

“The Perfect Painless Labor”

The Natural Childbirth Movement in the Mid-Twentieth-Century U.S.”

This essay traces the emergence of a grassroots childbirth education movement in the 1950s U.S. and assesses its impact on women who embraced its precepts. Until the late 1930s, when maternal mortality rates in the U.S. began to fall sharply, childbirth was widely viewed as a debilitating ordeal that entailed great suffering. But in the 1940s and 1950s, as the medical profession consolidated its control over pregnancy and childbearing, a critique of standard obstetrical practices developed among a vanguard of doctors and women who advocated a return to “natural childbirth.” The key theorist of this movement, British obstetrician Grantly Dick-Read, argued that women could experience “the perfect painless labor” without resorting to anesthesia if they overcame the fear of childbirth and learned to relax their bodies. Read’s ideas found enthusiastic proponents among small groups of white, middle-class American women who established groups like the Boston Association of Childbirth Education (BACE), which prepared women for a conscious childbirth involving minimal medical intervention. Post-childbirth reports written by former students suggest that BACE equipped many students with knowledge and techniques that allowed them to derive great satisfaction from their birthing experiences. But the reports also reveal how the ideal of “natural motherhood” could establish expectations that constrained women in new and subtle ways.

In 1952, a woman from Bakersfield, California, wrote a letter detailing how her obstetrician—“a doctor of excellent reputation and one whom I trusted”—had ignored her expressed desires concerning her labor and delivery. She had been “very emphatic with the doctor” about her desire for minimal anesthesia, and he had assured her she would be conscious. “There could have been no opportunity for him to misunderstand,” she stressed. Yet toward the end of her labor,

her doctor ordered that she receive an injection—which the nurse described as “only something to relax me”—that caused her to lose consciousness. Six hours later, she awoke feeling sore, with no recollection of the birth. Only through “insistent questioning” did she and her husband learn that the injection included both Demerol and the amnesiac scopolamine. The latter drug had caused her to become so agitated in the delivery room that she suffered from serious injuries. “If I had been deprived only of the conscious delivery of my baby and the first show of my husband’s pride, it would not have been so tragic, although still unfortunate,” she concluded, “but the physical injuries I received, the details of which I will spare you, have caused me extreme discomfort and mental anguish. I have had to limit the size of my family because of them.” By conveying her story, this woman hoped to expose the use of scopolamine, for she suspected that many obstetricians dispensed the drug despite its known risks, without their patients’ knowledge or consent.¹

By the 1950s, few American women suffered from such serious injuries during childbirth, but many experienced similar feelings of powerlessness and endured unwanted medical intervention. In 1958, after the *Ladies’ Home Journal* ran a letter from a nurse decrying “cruelty in maternity wards,” hundreds of readers responded with letters recounting stories of ill treatment during labor and delivery (Shultz). Women complained of being strapped down, left alone for long periods of time, subjected to callous treatment, and drugged into oblivion. Such experiences helped to fuel the growing interest among white, middle-class women in what was called “natural childbirth.” Today, this phrase usually denotes a birth in which the mother receives no anesthesia or analgesia, but during the 1940s through the early 1960s, the term was used more freely. Typically, it meant a birth in which the mother was a fully alert, conscious participant, having prepared herself for the event through education and exercise.

By the early 1950s, a grassroots childbirth education movement had developed in the U.S. that sought to promote this ideal of natural childbirth. In numerous cities, small groups of middle-class women organized sessions for pregnant women, some of which were initially held in people’s living rooms. In addition to critiquing standard birthing practices, these groups advocated “family-centered maternity care,” which called for husbands to play a greater role in the birthing process. They also argued in favor of breastfeeding and the practice of rooming-in, which allowed newborns to remain in the same room with their mothers after birth rather than being sent to a central nursery (Edwards and Waldorf; Martucci; Temkin).

Scholars and activists differ widely in their interpretation of this movement. Margot Edwards and Mary Waldorf have portrayed the childbirth reformers of the 1940s and 1950s as pioneers who laid the foundation for subsequent

feminist critiques of medicalized childbirth. In contrast, Margarete Sandelowski has depicted the movement as “distinctly nonfeminist, if not antifeminist, and promedical in control of the childbirth arena” (136). Either interpretation can seem convincing, depending on whether one emphasizes the movement’s basic ideology and deferential relationship to medical practitioners or its grassroots organization and practical effects. Childbirth education groups in the 1950s and early 1960s did not directly challenge medical authority, nor did they advance a feminist critique of motherhood or gender roles.² Yet the movement did embolden individual women to assume a more proactive stance in regard to their own medical care, sometimes to the point of questioning or defying medical authorities.

This essay traces the emergence of the natural childbirth movement and assesses its impact on the first generation of American women to embrace its precepts. I examine the ideas of its most influential proponent during the 1940s and 1950s, the British obstetrician Grantly Dick-Read, whose approach to childbirth was at once deeply humane and utterly paternalistic. I then draw on an unusually rich set of documents to explore the impact of an organization that promoted Read’s method (though not always to the letter)—the Boston Association of Childbirth Education (BACE). Beginning in the late 1950s, Justine Kelliher, a founding member of BACE and its first instructor, encouraged former students to send letters detailing their childbirth experiences.³ These reports, which women typically wrote within a month or two of giving birth, reveal how those who attempted natural childbirth understood and narrated their experiences. Taken as a whole, the letters suggest that the childbirth education movement offered its students a preferable alternative to standard birthing practices. But they also allow us to glimpse the subtle ways in which the postwar ideology of “natural motherhood,” which overturned older notions of maternal suffering and sacrifice, constrained women in new and different ways (Martucci). Letters that reveal women eagerly seeking their physician’s approval, judging their performance against an ideal of pain-free, un-medicated childbirth, and diminishing their own suffering highlight the limitations of the natural childbirth movement that predated the rise of feminism.

* * *

Well into the twentieth century, childbirth continued to be widely regarded as an intensely painful, debilitating and potentially life-threatening ordeal—as indeed it often was. But in the Progressive Era, Americans increasingly came to regard maternal mortality and excruciating labor pain as the result of inexcusable negligence rather than inescapable tragedy. In 1914, a group of middle- and upper-class clubwomen founded the National Twilight Sleep Association to assert women’s right to experience “painless childbirth” through the use of a

new obstetrical technique pioneered in Germany (Leavitt 116-121; Miller 19-44; Sandelowski 3-26; Wolf 44-72). According to its proponents, twilight sleep, which was induced by a combination of morphine and scopolamine, obliterated all memory of childbirth and allowed women to awaken from the experience feeling refreshed and vigorous. Although the movement unraveled after one of its leaders died during a twilight sleep birth, it nevertheless helped to popularize the idea that women had a right to demand—and physicians the obligation to provide—pain relief in childbirth, as well as the notion that the ideal birth was an unconscious one.

In the 1920s and 1930s medical literature and the popular press grew more emphatic in urging physicians who attended childbearing women to intervene to alleviate pain. The extent to which childbearing women actually received anesthesia and analgesia in this period is difficult to determine, but contemporary accounts suggest that, as late as the 1930s, a majority of American women still delivered their babies with no pain relief at all.⁴ This helps to explain the crusading tone that informed much writing on the topic. In 1935, an article in the *American Journal of Nursing* argued that experiences over the past decade had proven conclusively that pain relief could be provided without risk to either mother or baby “and in fact with beneficial results to both.” Noting the wide range of anesthetic options, the authors recommended techniques that rendered women wholly unconscious, resulting in “complete relief of suffering from the very onset of labor, throughout its entire course, and for several hours following delivery” (Rosenfield and Yeo 437). Articles in women’s magazines from the 1930s echoed this view; for instance, the childbirth reform advocate Constance Todd, writing for *Good Housekeeping* in 1937, praised techniques that allowed women to deliver in a state of “complete oblivion,” with “the whole period of labor...wiped out of consciousness” (78). Although many physicians objected to such a heavy reliance on anesthesia as potentially dangerous, medical literature and the popular press alike increasingly portrayed the complete relief of suffering during childbirth as a realistic and desirable ideal (Wolf 105-35).

Beginning in the mid to late 1930s, however, a few individuals began to criticize medicalized birthing practices in ways that anticipated the postwar natural childbirth movement. For instance, in 1936, Dr. Gertrude Nielsen, a middle-aged mother of three—all delivered “without the use of modern painless methods”—passionately denounced “painless childbirth” during a session of the American Medical Association’s annual convention. Appalled by techniques that erased all memory of the birth event, Nielsen protested, “Childbearing is so essential an experience for a woman that the thwarting of its normal course through the excessive use of analgesics may cause great damage to her personality” (Laurence 10). Soon thereafter, a few women began to publish testimonials in which they portrayed unmedicated childbirth

as a wholly bearable and profoundly meaningful experience. In 1939, the *American Mercury* ran an article by a mother of four who criticized “painless’ methods” as “often dangerous and cowardly.” “Normal birth can be a relatively easy process—if you can learn how to take it,” she argued. “Women can enjoy the birth of their children to the full, physically, mentally, and emotionally.” This woman did not deny that childbirth hurt, but she favorably compared the pain of labor to that of a bad toothache or headache. “There is even (and I am prepared for sneers),” she added, “a certain ecstasy in it” (Anon. 220). That same year, a woman named Lenore Friedrich published an account of her experience with “natural birth” in the *Atlantic Monthly*. Unable to locate an obstetrician in the U.S. willing to forego the use of anesthesia, Friedrich had traveled to Switzerland to bear her fourth child. As she labored, her physician related tales of his formative years as a country doctor, when he had to “toil on foot through the snow, hour after hour up the mountainsides.” “To such a man a little ‘suffering’ does not seem very important,” Friedrich wrote, “and with him you find yourself being brave” (461-65). While these women normalized the childbirth pain by comparing it to more mundane types of bodily suffering endured by women and men, they also celebrated the extraordinary nature of childbirth and the feelings of exhilaration it could produce.

Such sources indicate the growing discomfort with medicalized birthing procedures that emerged in the 1930s and coalesced into an actual movement in the 1950s. Its primary theorist and spokesman, Grantly Dick-Read, found a receptive audience among a subset of American women who were helping to create the postwar baby boom (Moscucci; Sandelowski; Thomas; Wertz and Wertz; Wolf). In 1944, he published a bestselling book, *Childbirth Without Fear*, and his ideas began to circulate widely in popular women’s magazines. Read waxed lyrical about motherhood, calling for a return to the “Victorian mothers of seven and ten children” who might restore “the quiet but irresistible goodness of true motherhood.” But whereas Victorians had interpreted childbirth as a physical and spiritual trial, he portrayed it as “a normal, natural function” that “should cause no more distress than any other function of the body” (vii-viii, 95). Read did not deny that women suffered acute pain during childbirth, nor did he imply that women purposefully exaggerated their suffering. Instead, he argued that pain and discomfort resulted from pernicious suggestion. Women experienced labor as painful because they had been taught to fear childbirth: fear caused their bodies to become tense, which in turn produced pain. “Fear, pain and tension,” he argued, “are the three evils which are not normal to the natural design” (5-6). With greater attention to the “emotional factors in the reproductive functions,” Read argued, women could achieve “the perfect painless labor” without recourse to anesthesia (vii-viii).

If the pain of childbirth resulted from the mind’s susceptibility to suggestion,

so, too, did its remedy. Characterizing suggestion as “the greatest and most harmless anesthetising agent that we have,” Read urged physicians to exploit its potential by “firmly but quietly offering to the subconscious the required instruction.” Labor progressed most smoothly, he argued, when “the conscious, reasoning, inhibiting brain is put out of action.” “It is the ‘subconscious’ woman ... at whose fortitude we marvel,” he effused. “Her violence is reflex, without reason; her language may not be discriminating and her behavior not always discreet, but how susceptible to suggestion, if she is well and properly controlled!” (117-19). Not coincidentally, Read viewed women’s social networks—which in the past had proven so crucial in sustaining childbearing women—as negative influences to be defused and counteracted. Only by lessening the patient’s emotional dependence on others and re-directing it toward himself would the obstetrician gain his patient’s “complete confidence” (68). In short, Read reproduced the longstanding stereotype of the “uncivilized,” wholly “natural” woman who gave birth with ease; the doctor’s job when attending his “civilized” patients was to help them slough off the trappings of civilization in order to recover their primordial selves.

For all the problematic aspects of Read’s theory and method—his paternalistic conception of the doctor-patient relationship, his mystical and romantic view of motherhood, his embrace of primitivism—it nevertheless represented the most woman-friendly critique of medicalized childbirth widely available within in the U.S. during the 1940s and 1950s. Thousands of women wrote to him after reading *Childbirth Without Fear*—a remarkable response that testifies to the de-humanizing character of contemporary obstetrical practice (Thomas). Correspondents especially appreciated Read’s insistence that physicians should be attuned to their patients’ emotional as well as physical needs. Indeed, he urged obstetricians to display a level of compassion far beyond that typically shown by medical men at the time (or today). “Your patient may wish to hold your hand;” he wrote, “she may wish to lie with her head in your arm; she may call for you to be beside her, but most certainly she desires the unwavering strength of the confidence that you share with her in the successful issue of her trial” (90). In an era when laboring women were routinely strapped down in uncomfortable positions and left alone for long stretches of time, it is not difficult to understand why so many women found Read’s ideas appealing.

Among his fans were the young women in the Boston area who established BACE in 1953. The organization aimed to prepare the prospective mother for “a birth in which she is a conscious participant, a birth which is a genuinely satisfying physical, emotional and spiritual experience, and one in which her husband also shares.” Like its counterparts in other American cities, BACE instructors developed and led a course that taught prospective mothers exercises and breathing and relaxation techniques, as well as basic information about

pregnancy, labor, delivery, and breastfeeding. (Husbands joined their wives for the last class in the series.) The student learned that “most women have to expect some pain, but never more than they can reasonably bear; and that she can have the same medications normally used by her doctor to relieve discomfort for his other patients, although she probably will never want any of the types which will dim her awareness of participation in this vital experience.”⁵ In other words, BACE downplayed but did not deny pain and emphasized the importance of remaining conscious for the birth rather than urging women to forego anesthesia entirely. This was in keeping with the movement’s general stance; as Paula Michaels has noted, American women who trained in the Read method during the 1940s and 1950s “rejected a dogmatic stance against analgesia or anesthesia” and accepted medication quite readily—indeed, too readily, as far as Read himself was concerned (Michaels 21).

The vast majority of BACE students appreciated the instruction they had received, even when their labor did not proceed as they had hoped or expected. Many women stated that greater understanding of the process had helped to allay their fears. “Knowing more about what to expect, both of myself and of a normal delivery, helped a tremendous amount,” wrote one woman.⁶ Another noted, “I was very glad to have all the clear-cut explanations and illustrations of the whole development of the baby and the birth process.”⁷ A clear understanding of the birthing process not only helped to ease anxieties, but also profoundly affected the way in which these women recounted their labor and deliveries. In the nineteenth and early twentieth centuries, women who wrote about their births rarely dwelled on the specific details of the physical experience; instead, they spoke in general terms about falling “ill” or becoming “sick” and suffering “pains.” In contrast, the BACE students discussed the stages of labor, the timing of contractions, and dilation of the cervix, as well as what type of anesthesia, if any, their doctor had used. This ability to conceptualize their labor and delivery in medical terms seems to have afforded women a greater feeling of control over the process, while also allowing them to regard their experiences with a certain degree of distance.

Taken as a whole, the BACE reports suggest why it is so difficult to generalize about the kind of agency exercised by women who attempted natural childbirth in 1950s and early 1960s. Many students were thrilled with their experience of natural childbirth, which they portrayed as far superior to heavily medicalized childbirth. As one woman exclaimed, “The discomfort is nothing compared with the satisfaction of cooperating consciously in the birth of the baby, being fully aware of the birth, and feeling so wonderful afterwards!”⁸ A month after her delivery, another woman reported that she was “still full of glowing good feeling when I think of how nice it was having him. We are ever so grateful for your class, which did a great deal to make it an easy labor and delivery.” Even

a woman who delivered a nearly ten lb. baby without any medication, which she described as “the hardest work I have ever done in my life,” affirmed that her birth was “truly the most marvelous experience I have ever had.”⁹

Yet while numerous reports indicate that natural childbirth offered women a much preferable alternative to mainstream obstetrics, others suggest that the method, along with the broader ideology that supported it, led to more complex and ambiguous outcomes. For instance, one respondent, who made it through labor and delivery without pain relief, emphasized the praise that her performance elicited from medical professionals. “Everyone said I had done a wonderful job—even a doctor who wasn’t there! They couldn’t get over the fact that I hadn’t made a sound (except breathing).”¹⁰ Another woman boasted that her doctor “said it was the most perfect example of natural childbirth he had had” and declared herself “ready to have many more children!”¹¹ Reports like these, which reveal a strong desire for the physician’s approval, give one pause. While many BACE students felt wonderful because they had relied on their own physical strength and emotional resources, others appear to have derived satisfaction from measuring up to a certain ideal of “natural” womanhood.

Moreover, many BACE students betrayed extreme self-consciousness, at times bordering on self-censorship, when discussing pain or discomfort. The frank confession of one woman—“I’m afraid I’ll never make it all the way with nat. childbirth. I find hard labor unbearable”—was very atypical.¹² Far more often, BACE students referred to pain in highly qualified terms or skirted the issue entirely. For instance, a woman who found massage helpful when the “going seemed particularly rough” placed the word “pain” in quotation marks, thereby defusing its impact: “It was one more thing to do and to think about rather than the ‘pain’ of the contraction.”¹³ Describing the importance of her husband’s support, another woman changed course mid-sentence, as if suddenly recalling the need to tailor her story to fit the standard natural birth narrative. “I hung onto him for dear life,” she wrote, “and I know his close presence minimized my discomfort (I hesitate to use the word *pain*—I think a visit to the dentist’s office would mean pain but not this).”¹⁴ Even a woman who acknowledged that she “definitely felt pain” made a point of clarifying, “it was always a bearable pain—I suppose because it is such a different kind of thing than the usual pains of sickness.”¹⁵ Whether or not BACE students ultimately resorted to anesthesia, the vast majority did not portray pain as a central feature of their birthing experiences.

Interestingly, even some women who faced serious complications that forced them to abandon natural childbirth continued to endorse the theory and method. For instance, a woman who “started to holler for a pain killer” after four hours of laboring with a baby in the breech position later reflected, “In all fairness, I should say the natural childbirth techniques worked for me as far as I could

apply them. I felt rather like a sissy for weakening, but maybe I had an excuse. Hope to behave better with next one.”¹⁶ Similarly, a woman who had to be put under for a forceps delivery (the baby presented in the posterior position, and her cervix never fully dilated) expressed her desire to try again, “this time carrying through with it naturally.” Paradoxically, she even cited her trying experience as proof that natural childbirth was both feasible and desirable: “Now that I’ve had one child and know what labor is (and probably in about its worst form), I am convinced that natural labor is possible and well within a person’s limit of ability to endure. The reward which I was denied I think is well worth the discomfort.”¹⁷

At least one woman, however, admitted to feeling “painfully deceived” when her experience “went just about contrary” to what she had expected. When she entered the hospital at two a.m., she felt confident that her birth “could be painless, that rooming-in and breast feeding could all work out perfectly.” Everything proceeded as planned until nine a.m., when her doctor ruptured her membranes and “the pain really started.” “I was actually surprised by the intensity of the pain,” she confessed, “and I lost control of relaxing, breathing and the rest.” Still, she “went through with it painfully” for about six hours, at which point she was taken to the delivery room, received a caudal (a form of spinal anesthesia) and “painlessly watched a very normal low forceps delivery of my daughter.” The underscoring said it all: without anesthesia, labor had been painful; with anesthesia, delivery was painless. Although this woman stressed that she appreciated the BACE course, she clearly felt that it had not adequately prepared her for what she would face. Indeed, she seemed to imply that it had actually made it harder to cope once problems arose, since the instructor had led her to assume that everything would unfold smoothly.¹⁸

Aside from exceptional cases like this one, the letters from BACE students suggest that those women who sought out childbirth education in 1950s and early 1960s benefited greatly. Fuelled by an aversion to overly medicalized and at times downright inhumane birthing practices, the natural childbirth movement equipped many expectant mothers with the knowledge and training they needed to transform a potentially harrowing medical event into a joyful experience—one that they could understand and at least partially control. To a significant extent, the BACE students seemed able to take from the Read method that which they found useful, without imbibing all of his ideas. Nonetheless, the natural childbirth movement was also bound up with an ideal of natural motherhood that could end up having pernicious effects, for it had a tendency to turn a woman’s experience of pregnancy and labor into a gauge of her mental health—which generally meant the extent to which she embraced her femininity. Because natural childbirth advocates deemed severe labor pain unnatural, women who struggled with the technique risked being subject to

unflattering psychological diagnoses. Though it is impossible to know for certain, it seems likely that some women downplayed their pain and suffering in hopes of embodying the ideal of natural motherhood more fully. Finally, because the natural childbirth movement led women to expect the experience to go smoothly, and because it placed such emphasis on the ecstatic moment of birth itself, women who were fully anesthetized could end up feeling deflated and wondering what they had done wrong.

* * *

In the 1960s, as the influence of Grantly Dick-Read declined and that of the French obstetrician Ferdinand Lamaze ascended, the natural childbirth movement evolved in ways that would make it more compatible with emerging feminist critiques of postwar gender ideology. Lamaze, who developed his technique after studying the Soviet “psychoprophylactic” method, did not portray childbirth as the pinnacle of feminine fulfillment, nor did he exhort women to relax and embrace their primitive, womanly selves. Envisioning childbirth more like an athletic event, he sought to train childbearing women to control their labor both mentally and physically (Michaels). One young woman, who wrote to Betty Friedan in response to her bestselling 1963 feminist manifesto, *The Feminine Mystique*, articulated the crucial distinction that she and many other women perceived between the two methods. Lamaze did not perpetuate the pernicious “feminine mystique” that Friedan decried: instead, he urged the childbearing woman “to respond to labor, not passively, but actively, controlling labor, not submitting to it.” As a result, she argued, the woman who employed his method emerged from childbirth with “a strong feeling of her own competence” that strengthened “her ego and her determination to mold her own life.”¹⁹

Increasing numbers of women came to view natural childbirth in similar terms during the late 1960s and 1970s—as a means of challenging the male medical establishment and asserting their right to control their own bodily experience, and hence their own lives. But in the 1940s, 1950s and early 1960s, a fully developed feminist critique of medicalized birthing practices still lay on the horizon. In these years, advocates of natural childbirth, intent on dispelling the old associations between childbearing and perilous suffering, focused primarily on transforming childbirth into a “satisfying,” “fulfilling,” and “enjoyable” experience—but not necessarily an empowering one.

¹[Redacted] to Philip Wylie, May 28, 1952, folder 5, box 242, Philip Wylie Papers. Although the letter writer did not elaborate on her injuries, she may have been referring to severe perineal tearing.

²For instance, the Boston Association of Childbirth Education required women to receive their physician's permission in order to attend the course, even its leaders recognized that "some mothers are apparently deterred" from participating in the childbirth course "by the indifference or hostility of their doctor." "Natural Childbirth in Boston," 2, folder 1, box 1, Boston Association for Childbirth Education Records, Schlesinger Library, Harvard University, Cambridge, MA; hereafter BACE.

³Up through at least 1962, BACE instruction appears to have been based on the Read method, for a number of letter writers refer explicitly to Read or discuss "abdominal" or "deep" breathing (whereas Lamaze emphasized shallow, rapid breathing). Because the natural childbirth movement changed markedly in the second half of the 1960s, I rely exclusively on birth reports from the late 1950s and early 1960s, though the BACE records contain additional reports and questionnaires dating through the 1970s.

⁴Moreover, according to historian Jacqueline Wolf, the pain relief that women did receive was rarely given during transition, the most difficult phase of labor. Instead, male physicians typically dispensed medication during the delivery itself, which they mistakenly assumed to be the most painful phase.

⁵Transcript of Justine Kelliher, "Natural Childbirth in Boston," *The Grail* 38:3 (March 1956): 2-6, folder 1, box 1, BACE.

⁶[Redacted] to Justine Kelliher, November 6, 1960, folder 3, box 8, BACE.

⁷[Redacted] to Justine Kelliher, May 3, 1961, folder 3, box 8, BACE

⁸[Redacted] to Justine Kelliher, September 2, 1960, folder 2, box 8, BACE.

⁹[Redacted] to Justine Kelliher, September 3, 1959, folder 1, box 8, BACE.

¹⁰[Redacted] to Justine Kelliher, [n.d.], folder 3, box 8, BACE.

¹¹[Redacted] to Justine Kelliher, January 7, 1960, folder 3, box 8, BACE.

¹²[Redacted] to Justine Kelliher, [n.d.], folder 3, box 8, BACE.

¹³[Redacted] to Justine Kelliher, November 6, 1960, folder 3, box 8, BACE.

¹⁴[Redacted] to Justine Kelliher, October 17, 1959, folder 1, box 8, BACE.

¹⁵[Redacted] to Justine Kelliher, July 27, 1964, folder 4, box 8, BACE.

¹⁶[Redacted] to Justine Kelliher, June 11, 1956, folder 1, box 8, BACE.

¹⁷[Redacted] to Justine Kelliher, May 19, [1960], folder 2, box 8, BACE.

¹⁸[Redacted] to Justine Kelliher, February 16, 1962, folder 4, box 8, BACE.

¹⁹[Redacted] to Betty Friedan, March 16, 1965, folder 686, box 19, Betty Friedan Papers, Schlesinger Library, Cambridge, MA.

References

Anon. "Painless' Childbirth: A Mother Protests." *American Mercury* 47 (June 1939): 220-22.

Dick-Read, Grantly. *Childbirth without Fear: The Principles and Practices of*

- Natural Childbirth*. New York: Harper & Brothers, 1944. (This book was first published in Britain as *Revelation of Childbirth: The Principles and Practice of Natural Childbirth*. London: Heinemann, 1943.)
- Edwards, Margot and Mary Waldorf. *Reclaiming Birth: History and Heroines of American Childbirth Reform*. New York: Crossing Press, 1984.
- Finney, Roy P. *The Story of Motherhood*. New York: Liverwright, 1937.
- Friedrich, Lenore Pelham. “I Had a Baby.” *Atlantic Monthly* 163 (April 1939): 461-65.
- Laurence, William L. “Doctors Assail ‘Twilight’ Birth as Perilous to Mother and Child.” *New York Times* May 15, 1936: 1, 10.
- Leavitt, Judith Walzer. *Brought to Bed: Child-Bearing in America, 1750-1950*. New York: Oxford University Press, 1986.
- Martucci, Jessica. *Back to the Breast: Natural Motherhood and Breastfeeding in America*. Chicago: University of Chicago Press, forthcoming.
- Michaels, Paula A. *Lamaze: An International History*. New York: Oxford University Press, 2013.
- Miller, Lawrence G. “Pain, Parturition, and the Profession: Twilight Sleep in America.” *Health Care in America: Essays in Social History*. Ed. Susan Reverby and David Rosner. Philadelphia: Temple University Press, 1979. 19-44.
- Moscucci, O. “Holistic Obstetrics: The Origins of ‘Natural Childbirth’ in Britain.” *Postgraduate Medical Journal* 79 (2003): 168-73.
- Rosenfield, Harold H. and Catherine Yeo. “Analgesia in Obstetrics.” *American Journal of Nursing* 35:5 (May 1935): 437.
- Sandelowski, Margarete. *Pain, Pleasure and American Childbirth: From the Twilight Sleep to the Read Method, 1914-1960*. Westport, Conn.: Greenwood Press, 1984.
- Shultz, Gladys Denny. “Cruelty in Maternity Wards.” *Ladies’ Home Journal* 77 (May 1958): 44-5, 152-55.
- Temkin, Elizabeth. “Rooming-In: Redesigning Hospitals and Motherhood in Cold War America.” *Bulletin of the History of Medicine* 76 (2002): 271-98.
- Thomas, Mary, ed. *Post-war Mothers: Childbirth Letters to Grantly Dick-Read, 1946-1956*. Rochester, NY: University of Rochester Press, 1997.
- Todd, Constance L. “Babies Without Pain.” *Good Housekeeping* 105.5 (November 1937): 78.
- Wertz, Richard W. and Dorothy C. Wertz. *Lying-in: A History of Childbirth in America*, rev. ed. New Haven: Yale University Press, 1989.
- Wolf, Jacqueline H. *Deliver Me from Pain: Anesthesia and Birth in America*. Baltimore: Johns Hopkins University Press, 2012.