

---

## Journal Mothers Report Cruelty in Maternity Wards (part I, 1957)

---

*Trascrizione e cura*

*di Laura Pangrazio*

Nel 1957 il “Ladies’ Home Journal”, una delle riviste americane al tempo più diffuse, ricevette e pubblicò la lettera di un’infermiera di Chicago nella quale venivano denunciati una serie di soprusi e negligenze a cui l’infermiera aveva assistito in prima persona, e che affermò essere comuni all’interno di diversi ospedali<sup>1</sup>. L’infermiera dichiarò di essersi rivolta al “Ladies’ Home Journal” in quanto sostenitore dei diritti delle donne, nella speranza che, richiamando l’attenzione pubblica sulla questione, si potessero compiere passi avanti verso una maternità più sicura per partorienti e neonati. La notevole popolarità della rivista le consentiva di raggiungere un pubblico ampio ed eterogeneo, grazie anche al suo orientamento – a tratti, va sottolineato, contraddittorio – diviso tra promozione della famiglia e dei valori tradizionali da un lato, e sostegno all’emancipazione e ad una nuova definizione di femminilità dall’altro<sup>2</sup>. Il periodico, nato come rivista femminile nel 1883, riuscì in poco tempo a diventare indispensabile per centinaia di migliaia di famiglie americane, diventando così la rivista di maggiore successo dell’epoca<sup>3</sup>. La lettera dell’infermiera ricevette una vastissima eco e nei mesi seguenti centinaia di madri, infermiere e medici da tutti gli Stati Uniti scrissero al periodico per raccontare la propria esperienza nelle strutture ospedaliere. Molte di queste lettere miravano a difendere il proprio lavoro o a raccontare un’esperienza positiva, ma altrettante, se non persino più numerose, erano quelle che denunciavano trattamenti sconsiderati o negligenti. Le testimonianze, raccolte e pubblicate nella rivista l’anno seguente, mostravano come la stessa esperienza del parto potesse essere vissuta come un momento di gioia e, al contempo, come un incubo. Le madri sottolineavano, in particolare, come dei semplici accorgimenti potessero cambiare radicalmente la situazione in sala parto.

Dell’inchiesta si occupò Gladys Denny Schultz, esperta dell’assistenza all’infanzia che scrisse sia per il Journal, dal 1946 al 1961, sia per la rivista “Better Homes

---

<sup>1</sup> Gladys Denny Shultz, *Journal Mothers Report on Cruelty in Maternity Wards*, in “Ladies’ Home Journal”, LXXV, 5, 1958, pp. 44-45.

<sup>2</sup> Jennifer Scanlon, *Redefining Thrift: The Ladies’ Home Journal and the Modern Woman*, in “Pennsylvania Legacies”, XII, 2, 2012, pp. 12-17, consultabile in internet all’indirizzo <https://www.jstor.org/stable/10.5215/pennlega.12.2.0012>

<sup>3</sup> Jennifer Scanlon, *op. cit.*, p. 12.

and Gardens”, dal 1927 al 1945. I risultati dell’inchiesta furono pubblicati nel maggio e nel dicembre 1957 e nel dicembre dell’anno successivo. La parte apparsa nel 1958 sarà pubblicata in un prossimo numero della rivista.

Nel testo, riportato di seguito l’autrice affianca alle “accuse” avanzate dall’infermiera di Chicago le numerose testimonianze delle lettrici, che a tratti si rivelarono persino più gravi di quelle denunciate inizialmente. Nell’articolo, gli abusi denunciati dall’infermiera e dalle lettrici del Journal vengono suddivisi in sette “accuse” (“charges”, termine del diritto penale che può essere tradotto come “capi di imputazione”), accompagnate ciascuna da una relativa opinione medica. Medici e infermiere vengono accusati di legare la partoriente nella posizione litotomica preventivamente e spesso per svariate ore (Charge 1); di ritardare il momento del parto in modo artificioso a causa dell’irreperibilità del medico (Charge 2); di operare senza aver somministrato alcun anestetico (Charge 3); di lasciare le donne in travaglio senza supervisione per ore, spesso negando loro persino la compagnia del marito o di un familiare (Charge 4); di trattare con cinismo e crudeltà il dolore delle partorienti (Charge 5); di gestire il momento del parto come una sorta di catena di montaggio, seguendo una routine prestabilita e mancando, così, di umanità (Charge 6); infine, di privare le donne della loro dignità con commenti e atteggiamenti immorali (Charge 7). Schultz raccolse inoltre alcuni suggerimenti formulati da madri e personale sanitario per rendere più confortevole – o quantomeno più umano – il momento del parto.

Testimonianze come quelle pubblicate sul “Ladies’ Home Journal” raccontano di esperienze che non sono sconosciute alle donne di tutto il mondo, dopo oltre sessant’anni. Persino negli Stati Uniti, dove l’articolo suscitò grande scalpore, le partorienti denunciano ancora oggi casi di soprusi nelle sale parto. Un’inchiesta pubblicata dopo cinquant’anni dall’articolo di Schultz evidenzia come, nonostante gli sforzi intrapresi a livello nazionale per riformare l’esperienza del parto, le partorienti continuano ad essere vittime di abusi fisici e verbali, a subire procedure mediche non necessarie o negligenti, e a vedersi negato il diritto ad una piena informazione<sup>4</sup>.

Oggi, a questa “crudeltà” è stato dato un nome: violenza ostetrica. Con il termine violenza ostetrica si intende una serie di comportamenti fonte di abusi nei confronti della donna, sia sul piano fisico che su quello psicologico. Oltre ai casi di violenza fisica e abusi verbali, sono considerati violenza ostetrica anche la pratica di procedure mediche senza il consenso della donna o tramite coercizione, il rifiuto di fornire analgesici durante il parto e la reclusione all’interno di istituti nel caso di incapacità di sostenere le spese sanitarie<sup>5</sup>. Un elenco di raccomandazioni atte a rendere l’esperienza del parto più sicura venne adottata dall’Organizzazione Mondiale della Sanità (OMS) nel 1985, in seguito ad una conferenza organizzata in collaborazione con l’Organizzazione Sanitaria Panamericana. La conferenza mirava a stabilire quali fossero le procedure appropriate da adottare durante l’intera degenza della donna nella struttura ospedaliera, sconsigliando al contempo le pratiche ritenute dannose<sup>6</sup>. Alla

<sup>4</sup> Henci Goer, *Cruelty in Maternity Wards: Fifty Years Later*, in “The Journal of Perinatal Education”, XIX, 3, 2010, pp. 33-42.

<sup>5</sup> Sara De Vido, *op. cit.*, p. 90.

<sup>6</sup> Sara De Vido, *Violence Against Women’s Health in International Law*, Manchester University Press, Manchester 2020, pp. 89-91.

lista di raccomandazioni, l'OMS ha fatto seguire, nel 2014, una dichiarazione, denunciando i trattamenti irrispettosi, neglienti e fonte di abusi operati nelle strutture ostetriche, indicando al contempo una serie di azioni da intraprendere, a livello globale, per prevenirli<sup>7</sup>.

Sul piano giuridico, la violenza ostetrica e le sue implicazioni in termini di violazione dell'autonomia della donna e dei suoi diritti fondamentali trovano riconoscimento per la prima volta in Venezuela nel 2007, nella "Legge Organica sul diritto delle donne ad una vita libera dalla violenza". La Legge, oltre a stabilire quali atti rientrino tra i casi di violenza ostetrica, prevede il pagamento di una multa da parte del/la responsabile e la possibilità che vengano presi ulteriori provvedimenti nei suoi confronti. Nel 2009, il congresso argentino ha adottato la "Legge Integrale per prevenire, sanzionare e sradicare la violenza contro le Donne", nella quale vengono riconosciuti come perseguibili anche i casi di violenza ostetrica. In Italia, un passo avanti nella protezione delle madri e dei neonati durante il parto e nel riconoscimento della violenza ostetrica è stato compiuto grazie ad un disegno di legge presentato nel 2006<sup>8</sup>. Sul piano internazionale, invece, al di là della lista di raccomandazioni rilasciata dall'OMS, i provvedimenti al riguardo sono piuttosto limitati.

La violenza ostetrica può avere conseguenze sulla salute fisica e psichica della madre e, come sottolineato dall'OMS, in molti casi può rappresentare una violazione dei diritti umani della donna<sup>9</sup>. Nel corso degli anni sono stati compiuti passi avanti sul tema della sicurezza della donna e del neonato, ma l'obiettivo di una maternità sicura a livello globale è ancora lontano.

**Gladys Denny Shultz, *Journal Mothers Report on Cruelty in Maternity Wards*, in "Ladies' Home Journal", LXXV, 5, 1958, pp. 44-45.**

Motherhood should be a happy and reassuring experience, yet it is questionable whether all modern hospitals make it so. Last November, the reader-mail column of the Journal contained a brief letter from a registered nurse asking for an investigation of "the tortures that go on in modern delivery rooms." Few full-length articles have elicited such a flood of letters from Journal readers. Many relate childbirth experiences which are so shocking that Journal editors feel, after consulting leading obstetricians, that national attention should be focused on such conditions wherever they exist in order that they may be ended – since the Journal does not question that the overwhelming majority of both obstetricians and maternity hospitals resent such practices as much as the victimized mothers.

Few full-length articles have elicited such a flood of letters as this brief plea, published in the mail column of the JOURNAL in November, 1957.

---

<sup>7</sup> Organizzazione Mondiale della Sanità, *La Prevenzione ed eliminazione dell'abuso e della mancanza di rispetto durante l'assistenza al parto presso le strutture ospedaliere*, 2014, <https://tinyurl.com/ksykrxr>.

<sup>8</sup> Sara De Vido, *op. cit.*, pp. 90-91.

<sup>9</sup> Organizzazione Mondiale della Sanità, *op. cit.*

Chicago, Illinois

Dear Editor; I feel compelled to write you this letter asking you to investigate the tortures that go on in modern delivery rooms. When I first started in my profession, I thought it would be wonderful to help bring a new life into this world. I was and am still shocked at the manner in which a mother-to-be is rushed into the delivery room and strapped down with cuffs around her arms and legs and steel clamps over her shoulders and chest. At one hospital I know of it is common practice to take the mother right into the delivery room as soon as she is "prepared." Often she is strapped in the lithotomy position, with knees pulled far apart, for as long as eight hours. On one occasion, as obstetrician informed the nurse on duty that he was going to a dinner and that they should slow up things. The young mother was taken into the delivery room and strapped down hand and foot with her legs tied together. I have seen doctors who have charming examination-table manners show traces of sadism in the delivery room. One I know does cutting and suturing operations without anesthetic because he almost lost a patient from an overdose some years ago. He has nurses use a mask to stifle the patient's outcry. Great strides have been made in maternal care, but some doctors still say, "Tie them down so they won't give us any trouble." I know that thousands of women are expertly and considerately treated during child-birth for every one that endures cruel treatment. But that one is too many. You of the JOURNAL have long been a champion of women's rights. I feel that an exposé of this type of medical practice would go a long way to aiding child-bearing women. – Registered Nurse

We occasionally hear of discourteous, inconsiderate or, as in this case, downright inhumane treatment of young mothers and others in hospitals. We hopefully assume it is extremely rare. Would other readers care to report? ED.

"Recently I had the most delightful time giving birth to a son with the aid of natural childbirth. My husband was allowed to be with me during labor and was made to feel a part of the whole process". – R. N., Urbana, Illinois

"So many women, especially first mothers, who are frightened to start out with, receive such brutal inconsiderate treatment that the whole thing is a horrible nightmare. They give you drugs, whether you want them or not, strap you down like an animal. Many times the doctor feels too much time is being taken up and he either forces the baby with forceps or slows things up. I know, because the former happened in my own case. Please, can't something be done?" – Elkhart, Indiana

"Just let a few husbands into the delivery rooms and let them watch what goes on there. That's all it will take – they'll change it!" – former teacher, Detroit, Michigan

"I've seen patients with no skin on their wrists from fighting the straps. As a nurse of thirty years' standing in both Canada and the US, I can surely testify to real cruelty in the delivery room". – Ontario, Canada

"My baby arrived after I had lain on the table in delivery position nearly four hours. When I asked why I couldn't be put into a bed the nurse told me to quit bothering her so much." – West Covina, California

"If I have another baby, I would rather have my husband with me than any specialist. A loving husband's hand in yours is by far the best sedative in the world". – Marietta, Georgia

"We do not believe that mothers should be strapped to the delivery table, except as is necessary to keep the patient from contaminating the sterile area. Further, we do not believe that the mother's legs should be strapped together to keep the baby from delivering, nor do we believe that general anesthesia should be used to prevent the patient from delivering. To my knowledge these practices do not occur in hospitals under the jurisdiction of the Chicago Board of Health. If they occur in any hospital anywhere, the patient should lodge a complaint with the head of her local Board of Health, or the hospital head or other responsible medical authority so that disciplinary action can be taken.

“According to the rules and regulations of the Chicago Board of Health all procedures in the delivery room shall be in accordance with generally accepted principles. We in Chicago interpret these to mean medical care, personnel and facilities must be of the highest type, as well as that no mother shall be treated with brusqueness or indifference.

“You are to be commended for your desire to improve maternity care to patients throughout the country and have our best wishes for success in your endeavors”. – Dr. Herman N. Bundesen, President, Board of Health, Chicago, Illinois

“Medical students, interns and nurses should note especially that the morale of women in labor is sometimes shattered by careless remarks. Thus, comments outside the rooms of patients are often overheard to their discomposure. Laughter in the environs of the patient (about some entirely different matter) is inevitably interpreted by the patient in the light that is she who is being laughed at. For some fifteen years the famous lines of Oliver Wendell Holmes have had a prominent place on the wall of the doctors' office on our delivery floor. Medical students and interns would do well to memorize these words and take them to heart: ‘The woman about to become a mother, or with her new-born infant upon her bosom, should be the object of trembling care and sympathy, wherever she bears her tender burden or stretches her aching limbs. God forbid that a member of the profession to which she trusts her life, doubly precious at that period, should hazard it negligently, unadvisedly or selfishly’. – Dr. Nicholson J. Eastman, Professor of Obstetrics, Johns Hopkins University, and Obstetrician-in-chief to the Johns Hopkins Hospital.

### **How To Make Childbirth A Joy**

“My first two deliveries were pure torture; the third had unnecessary unpleasantness. But the fourth was all that the joyful ushering of a child into the world should be – a wonderful experience in every way. I had the best prenatal care and was treated like a human being – not a cog on an assembly line. During labor my husband was allowed to be with me constantly until the moment of delivery. A cheerful nurse came in often to check my progress. I had pain, but it was bearable in such sympathetic surroundings. The delivery went off smoothly. I had no anesthesia and needed none – I was given a rubber apparatus to hold in my hand and to take a whiff of when I was too uncomfortable. To my amazement I even carried on a conversation during the delivery and never lost control of myself. I felt my baby being born and then the world became radiant and I felt like singing! My baby was brought to me whenever he was hungry and we all got along fine. My stay in that hospital was like a lovely vacation. I even had meals served to me in front of the television in the lovely modern sitting room and also received visitors there as though I were a hostess in my own living room. The doctors and nurses there acted as though they actually liked babies!” – Jeffersonville, N.Y.

### **How To Make Childbirth A Nightmare**

“I have had three children and three different doctors who delivered my children in three different hospitals.

“The practice of obstetrics is the most modern and medieval, the kindest to mothers and the cruelest. I know of many instances of cruelty, stupidity and harm done to mothers by obstetricians who are callous or completely indifferent to the welfare of their patients. Women are herded like sheep through an obstetrical assembly line, are drugged and strapped on tables while their babies are forceps-delivered. Obstetricians today are businessmen who run baby factories. Modern painkillers and methods are used for the convenience of the doctor, not to spare the mother. There is so much that can be done to make childbirth the easy natural thing it should be, but most of the time the mother is terrified, unhappy, and foiled in every attempt to follow her own wishes about having the baby or breast-feeding (most hospitals consider this an unusual quirk on the part of the mother which should be squelched at once)”. – Columbus, Ohio

"Childbirth at best is not pleasant. But there is no reason to make it a hell on earth".

This statement from an Overland Park, Kansas, woman summarizes the feeling expressed to us by hundreds of Journal mothers. They wrote us – from east coast and west coast and all the states in between – commenting on the letter we printed from Registered Nurse.

A number of nurses and doctors deny indignantly that any tortures ever take place in modern delivery rooms, and attack Registered Nurse for having written to us. An equal number of nurses confirm that they do take place, and applaud us for bringing the facts to public attention.

A doctor's wife in San Marino, California, stands up for her husband and his colleagues: "I have broken many an engagement, kept many dinners warm, and cut vacations short because of my husband's concern for his patients. The first thing a doctor guest does when he enters our home is to go to the phone to 'see how everything is'".

But a registered nurse in a Hudson River town tells us: "Because of what is politely termed 'medical ethics', the truth of much bad practice is kept from the public. Personally I feel it is compatible to the 'ethics' which keeps criminals from telling on their accomplices. I know from personal experience that a great majority of doctors, nurses and hospital personnel are good and devoted people who are doing their best under difficult conditions. What makes me angry is that the incompetent and unscrupulous people get away with so much".

There were the same contrasts in the letters from mothers. A number spoke in glowing terms of the kindness and sympathy, the considerations for their comfort, that they had encountered in maternity wards.

A woman formerly from Chicago felt that Registered Nurse should have named the Chicago hospital where she had witnessed cruel treatment of mothers, in fairness to other hospitals in the city. "I have had four babies delivered at the Presbyterian Hospital. I was treated like a queen, never shown any impatience. I had all births without anesthetic, watched the birth of my twins, and those residents really worked for me. I could never repay in money the courtesy and kindness extended in the delivery room. Dr. Bundesen is a great and good man and a fair man. He would rapidly change any wrong treatment of patients in a hospital if he were told about it". St. Luke's Hospital in Chicago was commented by another mother.

Women in several parts of the country came with militant loyalty to the defense of doctors, hospitals and all hospitals practices because their own doctors have been men of high humanity and sensitive understanding.

"My doctor allowed my husband to stay in the delivery room, in violation of the hospital rules," wrote a woman from The Dalles, Oregon. "He had tears in his eyes when he told us that he feared our baby, as yet unborn, was dead. Because he thought enough of me as a patient to prepare me before the delivery of my stillborn baby, I was able to stay in the maternity ward, see the babies every day, and leave the hospital with plans to return as soon as possible for another baby".

However, the majority confirmed one or more of the charges, and added others. Of these mothers, a significant number had had several babies, in different hospitals and under the charge of different doctors. Many reported fine treatment on one or more occasions, as against coldness or actual brutality on others. These mothers were

not complaining because it is the lot of womankind to endure pain in bringing forth a child. They asked only that the inescapable suffering should not be made worse<sup>10</sup>.

**Gladys Denny Shultz, *Journal Mothers Report on Cruelty in Maternity Wards*, in "Ladies' Home Journal LXXV, 5, 1958, pp. 152-155.**

There can be no disagreement on one point: If women in childbirth are subjected to needless pain or discomfort or danger for the convenience of a hospital or a doctor; if what at best must be an ordeal is turned into a veritable hell, as many of our readers tell us, the situation must be corrected!

**Charge No. 1. "At one hospital I know of it is common practice to take the mother right into the delivery room as soon as she is 'prepared.' Often she is strapped in the lithotomy position, with knees pulled far apart, for as long as eight hours." – Registered Nurse.**

This charge aroused considerable indignation among other nurses. A number wrote to give reasons for the strapping down.

"Lay people often do not understand why hands are tied. They are cuffed comfortably at the patient's sides to prevent contamination of the sterile field. Is it so difficult to understand why her legs are in padded stirrups? From waist to toes she is covered with sterile drapes. The doctor uses sterile gloves and a sterile gown. Infection was the greatest cause of death not too many years ago, so with the elimination of contamination mother and child are healthy and alive!" – R.N., Esmond, Rhode Island.

"Registered Nurse probably never had a baby or she would know that the lithotomy position is quite comfortable during labor. As a matter of fact, nothing she mentioned is too painful, speaking from experiences on both ends of the delivery table". – R.N., Van Nuys, California.

"The steel shoulder braces used at time of delivery are for the mother's protection. They keep her from falling off the table in case of an emergency – if her head has to be lowered quickly, as in shock". – R.N., Houston, Texas.

"As for keeping the patient in stirrups for eight hours – first, the pain and misery to the poor woman are obvious; I have yet to see a doctor deliberately increase these. And, to introduce a practical note, it would be difficult to tie up the delivery room for that long. What would they do with other mothers who delivered in the meantime?" – R.N., Long Beach, California.

And now let us see what our Journal mothers had to say about being strapped down. Many told of having been kept in restraints for hours.

"My husband brought me to the hospital six hours after my labor pains began, and I was immediately rushed into the labor room. A nurse prepared me. Then, with leather cuffs strapped around my wrists and legs, I was left alone for nearly eight hours, until the actual delivery". – Jackson Heights, N.Y.

---

<sup>10</sup> Gladys Denny Shultz, *Journal Mothers Report on Cruelty in Maternity Wards*, in "Ladies' Home Journal", LXXV, 5, 1958, pp. 44-45.

"My obstetrician wanted to get home to dinner. When I was taken to the delivery room my legs were tied way up in the air and spread as far apart as they would go. The tight band put across my chest and shoulders made me feel as though each breath would be my last. When I was securely tied down, I was left alone". – Walnut Creek, California.

"I had my baby six months ago. My legs are just now beginning to feel normal, after having been held in that position for hours". – Bozeman, Montana.

*Medical opinion on strapping down: It is approved obstetrical practice, when delivery is imminent, to put the mother's hands in cuffs, her feet in stirrups. This is to prevent contamination of the sterile area. But it should be done only at the very last, and for a period which generally runs around twenty minutes, seldom more than thirty. To strap the mother long in advance of delivery and leave her there is indefensible.*

**Charge No. 2. "On one occasion, an obstetrician informed the nurses on duty that he was going to a dinner and that they should slow up things." – Registered Nurse.**

Strangely, this charge that babies are held back from being born in order to suit the doctor's convenience drew few denials from nurses and doctors, though it is a far more serious one than strapping down in advance of delivery.

*Fully half of our mother correspondents wrote us that they had endured the ordeal of having their babies artificially held back from birth because their doctor was not on hand.*

"I was strapped on the delivery table. My doctor had not arrived and the nurses held my legs together. I was helpless and at their mercy. They held my baby back until the doctor came into the room. She was born while he was washing his hands". – Marietta, Georgia.

"One of my babies lowered before the nurses were expecting her (I was just put on a delivery table with no attendants). When the nurse finally examined me she called for another nurse to call the doctor immediately while she strapped my legs together to hold the baby until the doctor arrived. The doctor had to come eight miles, and by the time he arrived and prepared for delivery it was a miracle the baby was still alive". – Avalon, Wisconsin.

"When my baby was ready the delivery room wasn't. I was strapped to a table, my legs tied together, so I would 'wait' until a more convenient and 'safer' time to deliver. In the meantime my baby's heartbeat started faltering. At this point I was incapable of rational thought and cannot report fairly the following hour. When I regained consciousness I was told my baby would probably not live.

"She did live. She is healthy, normal and took her first steps last week. I am grateful to the doctors and nurses who worked so hard and skilfully to save her. I am grateful that she is alive and happy. I do not believe the treatment I received was intentionally cruel – just 'hospital routine'". – Hamilton, N. Y.

A well-balanced woman indeed, who can discount the unnecessary peril to which her baby was exposed, because the baby was saved. Unfortunately, not all such cases had so happy an outcome.

"The granddaughter of a neighbor is hopelessly brain-injured because nurses tied the mother's legs together to slow down the birth until the doctor arrived". – Phoenix, Arizona.

*Medical opinion on holding the baby back, pending the doctor's arrival: completely indefensible. Says one leading obstetrician, "It is never done in my hospital. I would not tolerate it". But the nurses should not be blamed in such cases. They must carry out the orders or wishes of the patient's doctor.*

**Charge No. 3. "One [doctor] I know does cutting and suturing operations without anesthetic. He has nurses use a mask to stifle the patient's outcry." – Registered Nurse.**

This charge also received little attention from defense witnesses. The exception was a blanket denial of all of Registered Nurse's charges, signed by six resident doctors at a hospital for Women in Washington, D.C. "I have never witnessed or heard of an act in a delivery room that could be considered inhumane. Steel clamps over shoulders and chest? Eight hours in lithotomy position? Legs tied together? Cutting without anesthetic? Masks to stifle outcries? This is too incredible to be seen even in horror comics!"

While our nurse in Van Nuys, California, explained and defended the practice.

"There are times following delivery when anesthesia is contraindicated despite the necessity for sutures, and anyway, at the time of the delivery the perineum is literally without feeling".

What do our Journal mothers testify on this point? A few mentioned it – in comparison with the number who had been strapped down for long periods, or had had babies held back.

"I was a newcomer to this country, and was not prepared for the way we mothers were herded like sheep, strapped down and cut and sewed – without being given anything to ease the pain".  
– New York City.

"When the doctor began to cut, I screamed. It was the final indignity of so many. The doctor snapped at me, 'You may as well shut up; we've run out of Novocain.' By that time I was too exhausted and dispirited to care very much". – St. Louis, Missouri.

*Medical opinion: It is hard to believe that any doctor would perform an episiotomy on a patient who is not already under general anesthesia, without first applying a local anesthetic. Such an act would be indefensible. The point should be made, however, that women do not always realize they have had a local anesthetic, for they are aware of the cutting even though they do not feel the pain.*

Thus Journal mothers, as well as a number of nurses, confirm the charges made by Registered Nurse. They add a number she did not mention.

**Charge No. 4. That women undergoing labor are left alone for long periods of time, even in the delivery room. The husband often is excluded from the labor room at the time when the wife needs him most.**

This, again, was a charge brought by many of our mothers.

"When I had my first baby I was left entirely alone for most of my sixteen hours of labor". – Haddonfield, New Jersey.

"I have had eight children in the past fifteen years, in four different hospitals, and have no reason to think that other mothers were treated better than I. I was left all alone most of the time although I begged to have my husband with me. They would not allow him in". – Waseca, Minnesota.

"My first child was born in a Chicago suburban hospital. I wonder if the people who ran that place were actually human. My lips parched and cracked, but the nurses refused to even moisten them with a damp cloth. I was left alone all night in a labor room. I felt exactly like a trapped animal and I am sure I would have committed suicide if I had had the means. Never have I needed someone, anyone, as desperately as I did that night.

"My second child, thanks heavens, was born in a wonderful Georgia hospital. My dear wonderful doctor sat in a rocking chair by my side in the labor room. Following the delivery, when I was moved to my room, my baby and my husband went with me and we had a cozy get-together in the middle of the night. Everything about this experience was simply marvelous and I'd be so happy to go through it again". – Somewhere in Georgia.

Many mothers who had had contrasting hospital experiences reported smoother, easier deliveries just because some sympathetic person was with them.

*Medical opinion: It is admittedly a harrowing experience for a woman in labor to be left alone, particularly at night. The bravest, most maternal woman cannot help having some apprehension as her baby's birth approaches. To be left alone as the pains grow harder, and she becomes tired, thirsty, hungry, is calculated to increase her fears. On this account, the first stage of labor is the worst for many women. It frequently lasts ten to twelve hours with nothing much happening: staff members, therefore, are inclined to give their attention to patients who need them more. Few hospitals have enough nurses so that one can be with the mother at all times. But wherever possible, nurses should be on call, and should drop into the labor room often to cheer and reassure the mother. A mother should on no account be left unattended in the delivery room.*

#### **Charge No. 5. That childbirth suffering is treated callously, in some instances to the point of actual brutality.**

Incidents were reported under this charge that would be unbelievable if they had not come so spontaneously from such obviously intelligent mothers in so many different parts of the country. From nurses too.

"The cruel treatment expectant mothers often receive in both the labor and delivery rooms would make many civilized people shudder. As a young nurse, I was shocked and quickly disillusioned that humanitarians could be so inhuman. So often a delivery seems to be 'job-centered' – that is, get the job done the easiest, quickest way possible with no thought to the patient's feelings. In too many cases doctors and nurses lose sight of their primary concern – the patient". – R.N., Los Angeles, California.

"During my second baby's arrival, I was strapped to a table, hands down, knees up. I remember screaming, 'Help me, help me!' to a nurse who was sitting at a nearby desk. She ignored me.

With my third baby, the doctor said at one point, 'Stop your crying at me. I'm not the one who made you pregnant!'" – Haddonfield, New Jersey.

"As a registered nurse, I have seen nurses who themselves had children become impatient (or worse) with a patient and express their feelings, often within her hearing. 'She got herself in this fix and now is a poor time to change her mind.' Or, 'They have to suffer.' This, to me, is untrue, and the poorest of psychology". – R.N., Urbana, Illinois.

"A patient recently came to the hospital where I nurse, with a fractured hip, incurred in the delivery room of another hospital. She had complained of pain but had been unable to get anyone to pay any attention to her". – Practical Nurse, South Carolina.

"The anesthetist hit me, pushed my head back, sticking her fingers into my throat so I couldn't breathe. She kept saying, 'You're killing your baby. Do you want a misfit of a dead baby? You're killing it every time you yell for the doctor.' ... When my husband saw my bruised neck, face and arms, he questioned the doctor and was told that first mothers knock themselves around. Perhaps I shouldn't complain – my baby boy is healthy and not a misfit as I worried he would be. But I have listened to nurses laughing at other new mothers who were crying out in pain, I have heard other mothers being slapped and threatened with dead babies and misfits. I heard these things while I waited for the births of my second and third babies. What happens to the women who are threatened this way and then do deliver a misfit or a stillborn? Do they spend the rest of their lives blaming themselves? Do the words of these sadistic nurses and doctors forever ring in their ears?" – Homewood, Illinois.

*Medical opinion: Unfortunate things can happen when staffs are obviously overtired. Nurses who slap patients or abuse them verbally should be fired; a doctor who takes out his weariness and irritations on patients has no place in obstetrics. However, women in labor sometimes misunderstand and misinterpret what happens around them. A nurse may quite properly suggest to a woman that she stop screaming and use her strength instead to push. There is no excuse for the attendants in the case last cited.*

### **Charge No. 6. That mothers are treated with cold indifference – run through the birth process by “assembly-line” techniques.**

This was one of the more frequent complaints, and many mothers seemed to feel that to be viewed as mere mechanisms, somehow subhuman, was worse than actual sadism. The phrases “assembly line”, “not treated as if I were a human being” figured in many letters.

"The sadism described in Registered Nurse's letter is but one aspect. There are also the terribly apathetic manner of many doctors and nurses, the abrupt separation from loved ones and the total lack of emotional preparation (in some cases) which make childbirth a traumatic experience for many women". – Manhasset, Long Island, N.Y.

"Many normal deliveries are turned into nightmares for the mothers by 'routine' obstetrical practices. I have had two such experiences. My third baby will be born at home, despite the sterile advantages of a hospital confinement, for I feel the accompanying emotional disadvantages are just not worth it". – Columbus, Ohio.

And another Columbus, Ohio mother:

"More babies *are* born than ever before; doctors are hurried; there aren't enough nurses to go around. But our biggest enemy is smugness and indifference – the smug belief that everything

will be all right, the shutting out of husbands at this crucial time. And locking us up in lonely labor rooms, shutting us off to delivery rooms among brusque strangers like sacks of potatoes for the A&P. Grandma had her man with her, and a doctor that cared about *her*, *knew her*".

A woman doctor writes,

"I have been associated with several obstetrical departments as a medical student, an intern, a medical resident and twice as a patient. The most critical thing that can be said of them is that because of overfamiliarity with childbirth and the establishment of necessary routines, they perhaps neglect some of the tender loving care which a woman in childbirth might enjoy". – Wilmington, Delaware.

*Medical opinion: With so many women being delivered in hospitals, there is a possibility that the care may become mechanical. This is something that must be watched for and prevented all the time by alert heads of hospitals and obstetrical departments.*

**Charge No. 7. Degradation of motherhood and womanhood. An attitude that because she is bearing a child, a woman forfeits her right to womanly dignity and respect.**

Today's women accept the fact that the usual rules of modesty must be suspended insofar as necessary examinations and services by nurses and their doctor are concerned. But some of our mothers had the feeling that attendants carried this to the point of indignity and outrage.

"And what about the nameless parade of 'interns' who appear unannounced, probe our trapped bodies and 'scan' our progress? ... Since my husband is a veterinarian, I happen to know that even animal maternity cases are treated with a little more grace than is accorded human mothers". – Detroit, Michigan.

"I reached the point where I wouldn't have been surprised if the man who was washing the windows had suddenly laid down his sponge and come over to 'take a peek.' It seemed that everyone else connected with the hospital was doing it!" – Des Moines, Iowa.

"I am a registered nurse with postgraduate experience almost entirely in obstetrics. I am also the mother of three children. I have never seen gross cruelty. I have, however, seen careless and callous treatment of obstetrical patients, along with indifference and discourtesy. I have seen nurses more interested in flirtatious conversations with the doctor than in the patient's comfort. I have seen nurses be careless in screening patients from public view during procedures requiring their bodies to be exposed, to the outrage of the patients' feelings and modesty. I have heard such unthinking remarks as 'You had your fun, now you can suffer' made by a nurse to a mother in great distress, damaging the spiritual nature of the childbirth experience and showing the nurse's ignorance of the sacramental nature of sex in marriage". – R.N., Long Island, New York.

*Medical opinion: Indeed, the heavy flow of patients through maternity wards today may lead to some carelessness unless those in authority are constantly on the watch. It should be said, however, that failure to appreciate the spiritual aspects of marriage and childbirth, failure to respect the woman in childbirth as a woman, is an indefensible violation of medical ethics.*

We have presented the testimony for and against the general charge that in some maternity wards, childbirth is rendered a greater ordeal than it needs to be, because of attitudes of attendants or because of unnecessarily painful practices.

We believe the nurses and doctors who tell us they have never seen brusqueness, much less sadism, in a labor or delivery room. A nationally famous doctor calls attention to the magnificent record of his profession in cutting down maternal and infant mortality – a record to which the Journal has also called attention many times. We fully endorse this doctor's comment that this "has not been accomplished by careless or brutal obstetrics nor by neglect." Readers in many sections of the country have borne witness to great kindness and sympathy in busy maternity wards.

But the response from nurses and mothers indicates inescapably that this is not always the case, and that instances of callousness toward suffering, or unethical measures that actually increase suffering, are not so rare as our editors had hoped they are. We believe responsible doctors and nurses will join us in insisting that these violations of human and medical ethics must be stopped. We would also call the attention of responsible doctors and nurses to another danger pointed up vividly by our readers' letters. This is a trend toward *dehumanizing* the greatest emotional and spiritual experience given to a woman – the bringing of her baby into the light, into her arms.

Until a generation ago, a normal childbirth was a natural, essentially happy event, attended by the husband and a kindly neighbor or two. Even in hospitals, friends might cheer the mother in the labor room; her husband, or some other person close to her, could stay with her until the baby was born. Now childbirth has been turned into a medical mystery, conducted in secret. In most hospitals, the woman in childbirth is cut off from those who love her, at her time of greatest travail.

A number of psychiatrists have been concerned at the disturbance to family solidarity and maternal instincts brought about, so they believe, by excluding the father from participation in the birth of his child. How much worse when the mother, thus isolated, is denied ordinary kindness and sympathy; is subjected to tortures completely contrary to good medical practice!

Nurses cannot question the orders or procedures of doctors; they cannot openly criticize hospital routines or the behavior of colleagues. Hospital heads may be unaware of the treatment accorded patients in labor or delivery rooms. Many of our readers accepted indignities or abuses as unavoidable – until they read Registered Nurse's indignant letter.

A number, including nurses, suggested a return to home deliveries as a solution. But it is hard to find a doctor nowadays who will consent to a home delivery, even when the mother is perfectly well and normal and no complications are anticipated. (No one would dispute that dangerous or difficult births call for hospital facilities.) Today most women in comfortable circumstances are required to go to hospitals to have their babies.

Our mothers do not ask for pampering.

"We don't expect to have our hands held by understandably busy nurses and doctors. But it doesn't seem unreasonable to look for a certain degree of respect for the patient's feelings". So a Houston, Texas, woman expressed it.

Around 90 per cent of the women who wrote to us pleaded, however, "Let us have our husbands with us." Is it such an unreasonable request? This one change in present hospital rules would abolish practically all the nightmare features of which mothers have complained. With a husband present, there is little likelihood that a woman will be slapped or yelled at or subjected to uncalled-for tortures. It will give the mother the support and reassurance of a loving presence. It will provide her with the small comforts that mean so much, yet without taxing the hospital staff. Someone to hold her hand or rub her back; to wipe the perspiration away or bring the cooling drink.

*We earnestly urge the medical profession to review the rule which bars the husband from his wife's side. We believe he should be allowed to be there at least until the doctor arrives to take personal charge. If the wife wants her husband in the delivery room – not all women do – he should be permitted to be there. If the husband cannot be present for some reason, some relative or friend should be allowed to take his place. Many mothers who had their husbands with them tell us in lyrical terms of the help this was. Whatever the reasons for placing at the mercy of strangers the woman undergoing childbirth, are they vital enough to offset these factors?*

Other excellent suggestions have been offered by mothers, doctors and nurses:

1. Mothers should "shop around" a bit before selecting an obstetrician. An Independence, Missouri, mother remarks sensibly, "When buying a new home, a car or even appliances you check several before buying. You should check a doctor as well".

From a medical school in your state, or a big hospital or from your local medical association, you can obtain a list of skilled obstetricians in your vicinity. Learn something about these men, ask your women friends what reputation they bear among their patients. If a physician habitually fails to get there when the baby comes, if he "puts mothers under anesthesia regardless," these things very soon get noised about among women. It is also proper to visit several doctors, obtain their ideas about conducting childbirth, then choose.

2. There should be more explaining of childbirth to mothers in advance. They should be prepared for such discomforts as are necessary for their welfare and that of their babies. A number of hospitals hold classes in the techniques of childbirth, quite a number conduct tours through the maternity ward for mothers who expect to be delivered in the hospital. More of this kind of thing should be done for expectant mothers.

Expectant mothers, too, have a responsibility to take initiative in finding out what childbirth entails.

3. There should be freer communication between doctors and their patients. Mothers should feel at liberty to express their fears to their doctors; to tell the doctors what they would like them to do.

4. If a mother is subjected to treatment that she considers cruel or unethical, it is her duty to report it to the local board of health, or the hospital head, or some other persons in authority. A criticism made of Registered Nurse was that she had not

reported the outrages she had witnessed to the American Medical Association. Doctors concur that a nurse cannot do this – if she wants to continue in the nursing profession. The patient can, and all reputable physicians would like her to do so.

The greater part of the medical profession is as interested as laymen could possibly be in wiping out bad practices where they exist. This has been amply proved. But let us not lose sight of another need.

A Frankfort, Kentucky, reader has phrased this need admirably: “Every woman should be treated like a queen, even with her tenth! Not with excessive attention (yes, I know we’re short of nurses) but with good humor and joy in the occasion!”

We at the Ladies’ Home Journal agree.