

## GIVING BIRTH: BLESSED EVENTS OF GENERATIONS AGO

The anxious aunt, arms full of newspapers, bustled into the dimly lit bedroom of the patch house. Working determinedly around the perspiring woman who was writhing uncomfortably on the bare mattress, she hurriedly covered the bed with newspapers, just as she had been instructed to do when the time came near.

The distressed patient's younger sister rushed into the bedroom carrying a clean, empty bucket. In her haste she brushed against the doorknob, dislodging a brightly flowered Hoover apron that had been draped over the knob. It had been worn repeatedly in recent weeks by the young woman in the bed in an effort to make her condition less obvious. There was no need to worry about the garment now lying on the floor. It would not be worn again for quite a while – if ever.

“Put the bucket over there,” commanded the aunt, pointing toward a corner of the bedroom. “We won't be needing it 'til later.”

“She's here!” came a child's cry from the front porch. Within seconds, a middle-aged woman with a familiar, weathered face briskly entered the front door without knocking.

“And where is she?” the newcomer called, hesitating inside the door.

More loud moans from the bedroom guided her steps. At the sound, the children's eyes widened in alarm, and an older family member hustled them out of the house and down the porch steps. As they passed their chain-smoking father standing in the front yard talking quietly to two other men, he reassured them in a calm voice that everything would be all right. Comforted by his words, the children allowed themselves to be escorted like a parade of ducklings to a nearby house where they would spend the night.

Now there were no men in the house, only women. No doctor would be called unless the situation in the bedroom unexpectedly worsened. Mrs. Harris had arrived, and everything should be all right. A new life was about to begin.

Were you born in a hospital? Depending on your age, chances are your parents or grandparents, or perhaps even you, were born at home. Was there a doctor in attendance at the birth, or a midwife, or just a family member? Was anesthetic used? How did mother and newborn come through the ordeal? How long was the mother's recovery period? What did it all cost?

The experiences of pregnancy and childbirth are different today than they were a few generations ago. Today's youth might be surprised to discover how many of their relatives and acquaintances were born at home rather than in a hospital. Cultural expectations regarding the conduct of a pregnant woman have changed over the years. The role of the father at the birth, the postpartum medical treatment of the mother, and the chances of survival of the mother and child have also changed.

Today we begin a series of articles examining these changes, drawing upon the collective recollections of doctors, nurses, mothers who gave birth at home, and men and women who were born at home, as well as their memories of former area doctors and midwives who attended births in area homes many years ago.

Of course, pregnancy was once discussed in a more hush-hush manner than it is now, particularly where the tender ears of children were concerned. Virginia Murray Archer of Pittsburgh was born and raised in Newell during the Depression, and she recalls the lengths to which adults would go to shield children from the "embarrassing" reality of pregnancy.

"Women wore 'Hoover aprons' [a wrap-around house dress of the type often handed out by city relief agencies to families of the unemployed] or a smock to hide the fact that they were pregnant," Virginia explained, "and they rarely attended public events. The word 'pregnant' was never used, although the condition was whispered about using words common to the time.

"Since most children were not told any facts whatsoever, a lot of incorrect information was whispered among the younger children after learning that mother was carrying a child in her 'belly.' How did it get out? Through the belly-button? If the true facts were given, because of lack of understanding of the dilation process, we more than likely didn't believe it. Gradually facts were acquired, but usually with a false twist. In our era, we had the stork story rather than the cabbage patch tale."

Expectations regarding the behavior of a pregnant woman are reflected in a story told to me by Harriet Moore of Westernport,

Maryland, whose ancestors hailed from Bridgeport and Brownsville.

“My best friend’s mother was pregnant in 1960,” Harriet recalled. “She was forty-one at the time, so you get an idea of the era where her mores originated. She told me that she did not feel that women who were pregnant should leave the home, with the exception of doctor visits, after a certain period in time. This time was determined by when the abdomen became large enough that it protruded past the breasts. I guess that’s the reason for the term ‘confinement.’”

Nowadays, attitudes have changed in our schools as well. In modern high schools, pregnant students are often encouraged to remain in school as close as practical to the baby’s ‘due date’ and to return afterward to earn a diploma. In some schools, an in-school child care facility is available so that students with babies may attend high school classes. A few generations ago, the attitude toward pregnant females in school was much different.

“When I was in high school,” Harriet Moore explained, “no one was allowed to attend school when known to be pregnant, whether it be a student or a teacher. As soon as a student was known to be pregnant, she was made to quit school and never return, even after the birth of the child.

“If dealing with an unmarried couple, the father of the child was required to quit school. If they got married, the father could remain in school. Even teachers had to guard their pregnancy with great secrecy, and a pregnant woman could only teach until it became necessary for her to wear maternity clothes, at which time she had to quit or take a leave of absence. I believe this was just an archaic way of trying to continue the myth that babies appeared in cabbage patches!”

At the beginning of the twentieth century, when the time came for a baby to be welcomed into the world, the person summoned to assist the delivery was often not a doctor but a midwife, an older woman who relied on practical experience in delivering children. Midwifery in America has deep roots in our nation’s culture. Midwives delivered the three babies who were born on the *Mayflower*.

The role of the midwife began to change after World War I. In 1915, forty percent of all births were attended by midwives, but by 1935, that number had decreased to ten percent. Physicians became the provider of choice for affluent women, while midwives still cared for many poor women. These poor women usually lived in rural parts of the country and/or were immigrants, such as many of the miners’ wives who lived in the coal patches of southwestern Pennsylvania. Because the formal training of midwives had been standardized in Europe during the nineteenth century, immigrants had learned to respect midwives for their

knowledge and experience.

There are midwives in America today, albeit better trained than those of a century ago. Midwifery is a professionally regulated field in which the midwife provides care to women during normal pregnancies and deliveries, while turning matters over to the medical profession if complications develop.

In the early decades of the twentieth century, the midwives who assisted in or performed the deliveries of southwestern Pennsylvania babies may have been less formally trained than those of today, but they certainly did not lack practical experience. Their services were less costly than those of a physician or a hospital, and they were often nearer at hand when the mother-to-be required help.

Who were these midwives? Babies born in the Grindstone-Rowes Run area from the 1920s to the 1950s may have been brought into the world by midwife Elizabeth Hisnanick. Many babies born in Century from 1905 until 1930 were first cradled in the hands of midwife Elizabeth Harris. In Brownsville, Barbara Snowdon often worked in cooperation with Dr. Crawford, while Geraldine Tedrow of South Brownsville was a registered midwife in her community. How busy were these women? As the husband of one of them once said, "She delivered more babies in the patch than all of the doctors put together."

There were also doctors who would come to the home to deliver babies, some of them even spending the night when the mother was having a difficult labor. Next we will step back in time to meet the midwives and doctors who assisted in the home deliveries of many babies in this area.

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### ***LOCAL MIDWIVES AND PHYSICIANS DELIVERED BABIES AT HOME***

A few generations ago, childbirth at home was common. There are entire families living today in which every sibling was born at home, usually with the help of the community's midwife or doctor.

Who were the local midwives? One of them was Dora Acklin, the mother of eighty-six-year-old Griffith Acklin of Rowes Run. Griffith was raised in Hunkytown, a neighborhood that still exists today on Brownsville's North Side. In the 1930s, Griffith's mother was a midwife in Hunkytown.

"My mother tended to the childbirths of the neighborhood women in Hunkytown," Griffith told me, "and often she had already taken care of everything before the doctor arrived. When she would come home

afterward, I would ask her, ‘Mom, do I get an apple or an orange?’ If she gave me an apple, it meant the baby was a boy. If I got an orange, it was a girl. Sometimes it would make the doctor mad if he arrived and the baby had already been delivered.”

Another local midwife was the mother of West Brownsville native Ross Snowdon Jr. of Madrid, New York.

“I was born at home on July 2, 1922,” Ross explained, “at 202 Railroad [now Main] Street in West Brownsville. My mother, Barbara Cherry Snowdon, was a midwife. She had no medical education, but she worked under Dr. Crawford of Brownsville, our family doctor. If Dr. Crawford was not present for the birth, he came shortly thereafter and attended to the baby’s and mother’s needs. As midwife, my mother would make sure there was someone to care for the baby and tend to the mother’s needs until the mother could be on her own.”

In Grindstone and Rowes Run from the 1920s until the 1950s, Elizabeth Hisnanick was the local midwife. Elizabeth’s grandson, Rowes Run native John Batovsky, lives in Chester, Virginia. John recently examined his grandmother’s written records of the births she assisted.

“About a year ago, I had the opportunity to see some of her old notes,” John explained. “The oldest entry we were able to find in any of Grandma’s records was entry No. 1, Martin Hisnanick, who was her own son. Uncle Martin was born in either 1920 or 1921. How Grandma could deliver her own baby and have the presence of mind to fill out all the paperwork is beyond me. She was indeed a remarkable woman.”

In Century, a mine patch near Brownsville, Hiller native Bill Harris’s great-grandmother served as midwife. Bill, now of LaGrange, Georgia, informed me, “My great-grandmother, Elizabeth Harris, and her husband Thomas were born in England and came to this country in 1880. They settled in Adelaide, and around 1905 they moved to Century, where Thomas became mine superintendent. She was a midwife there from around 1905 until about 1930, when she became too ill to continue. It was not uncommon for them to be awakened in the middle of night by some male knocking on their door and yelling, ‘The baby is coming!’ Thomas used to say Elizabeth delivered more babies in that patch than all the doctors put together.”

Eighty-nine-year-old Grindstone native Lida Martin Marin, now of Guys Mills, Pennsylvania, was not a midwife, but she remembers how as a teenager, she assisted the coal company doctor at many childbirths.

“I was born in a large farm house about eight miles out of Brownsville along the National Pike, as were all of my cousins,” Lida wrote to me in a remarkably neat longhand. “My mother had eight

sisters, and at one time or another they all seemed to live in that big house. Babies were born at home then, often without a doctor, and women had to depend on each other. Girls grew up fast in those years, and all I can remember about being a young girl is taking care of babies and cooking.

“I married a coal miner at a young age. We lived in New Field, Pennsylvania, a mining town, and it was there that as a teen I helped the company doctor deliver babies. When the doctor got a call that a woman was in labor, he would tell them to send someone for Mrs. Flynn. I would go and have things ready for the doctor. I was there for three years and at each birth, I learned something different. No two births were alike.”

South Brownsville native Hannah Millward Fisher was a student at Prospect Street School, and she remembers seeing a sign near the school advertising the services of a midwife.

“There was a house north of the school which had a sign in front displaying the name Geraldine Tedrow above the title ‘Registered Midwife.’ I looked her up in the 1951 Brownsville City Directory and found her listed as a Registered Nurse living at 209 Prospect Street.”

Midwives were easy to find in those days. Although they were often called upon to help with births in the home, local doctors were also willing to go to the home to deliver a baby. Many babies in the Grindstone area were delivered by a well-known physician named Dr. Alexander Spears. His daughter, Eva Lu Spears Damianos of Pittsburgh, recalls many occasions when her father would be called to a home to deliver a baby, although ironically, he did not deliver his own daughter.

“I’ve been told that I was delivered at home by Dr. Messmore, a friend of my father,” Eva Lu noted. “My father practiced medicine in the Grindstone area from the time he graduated from the University of Pennsylvania until his death in 1965 at the age of seventy-two. He never retired. Known as ‘Old Doc Spears,’ he was six-foot-four, very thin, and walked with a limp from a shipwreck injury he suffered during World War II. His office was originally located in Colonial #4 until he moved his office into our home in Grindstone.

“My mother often drove him on house calls and filled bottles of medicine and packets of pills with his labels on them from a large supply in our basement, which he dispensed from his black medical bag. For as long as I remember, he charged five dollars per house call and there was no time limit.

“He delivered hundreds of babies at home, serving patients in Grindstone, Smock, Brier Hill, Redstone, and the surrounding Fayette County area. He delivered very, very few at Brownsville General

Hospital. Babies usually came in the middle of the night. I'm not certain, but I think the charge was about twenty dollars. He was often paid in homemade pies and venison, and he would visit the mines on payday to be paid in cash as the miners changed shifts."

Dr. Paul A. Mori also delivered babies at homes around Brownsville in the post-war years. Dr. Mori, who now lives in Jacksonville, Florida, wrote to me, "From July 1949 to October 1950, I practiced medicine with Dr. Leroy Waggoner in Brownsville. I might still be there had not the U. S. Navy called me to active duty for the Korean War.

"During the time I was in Brownsville, I delivered a lot of babies in the surrounding mining communities. Many of these deliveries were at home, as it was a fairly common practice in those days. I had been trained in home deliveries in medical school, and I have a list of every baby I delivered during that time. I would be happy to share the information with anyone born during that time period who knows that they are on my list. Medical confidentiality prevents me from publishing the list.

"Dr. Waggoner and I had a very busy practice. We had office hours seven days and four nights a week, and I often made house calls after we had closed the office at eleven o'clock. As you know, many babies are born in the early morning hours, so it was not unusual for me to stay with the family overnight while awaiting the birth."

Another local physician was Dr. Thomas Park, whose son, Kevin Park of Agoura Hills, California, recently examined his father's records. Kevin informed me, "I looked at my father's deliveries from 1946, his first year of practice, and more than fifty percent of them were at-home deliveries."

For years in Newell, Dr. Gilbert G. Fox was the physician who brought babies into the world. Newell native Virginia Murray Archer, now of Pittsburgh, remembers Dr. Fox.

"Although there was mining in the town," she explained to me, "the industries in Newell were the Allied Chemical Co. and the P&LE railroad with a roundhouse, shop and YMCA. These two industries beckoned Dr. Gilbert G. Fox to begin his practice there after interning at McKeesport Hospital.

"He was originally from Dawson, but from 1909 until 1950, he served the medical needs of Newell as its one and only doctor. After his retirement, people had to go elsewhere for their medical needs since another doctor could not be enticed to this small town. It is my belief that most deliveries were done by him, especially in the early years. A newspaper article written at the time of his retirement said he had kept certificates for three thousand births, but there were others for which he

did not have certificates.”

Nowadays nearly all babies are born in a hospital, where the easy availability of medical equipment, trained personnel, and sterile conditions would seem to assure a better chance of a positive outcome. In generations past, did a mother and newborn have a better chance of survival if the delivery occurred in a hospital rather than at home, or if it was attended by a physician rather than a midwife?

Next we will take a look at maternal and infant mortality rates in those days. We will also examine the techniques that were used in at-home deliveries, and of course, we must not overlook the changing role of the proud father at the blessed event.

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*WHEN HARD LABOR STARTED, DAD MADE HIMSELF SCARCE*

“Stay out of sight!”

That bit of sage advice was often passed along to anxious fathers while their pregnant wives were in the delivery room, deep in the throes of hard labor. That philosophy has changed in recent years, but a few generations ago it was very unlikely that a father would be present at the birth of his own child.

“Dad was told to get out of sight while the process was going on,” noted Hiller native Bill Harris of LaGrange, Georgia. “Keeping the father out of sight was a common practice during that time. When my children were born, I was at the hospital during the birth of all three. When my grandchildren were born, the father was in the delivery room ‘helping’ the mother through the births.”

“I was only allowed in the labor room until my wife went into hard labor,” added Front Street native Hank Greenberg, now of Woodland Hills, California. “Then I was ordered out and had to wait until the doctor came to tell me about the birth. Of course, today that is all different. You can take video pictures of the birth.”

Some fathers were only permitted to visit with their wives for five minutes after she was brought out of the labor room. Sometimes Dad couldn’t even wait around for that brief visit.

“We lived at Low Hill,” remarked Dorothy Clayton Tennant of Waynesburg in a recent email to me, “and my father worked in the coal mine across the river. He stayed until the child was born, then he went straight to work!”

Prior to the past century, keeping the father away from the delivery room may have had a more sobering rationale. Maternal and infant



mortality rates were frighteningly high. While doing genealogical research for his own and his wife's families, Bill Harris reached two conclusions.

"I spent this past year reviewing thousands of census pages," he told me, "and two facts stood out very clearly. One was that women in the 1700s, 1800s, and early 1900s frequently died in childbirth. The second fact, one for which I was not prepared, was that most men remarried very soon after their wives' deaths and continued to father children. One of my ancestors married three times, outlived all three wives, and was still having kids at age sixty-nine. He had a total of eighteen children."

Today, we regard the birth of a child as a happy occasion and seldom give a thought to any dangers involved. But in America's early years, childbirth was often perilous for mother and newborn. As one writer on the *digitalhistory.uh.edu* web site noted, "During the seventeenth and eighteenth centuries, between one percent and one-and-a-half percent of all births ended in the mother's death as a result of exhaustion, dehydration, infection, hemorrhage, or convulsions. Since the typical mother gave birth to between five and eight children, her lifetime chances of dying in childbirth ran as high as one in eight. This meant that if a woman had eight female friends, it was likely that one might die in childbirth."

Contrast those gruesome colonial era statistics to figures from the 1980s, which saw one maternal death per every ten thousand live births.

"Death in childbirth," continued the writer, "was sufficiently common that many colonial women regarded pregnancy with dread. In their letters, women often referred to childbirth as 'the Dreaded apperation,' 'the greatest of earthly miserys,' or 'that evel hour I loock forward to with dread.'"

New England poet Anne Bradstreet (1612-1672) certainly approached childbirth with dread. In her poem "Before the Birth of One of Her Children," which she apparently wrote to her husband, her words hardly reflect what should have been a joyous occasion in their lives. Rather than joy, she approached the upcoming delivery of her child with a sense of foreboding.

*How soon, my dear, death may my steps attend,  
How soon 't may be thy lot to lose thy friend,  
We both are ignorant, yet love bids me  
These farewell lines to recommend to thee,  
That when the knot's untied that made us one,  
I may seem thine, who in effect am none.  
And if I see not half my days that's due,*

*What nature would, God grant to yours and you;  
The many faults that well you know I have  
Let be interred in my oblivious grave;  
If any worth or virtue were in me,  
Let that live freshly in thy memory  
And when thou feel'st no grief, as I no harms,  
Yet love thy dead, who long lay in thine arms,  
And when thy loss shall be repaid with gains  
Look to my little babes, my dear remains.  
And if thou love thyself, or loved'st me,  
These O protect from step-dame's injury.  
And if chance to thine eyes shall bring this verse,  
With some sad sighs honor my absent Hearse;  
And kiss this paper for thy dear love's sake,  
Who with salt tears this last farewell did take.*

As late as the mid-1850s, physicians were gravely concerned about one particular affliction that was often fatal to postpartum women. The 1847 introduction of ether and chloroform provided pain relief for the mother, but it did not help in the battle against “puerperal (or childbed) fever.” “Puerperal” is a word that means “relating to, connected with, or occurring during childbirth or the period immediately following childbirth.”

What caused puerperal fever? In those pre-antiseptic days, doctors and interns often went directly from autopsy rooms and surgeries to the wards to examine patients without washing their hands. A few enlightened physicians of that era theorized that unclean conditions were contributing to a death rate as high as twenty-one percent on some maternity wards, but their ideas were generally ignored at the time.

Newborn children were not spared the frequent ravages of the Grim Reaper. America's early years saw shockingly high infant mortality rates. It is estimated that in colonial America, three children in ten died before their fifth birthday. While those figures improved as time passed, many cemeteries in Brownsville still bear witness to the perils of infancy.

“At the south hillside edge of St. Peter's Cemetery is a special area of half-gravesites for infants,” commented Allison native Tom Liberator sadly. “I have a dear two-year-old aunt buried there with just a tiny grave marker.” Redstone Cemetery has a similar children's section, as do many other cemeteries in this area.

In 1900, ninety percent of babies were born at home. By the 1940s, more than half of all newborns were delivered in hospitals, and maternal mortality rates had plummeted to their present level. Surprisingly

though, experts did not attribute the dramatic reduction in maternal fatalities to the increasing use of hospitals or the shift from using midwives to using doctors. They believe the key to the improvement of a mother's chances of surviving childbirth was the introduction of antibiotics and blood transfusions during the mid-1930s.

By 1950, ninety percent of all babies were delivered in the hospital. Reliance upon experienced but minimally-trained midwives, so common a practice half a century earlier, had nearly disappeared.

Nowadays, the trend is to seek a more "natural" experience by giving birth in surroundings that are more suggestive of a home than a hospital. Birthing suites and other "relaxed" settings have increased in popularity, reflecting the desire of couples to harken back to the birthing experiences of their grandmothers and great-grandmothers – without running the medical risks that shadowed those women's pregnancies. Fortunately, most of those dangers have been consigned to the past. Puerperal fever and dying in childbirth are not the oppressive concerns they once were, and dread is no longer the primary emotion that greets the announcement of a pregnancy.

The experience of having a baby did not end with the delivery. Next came the naming of the newborn, a period of recuperation for Mom, and the paying of the doctor and hospital bills, which are a wee bit higher now than they were a few generations ago. In the final article in this series, we will take a look at some actual old hospital bills for childbirth and compare them to today's invoices. We will also look at the changing philosophy on how long a new mother should stay off her feet.

As you might expect, when we contrast past and present medical bills and the recommended recovery periods for Mom, we will find that even as Mom's stay in the hospital has been drastically reduced in recent years, the cost of having a baby has been heading in the opposite direction.

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### ***AFTER THE BIRTH – NAMING THE BABY AND PAYING THE BILL***

Today we conclude our series of articles about how attitudes toward pregnancy and the nature of childbirth have changed over the past century. In this final article, we will look at the aftermath of childbirth – the different customs for naming the baby, changing ideas about the length of the mother's hospital stay, and of course, paying that hospital bill.

While most babies were named immediately after their birth, for some babies there was a delay, and for a few, there was a second naming. Brownsville was once the home of many Jewish families, and several have written to point out to me that in the Jewish faith, the child is named twice.

South Side native Sheila Greenfield Lynch wrote from Louisville, Kentucky, “My sons were given their English names right away in the hospital. They were given their Hebrew names eight days later at their Bris, which is the Jewish rite of male circumcision.”

Hank Greenberg of Woodland Hills, California, grew up on Front and Brashear streets in the 1930s and 40s. Hank emailed, “My siblings and I were all born in the hospital and were named right away. The Jewish male child had to be circumcised by a religious man called the Mohel, and this ceremony, called a Bris, was usually done in the home. Today a lot of the children are circumcised by a doctor in the hospital, but I have also attended a home circumcision where the Mohel was also a doctor and did this full time.”

Harriet Moore of Westernport, Maryland, has an interest in this area’s history because her ancestors are from Bridgeport and Brownsville. In her genealogical digging, she has learned that naming customs of the past are often helpful in her research. Harriet discovered that naming the baby was not always at the top of the parents’ priority list.

“In my genealogical pursuits,” Harriet explained, “I have found that it was not at all uncommon for children to be registered simply as ‘female Smith’ or ‘male Jones.’ Court records often show that the name of the child was entered at a later date, as was the case with my husband, born in 1943.

“Past naming patterns have made it easier for me to trace some members of my husband’s family, because the first son was named after the father of the baby’s father, for example. However, that same practice can become cumbersome if a group of perhaps six sons, of a similar age, all had their first sons at about the same time and all named them after their father. It made for a lot of grandchildren of a similar age with the same names. Nevertheless, naming children after other family members does make genealogical pursuits more convenient.”

Middle names can also be a source of information. If John and Martha Young Truman, the parents of Harry S Truman, had adhered to the aforementioned naming custom, perhaps they could have avoided agonizing over what middle name to bestow upon their first-born son, Harry. In later years, President Truman often explained that his middle initial S, which does not stand for one particular name, was his parents’

compromise solution to the problem of how to honor both of Harry's grandfathers, Anderson Shipp Truman and Solomon Young.

If not using the middle name to honor an ancestor, another custom is to give the baby a middle name that is the mother's maiden name. My own daughter bears my wife's maiden name as her middle name, which is a way to honor my wife's family and to carry on her maiden name in our family lineage. A number of presidents have borne their mother's maiden name as their own middle name, among them Franklin Delano Roosevelt, John Fitzgerald Kennedy, Ronald Wilson Reagan, and Richard Milhous Nixon, whose Quaker great-grandmother, Elizabeth Griffith Milhous, was born near Centerville.

While all of these naming decisions were being pondered by the parents, mother was recuperating from the delivery. Nowadays mothers are discharged from the hospital in record time, but that was not the case several generations ago.

"I gave birth to my children from 1925 to 1927 in the Brownsville General Hospital," 104-year-old Brownsville native Jean Gregg Gelder informed me from her home in Elizabethtown, Pennsylvania. "In those days, you did not get out of bed for ten days."

Grindstone native Lida Martin Marin, who is ninety, concurs. "They kept women in the hospital at that time for ten days," she confirmed, adding, "You seldom saw a baby bottle then, as children were usually breast-fed."

By consulting medical textbooks, one can trace how the postpartum treatment of the mother has evolved over the past century. University of Arizona medical librarian Hannah Millward Fisher notes that in the 1906 *Textbook of Nursing*, author Clara Weeks Shaw warned, "The mother during the puerperal state [during and after childbirth] requires the most careful nursing. She should be kept in bed for ten days to two weeks, not being allowed to sit up for any purpose, or in any way exert herself." In 1913 that protocol was relaxed slightly, permitting the postpartum mother to be propped up in bed with pillows after four days, but still forbidding her from getting out of bed until the ninth or tenth day.

By 1957, DeLee's *Obstetrics For Nurses* reflected a new philosophy in the way postpartum mothers were to be treated. "The postpartum patient is no longer regarded as a sick individual who needs prolonged and continuous nursing care," DeLee stated. "Early ambulation, shortened periods of hospitalization, and complete changes in nursing care have brought about the realization that a newly delivered mother is a normal, healthy, convalescing woman."

A century has passed since postpartum mothers were routinely confined to bed up to two weeks after giving birth. Now mothers are

usually sent home within forty-eight hours of giving birth. What's the rush? Speedy discharge from the hospital may be medically justifiable in most cases, but a disturbing 2004 statement by the American Academy of Pediatrics confirms what most folks have always suspected. The decision to discharge the patient may be as much financial as medical.

"Decisions regarding the length of hospital stays for newborns and their mothers," stated the Academy last year, "became driven by financial reimbursement from third-party payers in the 1990s."

Despite the shorter average hospital stay of a postpartum mother in recent years, the cost of having a baby has increased significantly, and only partially because of inflation. How dramatic is the difference? Here are a few examples of hospital bills reflective of childbirth costs during our grandparents' and great-grandparents' eras.

Ron McCreery of Sierra Vista, Arizona, grew up on Catherine Avenue and was delivered in Brownsville General Hospital by Dr. R. A. Spahr on April 26, 1935.

"My mother," Ron informed me, "was hospitalized from April 26 to May 8 in a private room. The total hospital bill for those thirteen days was \$90.45. Included in that amount was the cost of the private room for thirteen days (\$60), delivery room fee (\$10), nursery fee (\$12), circumcision (\$2), lab fees (\$5), and miscellaneous (\$1.45)."

Two years later, South Side native Hannah Millward Fisher was born in the same hospital, delivered by Dr. Harley Henry. Hannah's mother was hospitalized from April 23 to May 4, 1937. The bill for her eleven-day stay was \$87.25, including her private room cost (\$55 at \$5/day), delivery room and anesthesia (\$15), nursery fee (\$11), lab fee (\$5), and medication (\$1.25).

By 1942 when Grindstone's Ralph Rosendale was entering the world at Brownsville General Hospital, his mother was hospitalized for "only" eight days, running up a tab of \$48. Ralph jokingly informed me, "I told my mother for years that it was the best deal she ever got." The hospital bill for Ralph's wartime birth, handwritten on a pre-printed form, read like this: Room or ward (\$24 at \$3/day), delivery room (\$10), lab fee (\$5), nursery (\$8), and medicine-miscellaneous (\$1.65).

By 1956 when Cicely Laverdi Forcina of Republic gave birth to her son at Brownsville General Hospital, prices were higher but the mother's hospital stay was shorter.

"Dr. Wilt delivered my son," Cicely told me, "and charged \$100 for the entire nine months of doctor visits, the delivery and the circumcision. I was in the hospital for five days. Looking over my hospital bill, which I still have, I see that it included \$65 for my room, \$25 for an additional five days in a room for my son because he was slightly premature, \$20

for the delivery room, and \$14.55 for all medicines. The rest of the bill was a fee for keeping my baby in an incubator for five days. The total cost for my care and the baby's care was \$148."

That was in 1956. What is the cost of having a baby in 2005? The web site *babycenter.com* states that while costs vary widely, a quick survey of hospitals in New York found that "the cost of a normal vaginal birth for a self-pay patient with a one-day stay ranged from \$2,500 to \$3,000." Cost of a Caesarean delivery was significantly higher.

The American Pregnancy Association estimates the cost of childbirth to be much higher. The Association pegs the cost of delivery alone at \$6,000 to \$8,000 for a normal pregnancy; higher if it is a high risk pregnancy.

There is very little about childbirth that has not changed significantly over the past century. Gone are the days of babies being born at home (except in emergencies), untrained midwives delivering babies, and the hospital charging five dollars a day for a private room. Gone, too, are the frighteningly high mortality rates that all too often claimed mothers and newborns in those simpler, but much more dangerous, good old days. It is true that the cost of childbirth has risen greatly over the years, but it is also true that having a baby in the twenty-first century is a much safer experience for mother and child.

While the centuries-old tradition of a woman giving birth to her baby in her own bed may have a warm nostalgic feel to it, try to find a pregnant woman today who would hesitate for a moment if offered a choice between reliving her great-grandmother's experience of giving birth at home or having her baby in the hospital delivery room.

Let's face it.

Nostalgia is wonderful – but even nostalgia has its time and place!