness that framed the backdrop of "ordinary" life (itself a concept that gained increasing cultural and political purchase in the postwar period'.¹¹ In unpacking the embodied and subjective history of 'natural' birth in postwar Canada, three key themes emerge: the malleability and slipperiness of 'the natural' when it came to how individual mothers conceptualised their own delivery experiences; the ways in which Canadians – as cultural commentators, medical experts, and parents-to-be – sought to reframe pregnancy and birth as healthy, normal, and routine life events; and, in the context of an increasingly global natural childbirth movement, the ways in which women turned to transnational comparisons to temporally situate their experiences of giving birth in postwar Canada.

Defining 'natural' birth

Historian Jessica Martucci, writing on the history of natural motherhood and breastfeeding in twentieth-century America, argues that though the term 'natural' figures prominently – and holds considerable power – in a range of health-related discussions it remains 'slippery',

its meaning varying according to context, time, and place.¹² This is absolutely true when it comes to historical discussions of so-called ‘natural’ birth. In mid-century descriptions a variety of terms were used, including Childbirth without Fear, ‘prepared childbirth’, and ‘educated childbirth’, but, echoing Dick-Read’s 1933 UK title, ‘natural childbirth’ quickly came to predominate. This trend can be contextualised by attention to older, early twentieth-century debates on whether pregnancy and childbirth existed as physiological (more natural) or pathological (more disease-like) bodily states, discussions that were recurring and commonplace amongst North American medical experts.¹³ Over time, increasing pathologisation and medicalisation played an integral role in fuelling the shift from home to hospital for birth.¹⁴ At the same time, however, there was growing medical and cultural emphasis on the value of a return to nature as an antidote to the damaging effects of ‘overcivilisation’ and modern life.¹⁵ While some aspects of the birth experience – including Caesarean sections – were consistently recognised as unnatural (though allowing for the display of medical authority, knowledge, and expertise), there was a great deal of wiggle room in terms of what fell under the umbrella of ‘natural’ birth. This flexibility is reflected in how experts discussed natural childbirth, how popular magazines and newspapers represented the method, and how women described and reflected on their own birth experiences.

By the mid-twentieth century, the popular press offered consistent messages on the value of medical science in promising ‘a happier future for women’. Writing in 1943, *Chatelaine* columnist Adele Saunders stressed the need for continued medical supervision and intervention when it came to women’s health. Though ‘pioneer women’ and women ‘through the ages’ faced a range of ‘physiological handicaps’ and ‘minor ailments’ inescapably connected with ‘menstruation, child-bearing, and menopause’, scientific advancements made ‘the future of being a woman ... brighter now than ever before. In other words,’ *Chatelaine* readers learned, ‘your daughter and the little girl next door are growing up at a time when science is planning to make life healthier and therefore happier for women.’¹⁶ Articles and advertisements further underscored the authority of the trained physician in all health matters, and particularly reproductive ones, as ‘intelligent women’ were advised to rely on their doctors from the moment they discovered they were pregnant.¹⁷

In their examination of natural childbirth in the 1970s, Flannery Burke and Jennifer Seltz identify 'the tension between natural-as-wild and natural-as-practised' as a persistent characteristic of natural childbirth training programmes. Though medical experts and supporters of natural birth 'had complicated and sometimes conflicting visions of nature [...] they all tended to locate the keys to natural birth in the mind-body connection'.¹⁸ Nature, however, was often framed as requiring modern medical management and control. As emerging experts, including Dick-Read, sought to win public support for their theories, they described their methods in ways that reflected these tensions and ambiguities: while underscoring the value of nature and the natural, they were also careful to recognise the authority of the medical establishment, and accordingly to emphasise the value of medical science in the 'practice' or mastery of natural childbirth techniques.

Answering reader questions in a January 1958 *Chatelaine* feature article, Dick-Read was, unsurprisingly, asked first and foremost to provide a definition of 'natural childbirth'. Responding to this question in conversation with *Chatelaine* home-planning editor Evelyn Hamilton, Dick-Read asserted that natural childbirth

means that a woman has her baby using the machinery and equipment that nature has provided for her to bear a child. Like any other natural process it does not ask for or necessitate interference. But since this simple concept was lost to sight through centuries of ignorance, superstition, and the dangers that used to surround childbirth, civilized woman was almost deprived of the ability to give birth naturally.¹⁹

This response from the leading figure in the mid-century natural childbirth movement understandably reflected dominant interpretations of the method. But, when later asked if the method would 'allow anaesthesia and surgical help when necessary', Dick-Read responded:

Certainly. The fallacy that natural childbirth means using no anaesthetics is grossly untrue and unfair, and has deterred many women from using this method. I have said repeatedly that no woman should be allowed to suffer more pain or discomfort than she is willing to bear. She should not be allowed to be gallant, either, out of conviction or loyalty to her doctor. The needless suffering of pain in childbirth is a very dangerous thing. I would rather see the scar of a Caesarean

operation than the lasting scars left on a woman's mind by severe and prolonged pain.²⁰

Here, then, we can see Dick-Read's emphasis on the malleability of his CWF methods as an attempt to assuage the concerns both of *Chatelaine's* women readers as well as of physicians, the majority of whom remained sceptical of natural childbirth techniques throughout the postwar decades. Nevertheless, despite Dick-Read's flexible framing of a 'successful' natural birth, a clear hierarchy of birth experiences was established that held 'natural' births, variously defined, above their medicalised counterparts.²¹

Canadian physicians sympathetic to natural childbirth methods adopted similar approaches, underscoring the value of exercises to attain physical relaxation in birth, but offering flexible – and perhaps more realistic – definitions of natural childbirth. In a November 1960 *Chatelaine* article, Dr H.B. Atlee, Emeritus Chief of the Department of Obstetrics and Gynecology at Dalhousie University in Halifax, Nova Scotia, emphasised that he used the term 'natural childbirth [...] in its widest definition'. Atlee continued, 'What is natural childbirth? In the narrow sense of making the actual process of labor more bearable, it means to some a method of attaining physical relaxation through exercises, and to others a routine of reassurance that drives out fears.'²² Rigid definitions, Atlee continued, had the potential to negatively affect both expectant and new mothers, and the reputation of the method. 'Because in ten percent of cases no pain seems to be felt,' Atlee noted, 'natural childbirth was first looked to as a painless method. But used in that hope it can only result in disillusionment. While it undoubtedly helps in bearing pain, it does not in the large majority of cases remove it entirely, nor does it preserve the woman entirely from the ravages of fear.' Despite these caveats, Atlee concluded, 'there is a difference between feeling and bearing pain', and training in natural childbirth allowed women to develop stoicism, remove fear associated with the birth experience (thereby lessening pain), and channel their energies during delivery 'into useful effort rather than emotional protest'.²³

This emphasis on the flexibility and malleability of 'natural childbirth' continued into the 1960s as new techniques and methods appeared, and Dick-Read's ideas were supplanted by Lamaze-inspired methods which gradually came to be synonymous with 'natural

childbirth' for many North American audiences. A 1964 *Chatelaine* article on 'Childbirth with hypnosis', for example, noted that 'twenty to thirty techniques' that aimed 'to free childbirth from severe pain: "childbirth without fear", "painless childbirth", "natural childbirth", "psychophysical preparation for childbirth"', were unified by their emphasis on 'a degree of mental serenity and a calm relaxed approach to childbirth which few women are able to retain throughout their labor'.²⁴

Echoing these flexible definitions, Canadian women framed their 'natural' birth experiences in a number of ways, some of which included considerable medical interventions. Writing to Grantly Dick-Read in 1955, Laurel Rice of Toronto described taking a sedative upon her arrival at the hospital and the administration of ether at the moment of birth, without her consent and despite her explicitly stated desire for a so-called 'natural birth'. Nevertheless, she reported that she was 'very happy that the delivery was so easy', and gave 'all the credit' to Dick-Read.²⁵ In 1958, another Toronto mother, Fay Grabowski, reported to Dick-Read that she had 'just produced a 10lb 2½oz boy by Natural Childbirth', but included the note that the administration of Demerol – a pain-relieving opioid – during the transition stage of labour 'took the sharp edge off the pain' and 'helped tremendously'.²⁶

Eight years later, in the May 1966 issue of *Chatelaine*, Canadian mother Patricia Land recounted her experience giving birth via the Lamaze method in England in a piece entitled 'What the Russians can teach us about painless childbirth'. Offering an analysis of 'natural birth' that demonstrated that Lamaze-inspired methods had largely displaced Dick-Read's initial ideas, Land reported that after labouring for several hours following psychoprophylactic principles: 'the examination showed that my cervix was only very slightly open. The midwife was afraid that if I stayed awake throughout the first stage, which promised to be long, I would be too tired to cope correctly with the second (pushing) stage. I was given sedation.'²⁷ Land framed the use of sedative drugs during the first stage of labour as a valuable tool that allowed the expectant mother to rest and conserve her strength for the pushing work that followed. Individual narratives, then, complicate historical and present understandings of the 'natural', a term that was and continues to be used to describe a range of birth experiences.²⁸

Positioning pregnancy and childbirth as ‘everyday’ health events

Throughout the immediate postwar decades, expectant mothers who sought a ‘new’ way to birth, as well as medical experts who promoted alternative birth methods, made space – to varying degrees – for certain medical interventions, including the use of drugs and anaesthesia, in the delivery room. Those who advocated for natural childbirth and birth reform, however, may have been more unified in a fundamental desire to bring pregnancy and childbirth – life events that most mainstream North American practitioners in the mid-twentieth century pathologised and positioned as moments requiring acute and significant medical care – into the realm of the ‘everyday’. Loughran, Mahoney, and Payling define ‘everyday health’ as ‘the emotional, psychological, and bodily state-of-being in individuals’ day-to-day lives, and the strategies they pursue (or do not) to maintain equilibrium in this state-of-being’.²⁹ Birth reformers sought to bring childbirth into the realm of the ‘ordinary’ and ‘everyday’, and, as Burke and Seltz argue, ‘postwar women’s ordinary experience and environmental imaginaries frequently included birth’; on a basic level, ‘postwar women experienced the nature of their own birthing bodies [...] amid contradictory and contested representations of women’s bodies, women’s labor, and motherhood as natural’.³⁰

Relying on bottom-up sources including women’s own letters to popular publications and leading figures in the natural childbirth movement provides a valuable window into women’s ‘everyday’ experiences of and thoughts on their own bodies, reproduction, pregnancy, and childbirth. Within these sources, individual women and mothers-to-be responded to and negotiated often competing articulations of medical and cultural expertise and authority. Demonstrating the deep entanglement of body, mind, and emotion in natural childbirth discourses, the reframing of pregnancy and birth as ‘everyday’ health events entailed two distinct steps: first, removing the stigma, ignorance, and fear that surrounded childbirth; and second, repositioning birth as a ‘normal’ and ‘happy’ part of making a family in the mid-twentieth century.

Writing to Dick-Read in October 1948, Karen Birch of rural Alberta captured the enduring stigma and pathologisation that surrounded pregnancy and childbirth in the first half of the twentieth

century. Birch recounted her first introduction to the mechanics of giving birth when, at the age of thirteen in the mid-1930s, she had the chance to look at the textbook of a family friend enrolled in a correspondence nursing course:

I picked up her book and turned to – ‘Home delivery of a Baby.’ Mother snatched it from me, flipped over the pages, and handing it back, said, ‘There ... read how to lay out the dead – that’s more suitable.’ In an aside to her friend, Mother commented, ‘It’s disgusting the way children take such an interest in these unnatural things.’ !!! That episode speaks for itself and is quoted verbatim. I never forgot it.³¹

Historically rooted taboos surrounding open discussions of the female body and women’s sexuality contributed, for many Canadian women, to lack of knowledge surrounding reproductive health events, including pregnancy and birth, well into the twentieth century.³²

In the postwar period, Canadian medical experts recognised the lingering and still damaging effects of this maternal ignorance, particularly when these gaps in knowledge were filled by ‘old wives’ tales’ and horror stories. Dr Marion Hilliard, head of the Department of Obstetrics and Gynaecology at Women’s College Hospital in Toronto, described such stories as ‘fears passed down lovingly from mother to daughter like family heirlooms’. The fear of giving birth, Hilliard suggested, was a familiar and recurring source of anxiety for many Canadian women, easily passed between generations, ‘providing the mother mentions often enough how agonizing the process is, and remembers to pity, aloud, every woman in the neighbourhood who becomes pregnant. Her daughter will be terrified during her pregnancy, if she has one.’³³ Hilliard, widely recognised as Canada’s leading woman doctor in the postwar decades, and a regular columnist in *Chatelaine*, described a familiar encounter with a patient: ‘Late one afternoon a few weeks ago a patient sat on the edge of a chair in my office, gripping her purse tightly and looking everywhere but at my face. “Doctor,” she began in a taut voice, “I’m afraid I’m pregnant.”’ Hilliard recognised that ‘some women are ill at ease with their bodies and those changes which nature causes within them. They distrust and fear the processes of female evolution.’ She suggested that most women’s fear of giving birth was not fear of pain – as others, including Dick-Read, had argued – but instead fear rooted in not knowing ‘what to expect’.

These uncertainties, Hilliard argued, made the whole of pregnancy, for many women, a 'Nine-Month Case of Jitters'.³⁴

Those women who took the time to write to Dick-Read had, since the late 1940s, articulated a different view of childbirth. Darlene Bell of Vancouver, British Columbia, wrote to Dick-Read in November 1951 for his advice on how to counter her own physician's arguments against CWF: upon hearing her requests for a drug-free birth, he 'put it to me that I might just as well contemplate having my appendix out without an anaesthetic'. Bell stated her own view of birth in reporting how she responded to her doctor's argument: 'My reaction: I feel it is a function – not a disease, and this argument has no parallel.'³⁵ Laurel Rice, who reported her experience of anaesthetisation without consent, wrote a letter of complaint to her doctor following her 1955 birth, in which she positioned childbirth as 'a perfectly natural function', and stated that the doctor's role was 'to assist and aid [...] and not interfere'.³⁶ Writing three years later, Moira Kaufman of Winnipeg, Manitoba, described her 1957 pregnancy as 'extremely healthy and active', and her labour and delivery, conducted according to Dick-Read's teachings, as an 'amazing' and 'thrilling' experience that was a 'mutual delight' for both her and her husband.³⁷

Medical and lay supporters of natural childbirth suggested that education and training in the method improved individual birth experiences but also removed much of the ignorance and fear that continued to surround pregnancy and birth. The demystification of childbirth and the imperative to cultivate a healthy and prepared mindset in the expectant mother was framed as an important undertaking. Canada's leading medical experts emphasised the 'everyday' and 'normal' nature of pregnancy and birth. A January 1955 *Chatelaine* article entitled 'It's fun raising a family!' asked current or future mothers to carefully consider their attitudes toward pregnancy:

The trickiest point in any pregnancy is your own personal point of view. If you look on childbearing as an abnormal act of courage on your part or carry in your heart a sense of grievance against your own husband, your whole pregnancy will be colored by this attitude. If on the other hand you look on it as one of the happy periods in your life, if you think of the birth of your child as a normal act, then your nine months' period of waiting will mean a fuller life for both you and your husband.³⁸

Still, this normalisation of childbirth was not without its limits; this particular article juxtaposed discussions of the routine nature of childbirth with lengthy discussions of the many 'bodily discomforts' associated with pregnancy.³⁹ In a 1960 article arguing that 'Childbirth should be easier', H.B. Atlee conceded, 'I doubt it will ever be possible to have a baby without some stress and discomfort. One twentieth of a living organism cannot be torn from an organism without a sense of cataclysm and anguish.' Atlee went on, however, to write, 'Let us instead ask ourselves if it is not possible to change pregnancy and childbirth into a process so satisfactory that stress and anguish lose their terrifying power.'⁴⁰ The time had come, Atlee suggested, for a shift in societal attitudes towards pregnancy and birth, and, more broadly, 'toward the whole status of the modern married woman'.⁴¹

Through the 1960s, Canadian women learned through the popular press that new natural childbirth techniques, including hypnosis, could render childbirth 'A NORMAL HAPPY EVENT'.⁴² Part of this transformation entailed broadening the range of 'normal' birth experiences, and letting mothers-to-be know what they could expect during birth, through extensive prenatal education and dedicated training in natural childbirth. Canadian mother Patricia Land, giving birth in England in 1965, described her prenatal classes: 'As delivery approached, we were told about the possible variations of labor, and what would be done about each by the medical staff. As almost no labor follows in every detail the "normal" pattern, this was enormously reassuring.'⁴³ Though childbirth education could, in this sense, 'de-pathologise' or normalise the delivery experience, repositioning birth as a more 'ordinary' health event, Canadians like Land remarked that some countries were further 'ahead' than others in the pursuit of birth reform, and looked to transnational comparisons to make sense of their own natural childbirth experiences.

Situating Canadian birth cultures in transnational context

Individual women who embraced and promoted natural childbirth regularly relied on international comparisons to frame their birth experiences, often positioning these as 'antiquated' or 'backwards' – and, at times, echoing established and explicitly racialised juxtapositions, as 'primitive' – in contrast to what they saw as the

more ‘enlightened’ obstetric practices of other countries. Individual comments that focused explicitly on the embrace or rejection of natural childbirth principles were often contextualised by broader comparisons. Women who wrote to Dick-Read in the early 1950s pointed out to the British doctor that midwives were not permitted to practise in Canada and suggested that this negatively impacted on their birth experiences. Hattie Jones, for example, reported to Dick-Read in 1951 that the lack of midwives in the Canadian context led to harmful practices, including holding the baby back during delivery, to ensure the doctor was present.⁴⁴ Anne Weston, who had recently emigrated to British Columbia from Germany, wrote in 1953 that she found the Canadian ‘set-up appalling – no midwives and the only place to have your baby is the hospital’, and contrasted her recent childbirth with her two previous deliveries, completed with the assistance of a German midwife, both babies ‘born peacefully at home’.⁴⁵

In April 1958 a *Chatelaine* piece weighing the potential benefits – and drawbacks – of midwives in the Canadian system made similar transnational comparisons. Considering the question ‘Do we need midwives in Canada?’ the article in question showcased two opposing viewpoints. Mrs Anna Davies, a housewife and mother of three, argued in favour of the introduction of midwifery, while Dr Elizabeth Wiley, ‘one of Canada’s busiest obstetricians’, suggested that the Canadian system would not benefit from the introduction of midwives, and that ‘the majority of Canadian doctors’ were ‘strongly’ opposed to such a shift. Davies, espousing the pro-midwifery viewpoint, held up the British system where, readers were told, ‘midwives deliver eighty percent of all babies – and infant mortality is far below Canada’s’ as an ideal model. The piece continued to position Canadian obstetric care in a particularly damning light:

Canada has the second highest standard of living in the world, but it ranks thirteenth among the nations in infant survival. We are well behind such countries as Sweden, Denmark, New Zealand, Switzerland, and Britain [...] In Canada, the word ‘midwife’ still evokes memories of a superstition-ridden old woman ignorant of all modern technique, spiteful toward doctors and casual toward patients. In other parts of the world, most notably Britain, ‘midwife’ means the opposite: a smooth, efficient, well-trained obstetrical nurse who plays an indispensable role in the community.⁴⁶

The dominant Canadian view of midwives as 'superstition-ridden', 'ignorant' practitioners divorced from the latest medical science, expertise, and technique was markedly contrasted with the more modern and enlightened British perspective. Davies went on to suggest that the growing use of midwives in Canada could play an important role in reducing widespread maternal ignorance and fears surrounding childbirth, thereby contributing to the de-pathologisation or 'normalisation' of the birth experience, helping to reposition childbirth alongside a broader range of reproductive health events experienced by many Canadian women over the course of their lives.⁴⁷

In response to this article, *Chatelaine* received a number of letters from readers located across the country, publishing a selection of these in the June 1958 issue. Doris M. Wilson of Duncan, British Columbia, wrote to express her disbelief in Dr Wiley's assertion that the introduction of trained midwives was 'going backward', and reported favourably on her experience giving birth in India, expressing hope that Canada would soon start a training school for midwives.⁴⁸ Mary C. Ellison of Ottawa, Ontario wrote that while Dr Wiley's support for existing status quo in Canadian obstetric practice 'may have been able to fool you Canadians', as a newcomer to Canada she saw the fault in the obstetrician's arguments: 'I'm English and disgusted with your dollar-grabbing doctors and medical services over here. Any country without a state welfare scheme is poor indeed.'⁴⁹ Here, the progressivism embodied in England's National Health Service, contrasted with the embryonic state of universal health insurance in the Canadian context, functioned as another marker of modern and enlightened maternity care.⁵⁰

Speaking with *Chatelaine* in the same year, Dick-Read touched more explicitly on the status of natural childbirth both in Canada and internationally. In response to the interviewer's suggestion that 'few Canadian doctors follow[ed] [his] methods', Dick-Read countered, 'I find many Canadian doctors are following natural childbirth procedures with increasing satisfaction', but also commented, 'In Canada, there seems to be a tendency in some places to order the women what to do, and things still occur which in most primitive native tribes would be considered an offence against decency – for instance, a woman may be strapped down and given an anaesthetic against her will.'⁵¹ Dick-Read suggested, additionally, that a generational divide among health practitioners shaped how they received the

new method, noting that many physicians ‘cannot be persuaded to try anything new to them, even if medical literature commends its advantages to mother and baby’.⁵² Finally, he noted that even those Canadian physicians who did embrace the method did so in an ‘out of date’ way, following the older recommendations for prenatal instruction that included greater reliance on physiotherapy-inspired gymnastic exercises than Dick-Read found either ‘desirable or helpful’.⁵³

Readers echoed Dick-Read’s assessment. Sheila Thompson of Hamilton, Ontario, for example, wrote in to congratulate the magazine on its interview, and reported:

I have had three children by this ‘natural’ method [...] I was shocked and dismayed on my arrival in Canada [from England] two years ago, to find that many doctors appeared to be using methods of delivery which were in current use in the late 1920s in England. Friends of mine who have had babies in both England and Canada agree. Surely the choice of natural childbirth is every mother’s right, and not the doctor’s prerogative?⁵⁴

Chatelaine editorialised, posing the question: was Canada ‘thirty years behind England’ when it came to obstetric care?

These types of global comparisons continued, and perhaps became more explicit, over the following decade. Reporting on the Second International Congress of Obstetrics and Gynecology held in Montreal in the summer of 1958, Joan Morris assessed ‘the current status of natural childbirth’ in transnational perspective, highlighting the progress other countries, including Italy, China, Poland, Australia, India, Sweden, and the United States, had made in implementing natural childbirth methods. In contrast, in Canada there were only small pockets of support in cities including Halifax, Hamilton, Toronto, Ottawa, and Montreal.⁵⁵ As Lamaze-inspired approaches came to reflect perceptions of ‘natural birth’ in the 1960s, popular representations of alternative birth practices continued to situate Canadian birth practices as antiquated and behind the times. Canadian mothers and experts alike, including Hamilton obstetrician Dr Murray Enkin, positioned psychoprophylaxis as a ‘well-accepted obstetrical approach’, but noted that, despite its ‘spread to 46 countries’, psychoprophylaxis was ‘still largely ignored’ and ‘not too widely accepted’ by the Canadian medical establishment.⁵⁶

Conclusion

A note in the November 1960 issue of *Chatelaine* asked readers:

From your personal experience, how would *you* improve maternity care and delivery for Canadian mothers? Whether you have a small but useful suggestion to make, or a major change, tell us about it. *Chatelaine* will pay \$50 for the best letter – and publish it wholly, or excerpted, in a future issue.⁵⁷

In response, Diana Bacon of Ottawa, Ontario, suggested that women 'be quietly persistent' in advocating for the type of care they sought from hospital staff, and their desired type of birth experience. Bacon included the note: 'The nurses are much more likely to treat you as an intelligent, self-controlled woman, if you act like one.'⁵⁸

Women were concerned with their comportment in the birthing room, but perceptions of their behaviour by both medical experts and expectant mothers alike were inextricably shaped by gender, race, class, and age. Writing to Dick-Read, Karen Birch, for example, described a previous experience during which she, in her words, 'witnessed [...] a natural childbirth, and didn't realize it', as 'a Cree Indian woman from a reserve' near her rural Alberta town, who was in a neighbouring bed in the maternity ward, experienced a fifteen-hour labour:

During that time, she lay quietly, her arms down by her sides, her eyes closed. The sheet over her rose and fell with the contractions. I was in a welter of pity for her ... I said, 'Aren't you in pain? Shall I call the nurse?' She opened her black eyes, and a sweet smile lighted up her bronze face. She said in a most maternal manner, 'No-no, little girl, do not mak' the fuss. I lak' having baby.' And closed her eyes and went on with her business. After she left to have her baby, we modern young mothers bleated derisively, 'Like having a baby!' We concluded that she was just a dumb Indian and didn't know any better.⁵⁹

Gender, race, class, and age intersected to shape how this mother's conduct was positioned as 'antiquated' in comparison to that of 'modern' mothers. These intersecting factors, alongside others, continue to fuel historically rooted medical sexism and racism that shapes individual encounters with Canadian healthcare systems.

'Natural' childbirth held multiple and shifting meanings in the immediate postwar decades, with many Canadian practitioners and parents-to-be finding the concept flexible enough to include considerable medical intervention. Despite these ambiguities, as Burke and Seltz argue, 'the desire and consumer demand for the natural [...] has been a constant'.⁶⁰ The fixation on the term and the need to distinguish 'natural' births from their 'non-natural' counterparts indicates the continuing power of 'nature' in shaping perceptions of 'good' birth experiences. Individual experiences, and access to less-medicalised or alternative birth options, were and continue to be mediated by geographic location, class, and race, with a variety of structural factors shaping women's abilities to make demands of their doctors. That said, those who sought natural childbirth and promoted birth reform in the immediate postwar decades were often unified in their desire to reject the pathologisation of pregnancy and birth and bring these life events into the realm of 'everyday health', turning to transnational comparisons to situate and contextualise their own birth experiences, and effectively make the case that the time had come for Canadian birth reform.

Notes

- 1 Wellcome Library (hereafter WL), Dick-Read, Grantly, Autobiography (?Draft of articles published in *Woman*), PP/GDR/A.92, Grantly Dick-Read, Autobiography – Unpublished Manuscript, Instalment Two, 22–4; Instalment Three, 7.
- 2 WL, Dick-Read, Grantly, Publishing, Press, Films, Lectures, etc., Lectures and Courses, PP/GDR/C.71, Lecture on 'Pains of Labour,' delivered at Norwich, 17 October 1933.
- 3 Writing in *Chatelaine* in 1957, Dr Marion Hilliard recorded the status quo in mid-century Canadian obstetric practice: 'The good obstetrician a few years ago was the doctor who put his patient under heavy sedation the moment she arrived in hospital and kept her totally unconscious throughout the entire process. The mothers wakened the next morning with no recollection at all of participating in a birth.' Marion Hilliard, 'Your first baby', *Chatelaine* (January 1957), 46.
- 4 Grantly Dick-Read, *Natural Childbirth* (London: William Heinemann, 1933).

- 5 Grantly Dick-Read, *Revelation of Childbirth: The Principles and Practice of Natural Childbirth* (London: William Heinemann, 1942); Grantly Dick-Read, *Childbirth without Fear* (New York: Harper and Brothers, 1944).
- 6 See, for example, George J. Engelmann, *Labor among Primitive Peoples: Showing the Development of the Obstetric Science of To-day, from the Natural and Instinctive Customs of All Races, Civilized and Savage, Past and Present* (St Louis, MO: J.H. Chambers & Co., 1883).
- 7 Evelyn Hamilton, ‘Dr. Grantly Dick-Read answers your questions on NATURAL CHILDBIRTH’, *Chatelaine* (January 1958), 17.
- 8 Paula Michaels, *Lamaze: An International History* (Oxford: Oxford University Press, 2014), pp. 93–113.
- 9 Valerie Korinek, *Roughing It in the Suburbs: Reading Chatelaine Magazine in the Fifties and Sixties* (Toronto, ON: University of Toronto Press, 2000), p. 35.
- 10 Korinek, *Roughing It in the Suburbs*, pp. 24, 66–8.
- 11 Tracey Loughran, Kate Mahoney, and Daisy Payling, ‘Women’s voices, emotion, and empathy: engaging different publics with “everyday” health histories’, *Medical Humanities*, 48:4 (2022), 395. Loughran, Mahoney, and Payling additionally note that ‘reader content was carefully selected and heavily edited, and while it is the best available evidence of what certain readers thought and felt, it requires delicate handling’.
- 12 Jessica Martucci, ‘Beyond the nature/medicine divide in maternity care’, *AMA Journal of Ethics* 20:12 (December 2018); Jessica Martucci, *Back to the Breast: Natural Motherhood and Breastfeeding in America* (Chicago, IL: University of Chicago Press, 2015).
- 13 Wendy Mitchinson, *Giving Birth in Canada, 1900–1950* (Toronto, ON: University of Toronto Press, 2002); Whitney Wood, ‘“Bound to be a troublesome time”: Canadian perceptions of pregnancy, parturition, and pain, c. 1867–1930’, in Jennifer Evans and Ciara Meehan (eds), *Perceptions of Pregnancy from the Seventeenth to the Twentieth Century* (Basingstoke: Palgrave Macmillan, 2017).
- 14 In Canada, this shift was ongoing into the mid-twentieth century. Mitchinson, *Giving Birth in Canada*, pp. 158–89.
- 15 Whitney Wood, ‘“The luxurious daughters of artificial life”: female “delicacy” and pain in late-Victorian advice literature’, *Canadian Bulletin of Medical History*, 31:2 (2014).
- 16 Adele Saunders, ‘The future of being a woman’, *Chatelaine* (November 1943), 13.
- 17 Kate Aitken, ‘For *Chatelaine*’s young parents: it’s fun raising a family!’ *Chatelaine* (January 1955), 48.

- 18 Flannery Burke and Jennifer Seltz, 'Mothers' nature: feminisms, environmentalism, and childbirth in the 1970s', *Journal of Women's History*, 30:2 (2018), 64.
- 19 Hamilton, 'Dr. Grantly Dick-Read answers your questions', 17.
- 20 Hamilton, 'Dr. Grantly Dick-Read answers your questions', 27.
- 21 Dick-Read, for example, continued his commentary on the role of anaesthesia in 'natural' birth by stating: 'Critics have said that it is bad for a woman psychologically if she fails to achieve a natural birth when she has trained for it. If my method is properly used, she will know that she has a 96 percent chance of success. This teaching takes care of disappointment and success so that neither of these normal emotions will be exaggerated.' For more on medical and personal attitudes towards 'success' and 'failure' in natural birth, see Whitney Wood, 'Pride, shame, and anger: women's struggles to "achieve" natural childbirth in postwar Canada', in Lara Campbell, Michael Dawson, and Catherine Gidney (eds), *Feeling Feminism: Activism, Affect, and Canada's Second Wave* (Vancouver, BC: University of British Columbia Press, 2022).
- 22 H.B. Atlee 'Childbirth should be easier', *Chatelaine* (November 1960), 54.
- 23 Atlee 'Childbirth should be easier', 54.
- 24 Anne Barrie, 'Childbirth with hypnosis', *Chatelaine* (May 1964), 42.
- 25 WL, Dick-Read, Grantly, Natural Childbirth Correspondence: Mothers, PP/GDR/D.92, Laurel Rice to Grantly Dick-Read, 24 May 1955.
- 26 WL, Dick-Read, Grantly, Natural Childbirth Correspondence: Mothers, PP/GDR/D.95, Fay Grabowski to Grantly Dick-Read, 24 August 1958.
- 27 Patricia Land, 'What the Russians can teach us about painless childbirth', *Chatelaine* (May 1966), 60.
- 28 Margaret Macdonald, 'Gender expectations: natural bodies and natural births in the new midwifery in Canada', *Medical Anthropology Quarterly*, 20:2 (June 2006).
- 29 Loughran et al., 'Women's voices, emotion, and empathy', 394.
- 30 Burke and Seltz, 'Mothers' nature', 67.
- 31 WL, Dick-Read, Grantly, Natural Childbirth Correspondence: Mothers, PP/GDR/D.90, Karen Birch to Grantly Dick-Read, 12 October 1948.
- 32 See Katharine Arnup, *Education for Motherhood: Advice for Mothers in Twentieth-Century Canada* (Toronto, ON: University of Toronto Press, 1994).
- 33 Marion Hilliard, 'The four fears that prey on women', *Chatelaine* (July 1955), 42.
- 34 Hilliard, 'The four fears that prey on women', 33, 40.
- 35 WL, Dick-Read, Grantly, Natural Childbirth Correspondence: Mothers, PP/GDR/D.90, Darlene Bell to Grantly Dick-Read, 16 November 1951.

- 36 WL, Dick-Read, Grantly, Natural Childbirth Correspondence: Mothers, PP/GDR/D.92, Laurel Rice to Grantly Dick-Read, 24 May 1955.
- 37 WL, Dick-Read, Grantly, Natural Childbirth Correspondence: Mothers, PP/GDR/D.92, Moira Kaufman to Grantly Dick-Read, 1 February 1958.
- 38 Aitken, 'For *Chatelaine's* young parents', 48.
- 39 Aitken, 'For *Chatelaine's* young parents', 51.
- 40 Atlee, 'Childbirth should be easier', 33.
- 41 Atlee, 'Childbirth should be easier, 58.
- 42 Barrie, 'Childbirth with hypnosis', 63 (capitalisation in the original).
- 43 Land, 'What the Russians can teach us about painless childbirth', 58. Land allowed for variations in birth experiences and continued on the following page, 'The process of normal labor, handled according to psychoprophylactic principles, is roughly as follows. Let me emphasize that a labor can, like mine, deviate in many ways from this pattern and still be perfectly normal.'
- 44 Jones wrote, 'Because there are no midwives here it is thought to be a crime of the worst sort to allow a baby to be born without a doctor.' WL, Dick-Read, Grantly, Natural Childbirth Correspondence: Mothers, PP/GDR/D.91, Hattie Jones to Grantly Dick-Read, 12 January 1951.
- 45 WL, Dick-Read, Grantly, Natural Childbirth Correspondence: Mothers, PP/GDR/D.93, Anne Weston to Grantly Dick-Read, 8 April 1953.
- 46 'Do we need midwives in Canada?', *Chatelaine* (April 1958), 17.
- 47 'Do we need midwives in Canada?', 85.
- 48 Doris M. Wilson, 'Canadian midwives? YES', *Chatelaine* (June 1958), 6.
- 49 Mary C. Ellison, 'Canadian midwives? YES', *Chatelaine* (June 1958), 6.
- 50 Many Canadian provinces would have hospital insurance schemes in place by the close of the 1950s, with 'universal' Medicare emerging during the decade that followed. At the time this letter was written, however, the contrast between the English and Canadian healthcare systems was clear. For more on this see Whitney Wood, 'Medicare and maternity: historicizing inequities in women's health', in Eyllt W. Jones, James Hanley, and Delia Gavrus (eds), *Medicare's Histories: Origins, Omissions, and Opportunities in Canada* (Winnipeg, MB: University of Manitoba Press, 2022).
- 51 Hamilton, 'Dr. Grantly Dick-Read answers your questions', 27. On the following page, he commented, 'Some hospitals in Canada appear to be far behind the rest of the civilized world in the standard of care of mothers when their babies are born.'
- 52 Hamilton, 'Dr. Grantly Dick-Read answers your questions', 28.
- 53 Hamilton, 'Dr. Grantly Dick-Read answers your questions', 28.

- 54 'Readers take over – childbirth: thirty years behind England?', *Chatelaine* (March 1958), 6.
- 55 Joan Morris, 'Special *Chatelaine* report on the latest news about having your baby', *Chatelaine* (November 1958), 21, 73–4, 78.
- 56 Land, 'What the Russians can teach us about painless childbirth', 25.
- 57 'How would YOU improve maternity care?', *Chatelaine* (November 1960), 56.
- 58 Diana Bacon, 'How *you* would improve maternity care: a *Chatelaine* report', *Chatelaine* (August 1961), 18.
- 59 WL, Dick-Read, Grantly, Natural Childbirth Correspondence: Mothers, PP/GDR/D.90, Karen Birch to Grantly Dick-Read, 12 October 1948.
- 60 Burke and Seltz, 'Mothers' nature', 81.