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Changing Expectation: *Prenatal Care* and the Creation of Healthy Pregnancy

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ABSTRACT

In the early to mid-twentieth-century United States, prenatal care helped reshape pregnancy by extending medical directives into the everyday life of pregnant women. What began with minimal strategies for a few women at high risk grew into a "lifestyle" for all expecting babies. Maternity manuals helped popularize this process. Studying revisions of a widely circulated and publicly funded manual, *Prenatal Care*, from the U.S. Children's Bureau between 1913 and 1983, shows that prenatal-care standards offered women healthy pregnancies on condition that they abandon older ways of understanding pregnancy and become maternity patients. *Prenatal Care* taught women to take positive steps to enhance outcomes, but a woman's active role in her own pregnancy was complicated by the fact that the guides made obedience to her doctor her primary responsibility.

KEYWORDS: Childbirth, Pregnancy, Maternity Advice Literature, Prenatal Care, U.S. Children's Bureau

"Every pregnant woman should strive to keep in mind the plain and simple rules for health," coached the first edition of the U.S. Children's Bureau's maternity guide, *Prenatal Care*, reminding readers to drink plenty of water, eat moderately, take fresh air and exercise, bathe, and avoid constipation. The guide, first published in 1913, told women that a few commonsense precautions could help them and their babies get safely through pregnancy.[1] This modest counsel dilated over the decades so that by 1962, women wanting a smooth pregnancy were in for a whirlwind of activity, *Prenatal Care* urging them to "learn as much as they can about the facts of childbearing and childbirth, ask questions when something comes up that they don't understand, share

1 West, Mrs. Max (Mary Mills), U.S. Children's Bureau, Publication no. 4, *Prenatal Care* (Washington, DC: Government Printing Office, 1913), 17. Hereafter *Prenatal Care* is abbreviated *PC*.

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their feelings with their husbands, stick to a good health routine, have fun, and follow the advice they get from their doctors."[2]

Through the middle of the twentieth century, a few now-familiar shifts transformed birth practices in the United States. Deliveries moved from home to hospital, increasingly attended by obstetricians rather than midwives or family physicians. The move from home to hospital reflected changes in women's preferences and structural developments: professionalization of obstetrics, shifts in middle-class norms, public health initiatives, and consumer culture contributed to the change. Ample literature narrates the process by which birth became a medical event.[3] That did not predetermine that *pregnancy* would become a medical event too. The growth of prenatal care from an approach targeting a few high-risk conditions to one extended to all pregnant women through all nine months reshaped the experience. Maternity manuals played a key role in the process by translating medical expectations into lay language. Analyzing an influential guide, the U.S. Children's Bureau's *Prenatal Care*, illuminates this new script for pregnancy. Demanding changes of mind as well as behavior, *Prenatal Care* offered women a healthy pregnancy in exchange for obedience to ongoing medical oversight.

Within a text periodically revised but consistently bearing the same title and the authority of a U.S. government office, *Prenatal Care* narrates a phase of adult female life newly standardized by the manners of medical supervision. Of course not all twentieth-century American women experienced pregnancy. For those who did bear children, though, the guide sanctioned a new way of doing an old thing. It provided a remedy for what it cast as outmoded views of pregnancy as mysterious or merely natural. The aim of this essay is not to map the efficacy or history of prenatal care itself—influenced by many developments in science and society over the twentieth century—or the institutional history of the guide, but to examine the culture of pregnancy presented in the text. The text shows, over time, what life was supposed to look like for pregnant women when they followed "the advice they get from their doctors." This is not to argue that *Prenatal Care* singlehandedly dictated terms of childbearing culture, but that it contributed and bears witness to this profound change.[4]

2 *PC* 1962, 29.

3 Eugene Declercq reflects on this scholarship in "Childbirth History Is Everyone's History," *Journal of the History of Medicine and Allied Sciences* 73 (2018): 1-6. See also Richard W. Wertz and Dorothy C. Wertz, *Lying-In: A History of Childbirth in America*, Expanded ed. (New Haven: Yale University Press, 1989); Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750-1950* (Oxford: Oxford University Press, 1986); Ann Oakley, *The Captured Womb: A History of the Medical Care of Pregnant Women* (New York: Basil Blackwell, 1986); Barbara Katz Rothman, *Laboring On: Birth in Transition in the United States* (London: Routledge, 2007).

4 Marika Seigel appraises maternity guides in *The Rhetoric of Pregnancy* (Chicago: University of Chicago Press, 2013). For broader treatment of medical regulation of daily life, see Dorothy Porter, *Health Civilization and the State: A History of Public Health from Ancient to Modern Times* (London: Routledge, 1999); Deborah Lupton, "Precious Cargo: Foetal Subjects, Risk, and Reproductive Citizenship," *Critical Public Health* 22 (2012): 329-340, and *Medicine as Culture: Illness, Disease, and the Body*, 3rd ed. (Newbury Park, CA: Sage, 2012).

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The U.S. Children's Bureau affected women's prenatal experience through a range of activities, significantly through the distribution of guidebooks for mothers.[5] *Prenatal Care* provides an evolving account of how pregnancy should be done, the manual itself reissued repeatedly and distributed widely from 1913 to 1983. *Prenatal Care* is not distinguished for its originality. Indeed, the Bureau composed it to follow current professional opinions about pregnancy. The first edition, by Mary Mills West in 1913, emerged "after careful study of the literature of the subject" and review by "a large number of well-known physicians and nurses, and by many mothers." *Prenatal Care* got its first major renovation in 1930 and then, interspersed with frequent reprintings, substantive revisions came in 1942, 1949, 1962, 1973, and 1983. After West's initial copy, committees of Bureau staffers, nurses, doctors, and social workers revised *Prenatal Care*. Nor were the guides the sole means for women to learn about what was called the hygiene of pregnancy. New York's Maternity Center Association, for instance, offered popular guides and classes, and some doctors wrote their own manuals.[6]

Reaching an audience across the country, *Prenatal Care* not only sketched out the specifications of this new way of doing pregnancy. It also placed government approval behind it. As such, *Prenatal Care* stands alongside other expressions of what Laura Lovett describes as American pronatalism, the "often-indirect campaign that promoted reproduction" by encouraging women that having babies was safe and desirable. Constrained not only by political opponents fearing statist interference but also by physicians wary of bureaucratic incursions into the realm of medicine, the Children's Bureau emphasized its educational functions. State interest in improving health of babies as future citizens, national pride in reversing poor rates of perinatal mortality, lent urgency to campaigns instructing women how to improve outcomes. As Molly Ladd-Taylor demonstrates, having babies "the government way" turned out to be attractive to many American women. Expanding public awareness of what fetal support entailed reframed definitions of pregnancy as an experience. Thus *Prenatal Care* carried considerable share of the Bureau's efforts to reform the way mothers expected babies. The guide helped make the inner workings of the female body something appropriately discussed in public, and with public funds.[7]

Millions of copies of the Children's Bureau's guides reached American women, both *Prenatal Care* and the companion booklet that followed, *Infant Care*, linking this new way of managing women's health to the flourishing of the future's citizens. Figures of

5 *PC* 1913, 5-6; Kriste Lindenmeyer, *"A Right to Childhood": The U.S. Children's Bureau and Child Welfare, 1912-1946* (Urbana: University of Illinois Press, 1997).

6 Nicholson J. Eastman, *Expectant Motherhood* (Boston: Little, Brown, and Company, 1940); Ziv Eisenberg surveys maternity culture in "The Whole Nine Months: Women, Men, and the Making of Modern Pregnancy in America" (PhD diss., Yale University, 2013).

7 *PC* 1913, 5-6; Robyn L. Rosen, *Reproductive Health, Reproductive Rights: Reformers and Politics of Maternal Welfare, 1917-1940* (Columbus: Ohio State University Press, 2003), 17; Laura L. Lovett, *Conceiving the Future: Pronatalism, Reproduction, and the Family in the United States, 1890-1938* (Chapel Hill: University of North Carolina Press, 2007), 3; Molly Ladd-Taylor, *Raising a Baby the Government Way: Mothers' Letters to the Children's Bureau, 1915-1932* (New Brunswick, NJ: Rutgers University Press, 1986); Janet Golden, *Babies Made Us Modern: How Infants Brought America into the Twentieth Century* (Cambridge: Cambridge University Press, 2018), 6-8, 50-53.

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how many readers used these guides and how they used them can only be approximated. Ladd-Taylor notes that the two guides "quickly became government best sellers," the Bureau itself estimating they had been used with half of the nation's babies by 1929. Children's Bureau annual reports allow approximation of distribution figures, usually noting release of well above 100,000 copies each year except in periods when budgets or war reduced print funds. State and county health departments gave women *Prenatal Care*, and nurses took it on home visits.[8] Women across the country wrote to the Bureau requesting a copy. One Tennessee mother of seven implored in 1921, "Will you please send me any free booklets on the care of the expectant mothers and child!" This writer rued that her "husband does not see any necessity of any extra care of my health now, and says it is only foolishness." In 1927 an Ohio woman who had just lost a baby wrote in, "Kindly send me books on Prenatal Care." The wife of a sawmill manager from a Missouri lumber camp wrote to beg more copies for other women she knew, since she already had "several copies of 'Prenatal Care' by Mrs. West I passed, and they did so much good."[9]

INFANT MORTALITY, *PRENATAL CARE*, AND THE U.S. CHILDREN'S BUREAU

When the U.S. Children's Bureau was established in 1912, its first director Julia Lathrop made infant mortality her first priority. In her introduction to the first edition of *Prenatal Care*, released just a year after the Bureau's opening, Lathrop referenced bleak census figures that "300,000 babies less than 1 year old died last year in this country," and "at least half of these deaths were needless." The Bureau launched investigations into causes of infant and maternal mortality.[10]

Prenatal care grew out two distinct strains of health-reform work preceding it: campaigns against infant mortality and obstetrics' new approach to birth complications. From the late-nineteenth century, a range of remedies aimed to counter high death rates for children in their first year of life. Social workers, public health researchers, and medical personnel, with women prominent in leadership, targeted varied causes. In experimenting with remedies, reformers strove to improve sanitation in cities, insure distribution of pure milk, and educate mothers, hosting conferences and classes and better-baby contests. The 1909 founding of the American Association for the Study

8 Ladd-Taylor, *Raising a Baby, 2;* Cheryl K. Lemus, "The Maternity Racket: Medicine, Consumerism, and the Modern American Pregnancy, 1876-1960" (PhD diss., Northern Illinois University, 2011), 48, 63-64. Publication figures appear in Bureau annual reports with some regularity. See Grace Abbott, *The Twentieth Annual Report of the Chief of the Children's Bureau to the Secretary of Labor*, 34-35, showing nearly half -million *Prenatal Care* copies between 1922-1931 (Washington: US Government Printing Office, 1932) 34-35, and Katherine Lenroot, *Thirty-fourth Annual Report of the Chief of the Children's Bureau to the Secretary of Labor* (Washington: US Government Printing Office, 1946), 102; *Annual Report, U.S. Department of Health, Education, and Welfare* (Washington: DC: US Government Printing Office, 1963), 86-87; Katy Dawley and Rita Beam, "'My Nurse Taught Me How to Have a Healthy Baby and Be a Good Mother:' Nurse Home Visiting with Pregnant Women, 1888 to 2005," *Nursing Clinics of North America* 40 (2005): 803-815.

9 Ladd-Taylor, *Raising a Baby*, 2, 56, 50, 146-147.

10 *PC* 1913, 5.

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and Prevention of Infant Mortality signaled redoubled efforts. Theodore Roosevelt hosted a White House conference on children in 1909 and a decade later Woodrow Wilson followed suit, declaring 1918-1919 a "Children's Year," with promotional posters proclaiming, "The health of the child is the power of the nation." Infant mortality rates became a measure of national flourishing, and motherhood a kind of national service, especially in context of wartime readiness and loss of life. The Bureau and its allies encouraged passage of the Sheppard-Towner Maternity and Infancy Protection Act in 1921. Sheppard-Towner allocated funds for states to use in educating mothers, operating clinics, supporting nurse visits, distributing literature, and funding programs aimed at prenatal and infant health until it expired in 1929.[11]

Prenatal care was more than a subset of infant-mortality work, however. As one Illinois woman wrote to the Children's Bureau in 1916, when requesting a copy of *Prenatal Care*, "The cry is Save the babies but what about the poor mothers who produce these babies?" Even as baby-saving groups turned attention to maternity care in the early twentieth century, obstetricians themselves were innovating. As a preventative strategy, prenatal or "antenatal" care emerged in late-nineteenth-century Anglo-American medicine, doctors like Scottish physician J.W. Ballantyne recognizing that several complications—pre-eclampsia, toxemia, complications from syphilis—could be anticipated and treated before delivery.[12]

By the early twentieth century, promoters of prenatal care touted its triple benefits, preventing some birth emergencies, giving doctors opportunity for research, and elevating the status of the obstetric profession. Abraham Flexner's influential study of American medical education in 1910 judged that many obstetricians received substandard training, some never witnessing a birth before their first delivery. Confronting this problem, J. Whitridge Williams, Johns Hopkins professor and obstetric-textbook writer, proposed more regular oversight of pregnant women. A confluence of concerns about the health of mothers and babies came together in active management of pregnancy.[13]

In 1913 Julia Lathrop introduced *Prenatal Care* as providing women "some of the most important of these facts" about pregnancy that "every mother has a right to possess in the interest of herself and her children." In 1930 these "most important" facts were broadened, with prenatal care redefined as "that part of maternal care which has

11 Richard A. Meckel treats stages of the infant welfare movement in *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality, 1850-1929* (Baltimore: Johns Hopkins University Press, 1990); Rosen, *Reproductive Health*, 18-19; Lindenmeyer, *A Right to Childhood*, 35, 257; Alisa Klaus, *Every Child a Lion: The Origins of Maternal and Infant Health Policy in the United States and France, 1890-1920* (Ithaca: Cornell University Press, 1993).

12 Lawrence D. Longo and Christina M. Thomsen, "Prenatal Care and its Evolution in America," in *Childbirth: The Beginning of Motherhood, Proceedings of the Second Motherhood Symposium* (Madison, WI: Women's Studies Research Center/University of Wisconsin-Madison, 1981), 29-70; Rosen, *Reproductive Health*, 6-7.

13 Ladd-Taylor, *Raising a Baby*, 150-151; Abraham Flexner, *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching* (New York: The Carnegie Foundation, 1910); J. Whitridge Williams, "The Limits and Possibilities of Prenatal Care," Reprinted in Philip K. Wilson, ed., *Childbirth: The Medicalization of Obstetrics* (New York: Garland, 1995), 139-146.

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as its object the complete supervision of the pregnant woman in order to preserve the happiness, health, and life of the mother and child." The guide grew over time along a continuum, starting with notes about food and rest and eventually drawing much of a woman's pregnancy-defined life under the cope of medical authority. By the last publication in 1983 the causal sequence between this "complete supervision" and birth outcome was explicit: "Women who start prenatal care early in their pregnancies tend to have fewer problems and deliver healthier babies than do women who delay or have no prenatal care."[14]

In its first edition, the booklet welcomed a middle-class literate readership. "This monograph is addressed to the average mother of this country," Lathrop introduced it, "necessarily" taking for granted "a standard of life for the family high enough" to permit a woman to follow it. The guide also spoke to women of more modest means whose habits might be elevated by following its directives. In a period when eugenics enjoyed broad support in the United States, *Prenatal Care* kept focus on improvement of the maternal environment. Of course, improving environments was not incompatible with eugenics, but the guidebook leaned away from the latter emphasis by insisting that women's gestational actions would have positive consequences.[15]

While women always were clearly doing *something* in the act of carrying the fetus, medical understanding traditionally had limited their agency to passive waiting or harm. The mother's task primarily was to deliver nourishment and keep the fetus from hurt. Doctors had little to say or do with women's private condition until birth even late in the nineteenth century. Prenatal care transformed this arrangement. Though numerous advances came to twentieth-century understandings of pregnancy—including the discovery of sex hormones in the 1920s and gene functioning in the 1950s, improved grasp of fetal development and placental functions—prenatal care placed pregnancy under doctors' authority before they possessed knowledge or technology sufficient to justify it. Anticipating that doctors might resent the guide as competing with their services, Julia Lathrop contested, "There is no purpose to invade the field of the medical or nursing professions." To the contrary: *Prenatal Care* reinforced the authority of professional medicine by resting the whole modern experience of expectancy on deference to doctors, putting doctors in the place of other figures, from family, neighborhood, or religious tradition, who might interpret the mysteries of generation: "modern medical science has gone far toward controlling the conditions which sometimes used to worry expectant parents."[16]

The guide set self-confidently modern teaching about pregnancy against older views and customs. These customs engaged the key interpretive puzzle about pregnancy: the

14 *PC* 1913, 6; *PC* 1930, 1; *PC* 1983, 5.

15 *PC* 1913, 6; Lovett, *Conceiving the Future*, 132-134; Meckel, *Save the Babies*, 166; Alexandra Minna Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*, 2nd ed. (Berkeley: University of California Press, 2015).

16 *PC* 1913, 6; *PC* 1962, 2; Meckel, *Save the Babies*, 161; Rebecca Kukla, *Mass Hysteria: Medicine, Culture, and Mothers' Bodies* (Lanham: Rowman & Littlefield, 2005), 24-25; Rima Apple, *Perfect Motherhood: Science and Childrearing in America* (New Brunswick, NJ: Rutgers University Press, 2006); Nelly Oudshoorn, *Beyond the Natural Body: An Archaeology of Sex Hormones* (London: Routledge, 1994).

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degree to which a mother's actions could affect the fetus. *Prenatal Care* made clear that rejecting superstitions was prerequisite to taking up its system. The pregnant woman was no longer supposed to be passive, nor assume she would influence her baby through mysterious cravings or maternal impressions. But while active she was not necessarily effective, since the doctor was finally chargeable for making the pregnancy and baby healthy. The attenuated link between behaviors the guide taught and benefits these yielded, plus the fact that a woman's primary responsibility was to obey her doctor, left tension in women's prenatal expectations. Here *Prenatal Care* exposed the limits of the new way: it could rule out old beliefs as wrong but not really explain why any particular woman's baby would emerge with a problem. It became women's responsibility to live out the pregnancy lifestyle and doctors' to deliver them through the process.[17]

Maintaining a core of common content over its decades of publication—about getting a diagnosis and doctor, understanding pregnancy and its complications, adjusting diet and behavior, planning for birth—*Prenatal Care* established parameters for what counted as appropriate topics in a maternity guide, even as this content continued to expand. The first edition in 1913 directed women to keep healthy and seek out medical advice to avoid emergencies. The 1930 revision added a few drawings to the bare text and confidently encouraged the reader that her behavior could benefit the coming baby. Then and later, illustrations of pregnant women comporting themselves appropriately alongside husbands, homes, and medical surroundings appeared in order to help readers embrace habits suitable for pregnancy. 1942 added few new rules but introduced photographs to show doctors and nurses attending the expectant woman. The 1949 version elaborated considerably with directives on recreation and attitude, denominating pregnancy an enjoyable phase of life under medical supervision. It also debuted images of the growing fetus. Fetal images, Rebecca Kukla argues, could encourage women to imagine their bodily experience with reference to the appearance of those figures. Building on this model of baby-boom pregnancy, the 1962 guide served up counsel on marital and family relations. The 1973 guide presented the most lavish illustrations, with more racial diversity, with pictures of the fetus growing within a maternal trunk, and with starker warnings about harms from smoking and alcohol. The 1983 guide admitted newer technologies like drugstore tests, ultrasound, and amniocentesis to the canonical experience of pregnancy.[18]

Examining the details of *Prenatal Care* prescriptions suggests three different phases of the guide's emphasis. The early editions through 1942 aimed to persuade women to seek medical supervision to avert harm or emergency in birth. The midcentury editions, 1949 and 1962, aimed to assure women that doctors made pregnancy a special, healthy season replete with cultural imperatives of its own. Expectation of medical management for pregnancy by then well established, the final editions in 1973 and

17 Cristina Mazzoni, *Maternal Impressions: Pregnancy and Childbirth in Literature and Theory* (Ithaca: Cornell University Press, 2002); Robbie Davis-Floyd, *Birth as an American Rite of Passage*, 2nd ed. (Berkeley: University of California Press, 2003).

18 Kukla, *Mass Hysteria*, 110-123.

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1983 aimed to exhort women about obligations to guard and improve fetal flourishing. Unfolding from the logic of the 1913 guide's instruction to bring pregnancy under medical auspices, accretions to this counsel gave rise to what the 1983 edition labeled a full-fledged "Pregnant Lifestyle."[19]

A POSITIVE DIAGNOSIS

Determining whether or not a woman was actually pregnant initiated a period of medically informed expectancy. As in other puzzles about one's status, a woman who thought she might be with child was advised to scrutinize interior signs to discern her condition. From 1913 on, the guide described the same signs as likely indicators of pregnancy: a missed period, breast tenderness, morning sickness, and frequent urination. After 1930, however, the guide gradually deemphasized the woman's scrutiny of herself and elevated medical judgment and standardized schedules to determine the attributes of the maternity patient.[20]

Chemical tests to verify pregnancy existed through much of the guide's publication. Tests became more widely accessible from the 1920s, when Selmar Aschheim and Bernhard Zondek developed the A-Z test, injecting women's urine in laboratory animals. Immunoassays by the 1960s could detect the pregnancy-revealing hCG hormone in a lab without use of animals. American drugstores began selling over-the-counter urine tests in the late 1970s. *Prenatal Care* hesitated to recommend these tests, though the 1983 version conceded their utility. Historically, "quickening," feeling the fetus move, had marked the bright line distinguishing actual pregnancy from intuition of it. Quickening tended to rest proof of pregnancy on the woman's interpretation of her physical experience. *Prenatal Care* recognized the significance of the child's movement in utero, but reduced the value of that milestone so that quickening was hardly something to be thrilled over. Instead, suspicion of pregnancy was to bring a woman to a doctor who would affirm or refute her reading of herself.[21]

Prenatal Care gave pregnancy a schedule. That schedule remained largely consistent between 1913 and 1983, with some fine tuning. Calculators for due dates and the presumed arrival of a healthy baby at the end of a certain number of days cordoned off pregnancy as a separate time in a woman's life, a frame delineated further by family planning and the marking of fetal milestones. The calendar submitted women's individualized expectancy to a general rule. Confirmation by an outside authority gave women new confidence to describe themselves by the diagnosis of pregnancy, and "only a physician [could] make a positive diagnosis." In 1973 the guide adopted new terminology: "When we talk about pregnancy, we usually divide it into thirds or trimesters," that edition explained, reflecting language about stages of pregnancy made newly salient in the Supreme Court's important *Roe v. Wade* decision legalizing abortion in the same year.

19 *PC* 1983, 8-11, 14-15, 19.

20 *PC* 1913, 7-8.

21 *PC* 1913, 7; *PC* 1930, 2; *PC* 1942, 2; *PC* 1949, 5; *PC* 1973, 8; *PC* 1983, 10; Cathy McClive, "The Hidden Truths of the Belly: The Uncertainties of Pregnancy in Early Modern Europe," *Social History of Medicine* 15 (2002): 209-227; Sarah A. Leavitt, "A Private Little Revolution: The Home Pregnancy Test in American Culture," *Bulletin of the History of Medicine* 80 (2006): 317-345.

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1983 added a new temporal marker by designating the years between eighteen to thirty-five a woman's best ones for childbearing.[22]

A woman demonstrated acceptance of this schedule and discipline with her initiation of medical care. Becoming a patient was her way of clocking in for her duty. The duty of getting a doctor accorded considerable agency to women, since they rather than husbands were so tasked by the guide. The 1942 edition of the guide made medical supervision a top priority: "More important than anything else in planning the best possible care for mother and child is that the mother should go to a doctor for examination and advice just as soon as she thinks she is pregnant and should remain under his constant care until the baby is born."[23]

With the doctor-patient relationship established, a woman could look to the doctor to explain her body and advise her how to manage it. This began with a physical examination. The doctor "can find out if you really are pregnant. Then he will give you a complete physical examination—perhaps the most complete you've ever had," with questions about a woman's ancestry and general health. Bringing fragments of her past and having them returned to her as a diagnosis or risk category gave a woman new terms in which to understand herself for the duration. Her initial physical exam became a ceremonial putting off of her previous identity in order to become a maternity patient, as she took up the garb befitting her condition: "[a]fter this history-taking, you undress completely" before being robed for the exam. *Prenatal Care* included a glossary of medical terms, the "words your doctor will use." Key to building a sense of self as a pregnant patient was the woman's adoption of a new vocabulary for her body.[24]

Women were instructed to bring their questions, concerns, and urine samples regularly to doctors' offices. Indeed, the urine check was "so important for [the woman's] welfare that every woman should insist upon having it made at least once a month during the first half of pregnancy and oftener toward the end." Urine testing could help avoid serious birth complications, but it also reminded the woman that her body was inscrutable to her and potentially dangerous. The information loop discerning pregnancy's progress might begin with the woman's body and end in her consideration of it, but the doctor had to supply translation in between. While the reader was instructed to think about the reshaping of her body around the growth of the fetus inside, the guide never settled on an effective way to synchronize changes in woman and fetus in the structure of the text. Changes came as disconnected systems. Common discomforts were treated in a section distinct from fetal development, blurring connection between what the fetus was doing and what the woman was feeling.[25]

Since right thinking about pregnancy was important to doing it well, women were to allow doctors to dislodge their errors when necessary. *Prenatal Care* acknowledged that "many superstitions about conception, pregnancy and childbirth still exist," and

22 *PC* 1913, 7-8; *PC* 1930, 2; *PC* 1949, 5; *PC* 1963, 6; *PC* 1973, 12, 48; *PC* 1983, 1, 8, 10; Records of the U.S. Children's Bureau, National Archives, Washington, D.C., RG 102, Box 377, 1929-1932, 4-5-7-2, "Pregnancy" folder.

23 *PC* 1913, 21; *PC* 1962, 3; *PC* 1973, 35; Rosen, *Reproductive Health*, 12-16.

24 *PC* 1949, iv, 2-4; *PC* 1983, 8, 10-11, 14-15.

25 *PC* 1913, 15; *PC* 1930, 21; *PC* 1949, 2-4.

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while some of those were harmless, "some endanger the health of both mothers and babies." Emphasizing medical authority at the expense of traditional sources of information on pregnancy, *Prenatal Care* warned mothers-to-be not take as reliable the hearsay handed down by other women, but should "check with your doctor whenever you are in doubt about any advice you receive from friends or relatives."[26]

By 1949, *Prenatal Care* aimed to shape experience of gestation not only by describing how it worked but also by declaring what was normative. "All pregnant women experience and think about certain things," this guide declared, "All need to understand how to take care of themselves." The text mostly delivered lay-level doses of medical counsel, or less, sometimes assuring women that symptoms they had were normal but not explaining why these occurred. From midcentury on, normalcy meant wanting answers to some predictable questions and being satisfied with the answers that doctors and the guide provided.[27]

UNDERSTANDING THE HEALTHY PREGNANCY

Prenatal care grew out of concern for hazards treated in advance of birth. *Prenatal Care* acknowledged that women may have previously viewed pregnancy as a period of compromised health. Women had justification for this. Some obstetricians themselves had stressed the pathology of pregnancy, as Richard and Dorothy Wertz note, observing that by the early twentieth century some "doctors believed that 'normal' deliveries. . .were so rare as to be virtually nonexistent." Given association of symptoms like swelling, heartburn, and nausea with pregnancy, women may have had good reason to call it a sickness of nine months.[28]

With rising vehemence through the years, however, the guide presented the medically supervised pregnancy as the opposite of a sick one. *Prenatal Care* proclaimed in 1913: "There is a tendency among women to regard some of these disturbances as the necessary accompaniment of the condition. There is no truth in the old saying that 'a sick pregnancy is a safe one.'" Since complications of pregnancy were rare, most women should not assume they would be susceptible to them. "Pregnancy and labor are normal functions of the body and do not normally interfere with health," said the 1930 edition, clarifying that, "Pregnancy is not a disease, but it is 'nature under a strain.'" Negative language gave way to positive admonition. The midcentury mother-to-be was urged that she "should not think of herself as an invalid just because she is pregnant, nor should her friends. She is to be envied, not sympathized with," the 1949 guide averred. Through its 1983 edition, *Prenatal Care* presupposed good health as the default condition of pregnancy, assuring readers that the "vast majority of pregnancies are uncomplicated and end with the birth of a normal, healthy baby." Of course, the premise of pregnancy as structured by prenatal care was that health was normal *if a doctor was in*

26 *PC* 1930, 4; *PC* 1962, 30.

27 *PC* 1949, iv, 14-15; *PC* 1962, 1, 29; *PC* 1983, n.p., 2, 7.

28 Wertz and Wertz, *Lying-In*, 141-143, 146; Jan Lewis and Kenneth A. Lockridge, "Sally Has Been Sick: Pregnancy and Family Limitation among Virginia Gentry Woman, 1780-1830," *Journal of Social History* 22 (1988): 5-19.

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charge. Pregnancy must be "carefully and constantly watched, for it may become abnormal very quickly." *Prenatal Care* presented pregnancy simultaneously as a condition of robust health and imminent peril—or, in the language of the 1973 guide, "Yes, it is normal to have a baby, but being pregnant is a strain on your body and medical care can often prevent trouble you or your baby may have later."[29]

Prenatal care presumed a condition of wellness that paradoxically required vigilant monitoring. The more that actions perceived to assist fetal growth were pressed on women, the less generous became the guide's view of women's experience in managing gestation. Morning sickness offers an example of this change. The 1913 edition respected morning sickness as one of the telltale signs of pregnancy. Acknowledging that "more than one-half of all pregnant women suffer" it, the guide offered no-nonsense counsel of dry food or tea to allay nausea. It absolved the reader if nausea persisted and recommended notifying a doctor to help control it. In 1930 nausea carried no moral charge and still counted as "one of the common ailments of early pregnancy."[30]

Concern over the unpleasantness of indigestion vanished from the guide in 1949. The mid-twentieth century rise of prenatal psychology, Ziv Eisenberg demonstrates, postulated that a woman's subconscious attitude toward motherhood could cause physical symptoms like nausea, even "pregnophobia" that could harm or expel the fetus. The underside of the healthy, happy pregnancy was that blame fell on women if bad moods or sickness persisted. Reflecting this trend, the 1949 edition flatly asserted, "Many women never have morning sickness. It used to be considered a necessary part of pregnancy for all women. Even now some of your friends may not believe you are pregnant if you don't become nauseated." In this declaration, *Prenatal Care* at once disallowed nausea and buttressed medical interpretation, casting friends, family, and tradition as unreliable counselors compared to the doctor. Denying nausea as a usual side effect, the guide chided that woman who "becomes so excited or upset by becoming pregnant that she wants special attention." A pregnant woman must not "make the mistake of lying in bed all day. And don't feel sorry for yourself."[31]

The rejection of morning sickness was part of midcentury amplification of healthy pregnancy. Baby-boom pregnancy emerged as a phase of blooming health: "don't consider yourself an invalid," the pregnant woman was ordered, since the "old idea of being 'in a delicate condition' is not popular any more." "Having a child is a normal and good experience," and a "normal pregnancy is not a sickness," the text reiterated. Women could thank science for this accomplishment. Because advances in knowledge about pregnancy in "this age of science" made "having a baby safer today by far than ever

29 *PC* 1913, 18; *PC* 1930, 4, 20-21; *PC* 1973, 1, 37; *PC* 1983 5, 51. Leavitt, *Brought to Bed*, 214-215; Wertz and Wertz, *Lying-In*, 178-200.

30 *PC* 1913, 15; *PC* 1930, 29.

31 *PC* 1949, 2, 17-18 33, 39; *PC* 1962, 24, 28, 30-31, 50, 56. See Ziv Eisenberg, "Clear and Pregnant Danger: The Making of Prenatal Psychology in Mid-Twentieth-Century America," *Journal of Women's History* 22 (2010): 112-135.

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before," the ethos of *Prenatal Care* was "based on the belief that having a baby is normally a happy, satisfying experience."[32]

COMPLICATIONS OF PREGNANCY

Emphasis on the happy satisfaction of pregnancy under doctor's supervision problematized the necessary mentions of grave complications. More matter-of-fact about discomforts, 1913 edition had made no distinction between complications and minor irritations. Frequent urination, nausea, heartburn, varicose veins, hemorrhoids, cramps, and discharge could be kept under control with self-care and medical check-ins. From 1930, the guide apportioned separate sections for "common disorders" and "complications." In 1949, instructions came under the heading "how to keep well," as this edition pushed aside negative aspects of pregnancy, admitting reluctantly that "discomforts may come up at times." "Some problems" were something else altogether, a separate chapter warning that bleeding, severe nausea or headaches, blurred vision, or other pains could signal miscarriage, toxemia, or eclampsia. The 1962 edition relegated "[s]ome usual discomforts" to a late chapter and decreed that normal pregnancy was supposed to bring "satisfaction." The 1973 guide sorted into separate categories general health, personal hygiene, common complaints, and complications.[33]

As with pregnancy in general, *Prenatal Care* presupposed that managing discomforts depended on having the right attitude about them. *Prenatal Care* accounted for the aches and perturbations of pregnancy by declaring that they were common rather than by explaining why they happened. Medical management certainly could explain more about pregnancy than could old superstitions, but remained unable satisfactorily to resolve mysteries about birth that traditional views had addressed. The guide did not actually answer why children had birthmarks or why carrying a baby made one subject to flatulence, spotty skin, or leg cramps. Instead it reassured the reader that if she had these symptoms, she fit comfortably into what was normal. For the most part, women's symptoms were explained according to physically obvious causes or generalized ones. Tiredness, for example, could be "Nature's way" of getting mother to rest. Sometimes the guide noted a symptom without any idea what it might mean. For pregnant women's tendency to over-salivation, for instance, the answer was, "We do not know why this happens."[34]

EATING AS A SPECIAL RESPONSIBILITY

In the counsel of *Prenatal Care* throughout its publication, food remained the key link between mother's actions and fetal flourishing, her body connecting the fetus to the environment. Exactly what food was supposed to accomplish became more freighted through the twentieth century. Historians demonstrate that, across varied demographics and with different emphases, dietary fashions during the twentieth century pressed Americans to look to experts for help deciding what to eat. But food mattered

32 *PC* 1949, 29, 46; *PC* 1962, np., 1, 2; *PC* 1973, 1, 14-15, 35-37.

33 *PC* 1930, 29-32; *PC* 1949, 25; *PC* 1949, 32; *PC* 1962, 49.

34 *PC* 1962, 49-50; *PC* 1983, 42-50.

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in particular ways for pregnant women, as the nexus of conflicting assumptions either viewing mother as a mechanical provider of materials or as a voluntary agent making a baby. The first editions of the guide contended strenuously against antiquated views of cravings and birthmarks, which stood in the way of writers' efforts to move women to a more up-to-date pregnancy. The maternity diet later in the century elaborated the manners of eating for two, following nutritional requirements and serving sizes. Food-related concerns reveal most clearly the discrepancy between traditional and new medical understandings of pregnancy, between maternal passivity and agency.[35]

Feeding a pregnant woman was not only about getting enough nourishing stuff into her but getting her to digest it properly, digestion being one of the things experts long had thought women did poorly.[36] The 1913 guide counseled that a pregnant woman should avoid what provokes indigestion and not overeat, but otherwise she may "safely follow the dictates of her appetite as to the choice of her food." It proposed a broad list of acceptable foodstuffs. A veritable cornucopia was offered as a "properly laxative diet," including "apples, peaches, apricots, pears, oranges, figs, cherries, pineapples, grapes, plums, strawberries, raspberries, or grapefruit." Vegetables favored were "[o]nions, asparagus, tomatoes, peas, potatoes, lima beans, carrots, string beans, spinach, celery, cress, and lettuce." In the first several editions milk was touted as a near-perfect food. From 1930 on the guide gave menus to help women plan meals. The 1942 guide included many familiar suggestions but in more sophisticated language, detailing foods that had "first-class proteins," calcium, phosphorus, iron, and vitamins, especially A, C, and D. In 1962 food was broken down into component parts: proteins, minerals, vitamins, fats, and carbohydrates.[37]

Prenatal Care editions in 1913 and 1930 display nearly obsessive concern with waste and its removal. That cheerful list of fresh produce above was offered not as a source of vitamins or delight but as roughage to move waste: "Throughout pregnancy it is most important that the bowels should move freely at least once a day." As the 1913 guide insisted, "the accumulation of waste products in the system is the cause of various minor ailments of pregnancy, as well as some of the more serious complications." Consistent with what historian James C. Whorton examines as the period's preoccupation with clearing bowels, the guide warned women to keep "the excretory organs" in "the best possible condition" and "Guard scrupulously against continued constipation."

35 Harvey Levenstein, *Revolution at the Table: The Transformation of the American Diet* (Berkeley: University of California Press, 2003) and *Fear of Food: A History of Why We Worry about What We Eat* (Chicago: University of Chicago Press, 2013); Jessica J. Mudry, *Measured Meals: Nutrition in America* (Albany: State University of New York Press, 2009).

36 *PC* 1913, 10; *PC* 1930, 6; Michael K. Eshleman, "Diet during Pregnancy in the Sixteenth and Seventeenth Centuries," *Journal of the History of Medicine and Allied Sciences* 30 (1975): 23-39.

37 *PC* 1942, 6; *PC* 1962, 14, 15, 18-19. On nutritional fashions, see Rima Apple, *Vitamania: Vitamins in American Culture* (New Brunswick, NJ: Rutgers University Press, 1996), and in comparative context, Ian Mosby, *Food Will Win the War: The Politics, Culture, and Science of Food on Canada's Home Front* (Vancouver: UBC Press, 2014) and Catherine Carstairs, Bethany Philpott, and Sara Wilmshurst, eds., *Be Wise! Be Healthy! Morality and Citizenship in Canadian Public Health Campaigns* (Vancouver: UBC Press, 2018).

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The skin should be maintained aggressively with frequent baths and vigorous rubbing.[38]

Good diets required planning and self-discipline. By midcentury eating the right foods had become a more demanding task, the guide telling readers, "you have every reason to feel proud when you make a good job of it." A woman who had been eating poorly could use pregnancy as an opportunity to reverse bad habits. Nutritional counsel could link goods of woman and fetus, but it also could set them at odds. In case women felt tempted to use pregnancy as an excuse for indulgence, the guide told readers to "beware of stuffing yourself with cakes, candy, jelly, pastries, 'soft drinks,' and other 'goodies.'" The fetus also could rob resources from the woman. From 1913 to 1973 the guide paid some heed to traditional lore that women lost a tooth with each pregnancy, crediting calcium deficiency. Concern over dental conditions offered inadvertent evidence that childbearing was not straightforwardly healthy for women: "If a baby can not get what he needs from the mother's food, he will take it from her body. This means that the mother will be undernourished and, perhaps, her teeth will suffer."[39]

Attention to the physical benefits a woman could provide the fetus through food aimed to counter folk custom that a woman could affect the fetus by action of her mind, beliefs grouped under the label of maternal impressions. Persistently, in every edition, *Prenatal Care* denounced maternal impressions, those "injurious physical modification[s] of the child through influence of some harmful state of mind of the mother." Extensive treatment of this topic in the first two editions positioned it as a placeholder for what modern maternity care strove to revamp in women's attitudes toward pregnancy. The 1913 guide spent two full pages attacking the idea, because there is "more misinformation on this matter than almost any other connected with the whole subject of maternity." *Prenatal Care* regretted this "widespread" belief but assured women that "[d]octors and scientists" agreed on its falsehood.[40]

Children's Bureau staffers had to expend considerable effort contesting these beliefs, as correspondence to the Bureau attests. In 1925, Mrs. W. M. wrote to confess that one day she had had "a longing for strawberries and. . .wiped out the corners of my eyes with my fingers" and a neighbor told her that "if you have an appetite for anything & dont eat it & you put your hand on your face, or scratch your face, that it will mark the baby sure." Her letter admitted to trusted personnel at the Bureau, "I'm worried sick. . ..what can you do when you long for watermelon or mush melon, or anything out of season? I can't get these things now. Can that mark or harm the baby in any way?" In 1932 Mrs. G.B., whose child had died soon after birth, recorded that her baby had been "marked by Something." She had seen the birth of a calf when three months pregnant and her baby's head had had two "little skins hanging down that I thought resembles the calf's [two] front feet the way they hung. . ..Tell me where it is possible

38 *PC* 1913, 8, 10-12, 17; *PC* 1930, 12. See James C. Whorton, *Inner Hygiene: Constipation and the Pursuit of Health in Modern Society* (Oxford: Oxford University Press, 2000).

39 *PC* 1913, 14; *PC* 1930, 6-7, 19; *PC* 1949, 27; *PC* 1962, 13; *PC* 1973, 9-11, 22; *PC* 1983, 28.

40 *PC* 1913, 19-20.

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that one can be marked this way or not?" Children's Bureau staff insisted babies could not be so marked.[41]

Midcentury editions and beyond made less room for maternal impressions as the notion receded in popular culture, dismissing it quickly in 1949 with assurance that there was no "direct connection between your nerves and the baby's at all." Instead, a baby would have something else to fear from the maternal mind: "severe and prolonged emotional disturbances may cause chemical changes in your body which affect the behavior of the uterus." With some contradiction, this advice ruled out the conscious influence of the maternal mind on the fetal body but worried about harms wrought by the maternal subconscious.[42]

Prenatal Care declared connection between woman and fetus purely material. The woman supplied food and removed waste. If mother moved food and waste well, "she can be quite sure that the child will be able thereby to build up for himself a sound and normal body and brain." Whereas antique explanations attributed generative agency to the father while the mother did little, twentieth-century publications favored the self-constructing fetus. Sometimes the fetus shared power with abstract forces—"During the pregnancy nature is building a new person"—or the woman served as conduit for these forces: "positive forces of life are very strong in you when you are producing a baby." But the woman's part was requisition, not construction. The pregnant woman was "supply[ing] the building materials in the form of nourishment," and for that reason, "her diet must have in it the foods which contain the proper kinds of building materials." Such advice simultaneously enjoined female activity and limited its efficacy. Even the best nourished woman could not be assured that her actions actually produced positive effects in the baby-to-be.[43]

Since a pregnant woman was supposed to deliver materials for baby, *Prenatal Care* made little room for her own appetites. Cravings offer illustration of the way medical advice superseded, but did not resolve, older questions or convictions about pregnancy. Old justifications for cravings—that those were the baby's tastes or that the mother needed satisfaction to prevent marking—could seem reasonable. As with maternal impressions, the guidelines given by *Prenatal Care* required women to abandon traditional notions before adopting scientific ones. Historically, women's pregnancy cravings were not deemed mere frivolous desires, but were knotted together with belief that the fetus wanted its mother's wants satisfied, lest lack of strawberries, for instance, leave a red blotch on the baby's skin. *Prenatal Care* doggedly disagreed.[44]

The guide gave no medical explanation to make clear why cravings arose but dismissed the question. One 1925 reader wrote in to object, unconvinced by the Bureau's scientific reasoning on this point: "I have your book on 'Prenatal Care' but it doesn't say anything about longings for things to eat, so I just had to write and ask your advice." In 1949 *Prenatal Care* denied the existence of cravings altogether: while "some of the

41 Letters on maternal impressions quoted in Ladd-Taylor, *Raising a Baby*, 56-58, 125.

42 *PC* 1913, 19-20; *PC* 1949, 15; *PC* 1962, 12, 13; *PC* 1983, 40.

43 *PC* 1913, 19-20; *PC* 1930, 6; *PC* 1962, 13, 23; *PC* 1983, 19.

44 *PC* 1949, 33; Kukla, *Mass Hysteria*, 6-7, 106-107.

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older generation of women like to tell the things they just had to eat during pregnancy. . ..We know now that such cravings are not a necessary part of pregnancy at all." By 1983 cravings were treated as passé, a relic still making rounds in female gossip: "You may have heard pregnant women say that they crave particular foods, such as strawberries, pickles, or ice cream."[45]

The urgency surrounding maternal eating reflected the quandary of prenatal care, why some babies were born healthy and others were not. Absent clear genetic explanations for congenital or neonatal health problems, medical and lay opinion turned to diet as the most efficacious way of improving outcomes. The guide promised the reader that the doctor would take care of—and credit for—most other aspects of pregnancy, but "this part of your prenatal care is your special responsibility."[46]

THE PREGNANT LIFESTYLE

Food and its processing comprised much of the special responsibility of pregnant women, but healthy pregnancy came to mean more than that. In 1913, when direct influence on the fetus seemed to fall outside women's control, the guide encouraged mothers that their own internal good housekeeping would help protect the fetus from harm. Through hygiene a woman could communicate a kind of virtue to her child. But the opposite was also true, as *Prenatal Care* blamed women for injury they could inflict by their slovenly habits. Readers were told not to worry about fables like maternal impressions since "[t]he harm which a mother may do her child in the uterus is not in the fortuitous, accidental manner," but could come instead from "her failure to order her own life in the way that will result in the highest degree of health and happiness for herself and, therefore, for the child." As such, pregnancy acquired a status that was neither nine-months' sickness nor business-as-usual, but a singular condition. Over time the logic of good hygiene unfolded to embrace many of a woman's daily doings. Recreation, relationships, and intimacy all needed special pregnancy modifications.[47]

Potential conflict between maternal and fetal flourishing could arise not only from food but also other things a woman might take in, like alcohol, tobacco, or drugs, and the guide reflected findings revealing the dangers of these substances. Through 1949, the guide disapproved of alcohol and tobacco but did not forbid either, according those habits only brief mention and no ban. Readers were told to ask their doctors and defer. In 1962, tobacco and alcohol were ranked with fatigue and radiation as potential harms to the fetus, though a "moderate amount of smoking or drinking may not harm either you or your child." Alcohol kept its "moderate amount" status in 1973. But following the Surgeon General's 1964 report documenting tobacco's pernicious effects, including effects on pregnancy and babies' birth weight, the 1973 guide ruled out smoking while pregnant. That edition also carried new cautions against prescription drugs. In 1962

45 *PC* 1983, 40; Ladd-Taylor, *Raising a Baby*, 57-58.

46 *PC* 1913, 19; *PC* 1962, 13; Lisa Forman Cody, "Eating for Two: Shaping Mothers' Figures and Babies' Futures in Modern American Culture," in *Gender, Health, and Popular Culture: Historical Perspectives*, ed. Cheryl Krasnick Warsh (Waterloo, Ontario: Wilfrid Laurier University Press, 2011), 23-46.

47 *PC* 1913, 19-20; *PC* 1930, 21.

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the FDA had refused approval of thalidomide, traced to birth defects when taken by some pregnant women in other countries, and in 1971 advised doctors no longer to prescribe diethylstilbestrol (DES), which caused cancer and reproductive disruptions to those exposed in utero. The 1973 *Prenatal Care* consequently initiated warnings about taking medications. Upholding long principle directing women to trust their doctors, the guide told women, "it is not wise to take any drugs or medicines unless prescribed by your doctor."[48]

By 1983 the goal of the expectant woman's self-care was not just normalcy for her fetus and herself. Instead, the life-long quality of her future child's health appeared to rest on her performance of prenatal duties. *Prenatal Care* told women that what they did in the first weeks of gestation could "harm your baby for life." As scientific understanding and public consensus identified fetal hazards proceeding from specific maternal actions, women were warned to remember that whatever they ate, drank, or did, "so does your baby." Even the suspicion of pregnancy was supposed to trigger a period of probation, of behaving like a medical patient whether or not a woman felt sick and before she even had visited a doctor.[49]

From midcentury on, good prenatal health enumerated many positive steps as well as abstentions, featuring exercise and appearance prominently in women's gestational expectations. At first, in 1913, exercise was to be as simple as taking fresh air, walking or gardening. Choices were broader by 1949, championing all sports except "horse back riding, basketball, or diving." 1973 and 1983 editions not only endorsed sports but proposed exercises to help prepare for and recover from delivery. *Prenatal Care* deemed exercise needful for physical and mental comfort. Comfort mattered in clothing, too, but style was not to be sacrificed. Through the first three editions, the guide included patterns for maternity-attire sewing, for clothes "pleasing without being conspicuous." From 1949, women were no longer expected to be sewing wardrobes but told to get good ones: "Whatever you do, get yourself becoming things. There is no reason today why any woman should wear anything drab, ill-fitting, or makeshift just because she is pregnant." Pregnant women were abjured not to "take advantage of your 'condition' by slopping around the house in old slippers and a messy housecoat, with your hair uncombed."[50]

Advice about dress and appearance mattered for the spousal relationship too. *Prenatal Care* from the 1940s on reminded women not to neglect their marital duties but also assigned husbands greater roles in maintaining the pregnant woman's good spirits. The guide prioritized the woman's preference in decisions about sex, accommodating her wishes to limit or refuse it during pregnancy. The guide never proscribed sex but the first several editions cautioned abstinence near beginning and end of pregnancy and treated intercourse as a potential danger. In 1962 the guide reversed earlier silence

48 *PC* 1949, 29; *PC* 1962 12-13; *PC* 1979, 11-12, 23; *PC* 1983, 30; Leavitt, *Brought to Bed*, 264-265.

49 *PC* 1983, 10, 20. On supervision before pregnancy see Miranda R. Waggoner, *The Zero Trimester: Pre-Pregnancy Care and the Politics of Reproductive Risk* (Oakland: University of California Press, 2017).

50 *PC* 1913, 11-12; *PC* 1930, 14, 20-22; *PC* 1942, 16, 24; *PC* 1949, 18.

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on the topic of contraception by telling readers to "Plan for your family." By 1983 all restrictions on sex during pregnancy were waived.[51]

Prenatal Care also took on family relationships beyond the marital. Advice proffered by the 1962 guide was most ambitious, offering diagrams to help reimagine the ties among family members with arrival of a new baby. It coached women on marital "teamwork," on managing grandparents who were "fearful and set in their ways," and on handling existing children who might want to send the new baby back. The guide in 1973 bade fathers not only to help mothers-to-be but help manage the household: "Men, this is for YOU. . ..Give that girl of yours a hand with things around the house." *Prenatal Care* insisted that expectant mothers deserved pleasant recreation, like knitting or visiting friends, because pleasure was good for mental health.[52]

A MEDICAL CONCLUSION TO A MEDICAL PROCESS

The healthy, cheerful disciplines of pregnancy all would contribute to its eventual culmination at the end of the nine months. Until 1949, the guide acknowledged that many women would be giving birth at home. Then and thereafter, all editions advocated hospital birth on grounds of efficiency, cost, and safety. The Children's Bureau helped draw women into hospital birth by several measures in addition to *Prenatal Care*, notably through its support for the Emergency Maternity and Infant Care Act of 1943 (EMIC). During World War II, many women displaced from familiar medical care and social supports by husbands' moves for military service received free maternity services and care for their babies. In interests of maintaining troop morale, around 1.25 million women and roughly one of seven babies born in the U.S. received this assistance during EMIC's 1943-1949 term. Situating home birth remotely in grandmothers' past, *Prenatal Care* from 1949 declared that "practically all American children [now] are born in hospitals."[53]

As for the process of birth itself, *Prenatal Care* began minimally and adjusted advice through later editions. 1913 readers got checklists for preparing for labor and layette but little on the progress of birth. Several decades later, "natural" childbirth, with techniques to manage pain rather than reliance on anesthetics, grew popular from Grantly Dick-Read's 1940s "childbirth without fear," Robert Bradley's husband-coached method, and Fernand Lamaze's psychoprophylaxis. *Prenatal Care* from midcentury duly noted this trend by acknowledging women's possible preferences for pain relief. Still, the very structure of the 1962 edition communicates the guide's expectation for hospital birth. In a jarring disconnect, this edition divides the section on what to expect

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51 *PC* 1930, 20-21; *PC* 1949, 21, 30; *PC* 1962, 6-7, 29-30, 32-34 ; *PC* 1973, 15, 18, 22, 25-26; *PC* 1983, 29. Until 1962 *Prenatal Care* avoided advocacy of birth control. Correspondents including Margaret Sanger were told that the Bureau could provide no information on contraception. Records of the U.S. Children's Bureau, National Archives, Washington, D.C., RG 102, Box 377 1929-1932, 4-4-4-1, "Birth Control."

52 *PC* 1949, 18-19; *PC* 1962, 23, 32, 44-45; *PC* 1973, 26.

53 Martha M. Eliot and Lillian R. Freedman, "Four Years of the EMIC Program," *Yale Journal of Biology and Medicine* 19 (1947): 621-635; Melissa A. Thomasson and Jaret Treber, "From Home to Hospital: The Evolution of Birth in the United States, 1928-1940," *Explorations in Economic History* 45 (2008): 76-99.

at the hospital from the section covering stages of birth. Sequentially, discussion of how a woman's body expels a baby comes *after* the woman already has been expelled from the delivery room. "Preparing for your delivery," that is, arranging hospital care, is separated by several chapters from "The baby's birth," the chapter describing labor. Birth as an experience vanishes. The order of the text implies that the mother might not experience birth at all, which, with general anesthesia, she might not.[54]

The 1973 guide gave some space to "natural" pain-relief preferences, laying out choices a woman should discuss with her doctor, who "will probably go along with your desires as much as is possible at the time of delivery." The 1973 and 1983 editions mentioned variations in medical personnel, naming family- and general-practitioners and certified nurse-midwives alongside obstetricians-gynecologists as possible attendants, though referring women generically to the authority of their "doctor" through the text and to the hospital for delivery.[55]

In many respects a hospital birth done under general anesthesia, elected by the woman herself, stands in *Prenatal Care* as a fitting close to a life event transformed by medical definition. Prenatal care bestowed on the pregnant woman a new identity as maternity patient, her daily habits nudged into the diligent observation of a regimen reviewed at each doctor's appointment. In 1930, in high-flown terms the mother was exhorted to "remember that she is like an athlete in training for a race or a swimming contest, who lives according to the rules worked out with the test that he will have to meet in mind."[56]

But what should count as passing the "test"? The program of *Prenatal Care* assigned women two responsibilities: to entrust pregnancy to doctors and to do the things doctors advised rather than passively waiting for babies to come. Whatever the effects of the prenatal-care program on the actual health of mothers and babies, across decades when maternal- and infant-mortality rates improved, living "according to the rules worked out" did generate new conventions for women during childbearing. Surveying this program through pages of *Prenatal Care* helps locate the origins of a pregnancy lifestyle, nearly invisible at the opening of the twentieth century but a standard expectation among middle-class women by its end. It also may contribute to describing disquiet some women grew to express about the handling of birth in the late twentieth-century United States. Even when choosing medical intervention in pregnancy and birth, some women came to lament the mechanical, impersonal character of the experience. A pregnant woman might question the discipline her doctor extended over her eating, drinking, and sexual expression, but hardly could repudiate the medical framing of that period of life, whomever she chose to assist at the birth itself. In assigning tasks to women, *Prenatal Care* departed less from the discredited notion of maternal passivity

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54 *PC* 1930, 22, 35; *PC* 1962, 36-38. On obstetric anesthesia, see Donald Caton, *What a Blessing She Had Chloroform: The Medical and Social Response to the Pain of Childbirth from 1800 to the Present* (New Haven: Yale University Press, 1999), and Jacqueline H. Wolf, *Deliver Me From Pain: Anesthesia and Birth in America* (Baltimore: Johns Hopkins University Press, 2012).

55 *PC* 1973, 41, 51-52; *PC* 1983, 5-6, 68.

56 *PC* 1913, 20; *PC* 1930, 6.

than it proposed: women found themselves required to know more and do more but unable by those means to prevent the birth problems they had been taught to worry about. These complications, of course, are not all chargeable to the Children's Bureau's *Prenatal Care*. The way the guide displays them, however, helps expose tensions in the culture of American pregnancy.

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