AIMS For a better birth...

Birth Shorts

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What strikes me about reading these interesting accounts is the strangeness of time. The stories span a period in which world wars came and went, whole lifetimes were lived, and day to day lives changed almost beyond recognition. Yet I can so easily imagine that if these authors reached back to hold their mother's hands, and the mothers reached back to the grandmothers, and the grandmothers to the great grandmothers, they would span that time - and if those women talked about their birth experiences together, they would understand each other completely.

Jo Tyler



Jo's baby brother with his grandmother

My brother was born in the autumn of 1980. He was 10 days 'overdue' and the result of fertility treatment due to my mother's premature menopause caused by a lifelong genetic disorder - but we didn't know that then. Our mother opted for our small Suffolk town's cottage hospital for his birth. I was born in Suffolk's largest hospital four years previously as I, being first born, was deemed 'more precious.' Mum went into labour without fuss or ceremony. Our neighbour was summoned early in the evening to babysit me. The evening progressed, as did mum's labour. It was getting on for midnight and our family GP (dressed in scrubs complete with white wellies!) who was attending her birth began to pace the birthing room. Seemingly he should have ended his shift hours previously but had been waylaid by our mother's

labour. Our mother, ever the rule-follower and terribly British in some ways, felt that she should really hurry up so as not to delay Dr Dickson any further. My brother was born and there are no further details. Her abiding memory of her son's birth is the pacing white wellies!

What I am certain of, is that my brother's birth was a positive one, despite the erstwhile doctor. She never questioned her body's ability to birth her son. Nor did she contemplate any interventions. She breastfed him exclusively as her mother had done for her four children and her mother before that.

Nadia Higson



Nadia's mother, Fran Smulian

My mother gave birth to my brother in 1955 at Barts. Clearly being quite forward-thinking, she had learned the then very new Lamaze method of breathing but sadly it did not work for her. I recall her saying that she'd been told that if she followed the method labour would not hurt at all, so when it turned out to be painful she assumed she must be doing the breathing wrong and panicked. I don't think she tried it when she gave birth to me two years later.

She had more success with self-help induction. The night before I was born she had a craving for fresh pineapple – not at all an easy thing to come by in London in those days. My father somehow managed to find one, and I was born at six am the following morning. That's not exactly a statistical sample, but I feel that her body must have known what it needed to get things going.

It's also interesting to reflect that having already given birth once she was expected to have a homebirth next time, and had to fight hard to be 'allowed' to have me in hospital.

My other recollection, though related to baby care rather than birth, is of her telling me how mothers were expected to put their babies in a pram on the front doorstep every day. She didn't want to do that with me because she thought (not unreasonably given that I was born at the beginning of March) that I'd

be cold. However, she didn't like to admit this, and when neighbours enquired, "Where's your baby Mrs Smulian?", she'd tell them she'd got me out in the back garden.

There is also a tale from my father's side of the family. I'm not sure who or when it relates to, but probably the early 20th century. The lady in question knew nothing about how babies are born and assumed (perhaps not unreasonably) that they must come out through the belly-button. Not knowing who to ask, she enquired of her maid how the baby would manage to get out. The maid replied, "Why, the same way it got in, Madam!"

Dorothy Brassington

My claim to obstetric fame - that I owe my existence – not survival, existence – to modern obstetrics.

There was a fashion to administer a general anaesthetic for second stage, on the principle that it was unbearably painful. The practice started in Queen Victoria's time – she was a big fan – and continued on until at least the Second World War. I am the child of my father's second marriage and have been told that his first wife died of the anaesthetic given to her during the birth of her first child[1], my half-brother Robert, in 1941 or thereabouts. 'He was a big baby' seems to have been the rationale although, as already stated, the practice of administering a general for a vaginal birth was pretty much normal at the time. A friend who is a retired midwife tutor says that deaths still occur in childbirth as a fatal reaction to a general anaesthetic, although they are very rare[2] as the drugs are better tested, and they are nowadays always administered in a hospital operation room by a highly qualified specialist, not by a GP in a low-tech private midwifery clinic or for a home birth as would have been the case for Robert's mother.

So there we are, if my father's first wife had not been given the drug, she would almost certainly not have died nearly so young and my parents would most likely never have become closer than any other pair of commuters on the train to their respective offices in Glasgow and I would never have been conceived, let alone born.

This story from my husband's family must date from around the time of Clement Atlee's birth or a few years after.

My husband's maternal grandparents had one of those long Victorian families, with 11 children. The last pregnancy in 1895 produced twin girls, totally unexpectedly and the smaller baby was put to bed in a hastily emptied drawer.

What follows is not particularly relevant to the birth but does explain why Olive and Violet have lived on in family memory. The twins both married, despite a family plan that one of them would stay at home to look after their parents in their old age. Olive married an Algie Willis, who eventually became First Sea Lord, while Violet married a young man who went into politics, Clement Atlee, later the first Earl Atlee. Didn't the twins do well for themselves!





Violet and Olive

I don't think my mother-in-law, Margaret's family was desperately posh; certainly they weren't rich by the time I came along, and although Margaret always said that they were landed gentry I don't know what happened to the land; I think it was long gone as well.

Alison Bryan

My mother was born at home in 1942, very underweight and weighing in at 2lbs. Of course during WW2 there were no incubators or neonatal drugs; the idea of drugs back then was opium drops. The local doctor, Dr Graham, told my Nanna that her baby would not survive and to leave her. My Nanna was a nurse before she married and she put her nursing skills to use.



Alison's Nanna (centre) in her nursing days

Mum was kept in cotton wool, dressed in dolls clothes and kept in part of their oven, a Victorian range. She was fed on goat's milk (and sometimes brandy) using a feather. Mum told me that a friend of my grandmother's told her to feed her on goat's milk. The doctor told her that if she did do that, it would kill her. My grandmother went ahead and fed her with goat's milk anyway. Local people wanted to see 'the baby with goat's milk' grandfather sent them away, saying she wasn't a freak show.





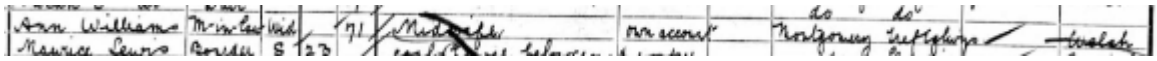
Picture 1: *Alison's mother aged 3* ***Picture 2:*** Alison and her mother in more recent times

My great, great, great grandmother was a midwife, Ann Williams nee Jones and born in 1830 in Trefeglwys, Montgomeryshire (what is now part of Powys):

1891 age 61:



1901 age 71:



By 1911 she was retired at age 81 and she died in 1917.

Ann didn't have any formal training as far as I can tell but she lists herself as a Midwife after her husband had died in a mining accident in 1888. Unfortunately I don't have any birthing stories about her, but I suspect that she attended the birth of my grandfather, who was born in 1906. Ann had two twin girls born when she was age 20. Sarah and Ann were born on the 1 July 1850, Sarah died age 5 days on the 6 July of "debility not certified" and Ann died on the 13 July again "debility not certified". Ann went on to have five more children, one daughter and four sons. The only daughter, Sarah, was obviously named after one of the twins who had died. This second Sarah had a son Edward, who was born on 12 May 1873; Sarah died the same day during childbirth. Interestingly Ann is buried with the second Sarah, not her husband who is buried in the next grave. Ann and her husband Matthew raised their grandchild, Edward, and I had an issue with figuring out who he was for many years (I solved this from looking at the school records). I really do wonder how much these experiences shaped Ann and her role as a Midwife; she knew too well the dangers of childbirth. Did she undertake the role out of economic necessity, or was (she) doing some Midwife work prior to her husband dying and her occupation was just left blank? Was she determined to learn from her past experiences and it shaped her, or something else?

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1 Editor's note: This was probably chloroform or ether

2 Editor's note: in the 3 years of 2013-2015, the rate of maternal death directly attributed to anaesthesia was roughly 1 in 1,000,000 maternities. https://associationofanaesthetists-publications.onlinelibrary.wiley.com/doi/full/10.1111/anae.14246