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A Matter of Life and Death: Maternity in Antiquity and Beyond

Throughout history, motherhood has been a primary occupation, perhaps in some instances a preoccupation, of many women. Ancient corpora, such as the Hebrew Bible and comparative ancient Near Eastern literature, highlight the priority of maternity. Preserved within such ancient texts are pronatalist notions, representative of cultural and religious values, regarding childbearing, reproductive loss, maternal morbidity, and mortality. Yet despite the often deathly realities of childbirth, numerous women navigated the precarious stages of pregnancy and postpartum life in hopes of securing their status within the patrilineage. Indeed, motherhood brought social goods and benefits that were difficult to attain in other ways. From the vantage point of the present, the higher incidence of morbidity and mortality resulting from birthing in antiquity is jarring. Readers of ancient accounts may fall prey to a significant interpretive trap, decrying the “primitive” problems of the past while neglecting to notice and address corresponding and comparable issues in the present. Examining the past should not be a mere act of historical gawking but should provide information and impetus for holistic and sustainable change in the present. Despite advances in healthcare and technology, too many women today continue to sustain injury or suffer death during maternity. Motherhood can be a grave experience. Expectant women, especially those from racialized and marginalized communities, who are anticipating the possibility of new life, are all too frequently caught in the throes of death. Examining extant sources from the past offers us opportunities to interrogate the present and actively work towards a more life-giving future. The task is an urgent one. Today, as in antiquity, maternity is still a matter of life and death.

Throughout history, motherhood has been a primary occupation, perhaps in some instances a preoccupation, of many women. Still, the process of becoming a mother has long been a matter of life and death for women. This reality is

borne out not only in modern health and social science data concerning maternity but also in ancient corpora, such as the Hebrew Bible, in which fertility and infertility feature prominently. By examining such sources as the Hebrew Bible and comparative ancient Near Eastern literature, we can better understand the complexities and challenges of reproduction. Investigating the ancient past and journeying through foreign places via texts depicting aspects of women's lived experiences reveal significant realities and issues related to maternity.

"A matter of life and death," the idiom used to stress the gravity of a situation, is apt. Life and death. Vitality and fatality. Maternity encapsulates both ends of this continuum and so much more in between. Records of the life-giving and death-dealing realities of motherhood pervade the Hebrew Bible and other ancient comparative literature. The basis of ancient Israel's kinship system was the *bêt 'ab*, "the house of the father" or the patrilineage (Meyers "The Family in Early Israel" 34; Nikhai 358; Ebeling 28). Perpetuating the *bêt 'ab* was crucial for determining descent and inheritance and maintaining the honour of the house. Not only was perpetuating the patrilineal family a chief concern of men—the ones through whom descent and inheritance were reckoned—but it was also a concern of many women who sought honour and security through childbirth (De-Whyte, *Wom(b)an* 19). Examining ancient sources reveals how some women navigated a patrilineal system to achieve their desires, security, and honour. Pronatalism, the collective penchant or preference for childbearing, characterizes the general outlook of various cultures and societies in the ancient Near East and is still foundational in some non-Western cultures today.

Maternity: Life-Giving Experiences

Motherhood was a matter of life, but it was also a matter of death. First, let us explore what we mean by motherhood being a matter of life. We can emphasize the process of life-giving; conception and birth concern the creation of new life, new family members, and new citizens of the community. Extant sources shed light on the centrality of fertility in ancient Near Eastern cultures (Bidmead 41). Using figurines and herbal remedies and consulting with deities were a few examples of the fertility strategies some women employed to realize their fertility goals (Ackerman 17–18; Budin 134). Tests evaluating whether a woman could conceive were attested (Stol 37; Reiner 124–138; Steinert 107–109). Amulets and necklaces could also be worn as conception aids. One source prescribes: "21 stones to help a barren woman become pregnant; you string them on a linen thread and put them around her neck" (Biggs 9). Although male potency, comparatively speaking, was not often called into question, there are a few interesting cases in which it is cited as a probable

cause of infertility. One ancient medical text documents the work of professional healers who prepared special oils mixed with iron ore and applied it to male genitalia to promote virility and increase fertility (Biggs 15).

Beyond the obvious point that motherhood involves the creation of life, motherhood is also about life-giving in that this status is deemed to add more meaning to one's life. In other words, motherhood was not only about perpetuating the patrilineal family; as a rite of passage, it produced meaning and fulfilment. Elsewhere, I have argued that in our modern Western discourse, we often speak about reproductive rights, and rightly so, yet in the ancient world (and even today in some non-Western traditional cultures), this is not the primary lens through which childbirth is viewed (De-Whyte, "The Reproductive Rite"). Modern discourse and debate on reproductive rights are shaped by two consequential ideologies. The first ideology is the biomedical conception of the body, which is central to Western allopathic medicine (Marcum 311–312). Examining the biomedical approach of Western medicine, James Marcum helpfully highlights the dominating perspective of the body as that of "the machine." In this model, "the human body is viewed as a material, mechanized object that is reducible to a collection of physical parts" (311). This Western model contrasts with other holistic models espoused in various non-Western contexts (ancient and current). For instance, "the phenomenological model of the body as a lived body or embodied person reclaims the person's wholeness or integrity, especially with respect to the lived context" (311-12). Analyzing ancient Near Eastern perspectives about the body and factors affecting individuals' lived experiences within a communal/collectivist society helps to understand maternity's portrayal and promotion within ancient and modern contexts.

The second central ideology is the notion of the autonomous individual. Within this paradigm, women can make decisions valued by others. These two fundamental pillars undergird a significant part of the modern discourse on women's reproductive rights.

In antiquity and certain non-Western traditional cultures today, motherhood is not defined and interpreted through the lens of rights but of rites. Motherhood is primarily conceived of as a rite of passage rather than a matter of reproductive rights. Attaining this rite of passage brought honour and security for the woman. Birth brings other social goods and benefits that would be difficult to achieve in any other way. Anthropological studies elucidate the honour-shame nexus so foundational to many ancient Near Eastern societies (Brayford 164). Honour was the crucial currency of human relationships, and the goal was to amass and bequeath as much honour through the generations of a family and tribe (Brayford 164; Crook 591–611).

In addition to honour, fertility ensured socioeconomic security in a patrilineal context in which, for the most part, women did not inherit.¹ Adult

children would be able to provide support for their mother in the case where she was widowed. A barren woman was one whose honour and economic security were in jeopardy.² In an ancient context, rites of passage have far-reaching communal implications. Completing a rite of passage reflected positively on one's family, clan, tribe, and community. Childbirth gave meaning to life: the life of the community, the family, and the woman. As a rite of passage, the celebration of motherhood was not only to laud the successful outcome of a singleton or multiple pregnancy but equally marked the rebirth of the woman herself and her attainment of a new identity in the eyes of the community.

Maternity and Mortality: The Death-Dealing Realities

We have traced how motherhood is life-giving. However, we must also explore how motherhood is a matter of death. Motherhood connects to beliefs and experiences regarding mortality. Throughout history, motherhood has placed women in a precarious position. From conception to labour, delivery to postpartum life, women faced a plethora of life-threatening complications (Malamitsi-Puchner and Konstantakos 1374-75). Disability and death were possible for the woman. Instances of maternal morbidity and mortality are evident within the Hebrew Bible. The ancestral history in Genesis is filled with difficult birth narratives: "The difficulties surrounding the births of these important ancestors only increase as time passes. While Sarah 'only' battles infertility and conceives late in life, the next generation represented by Rebecca experiences infertility, a difficult pregnancy, and a difficult birth" (Bergmann 137). The persistent dangers of pregnancy and postpartum stages included miscarriage, stillbirth, and haemorrhaging, to name a few (Garroway, *Growing Up In Ancient Israel* 111-136). Still, women continued to navigate pregnancy and birth to bring new life into the world and experience their rebirth—that is, the attainment of a new identity. This new identity also brought a sense of honour and legacy.

Rachel, Laban's daughter, occupies first place in Jacob's affections. Yet Rachel demands "Give me children, or I shall die!" (Gen 30:1). The preferential place that she enjoys does not mitigate, in her perspective, the void that she experiences due to childlessness. The biblical narrative does not discuss some of its characters' inner thoughts and emotions. Yet considering the cultural backdrop of the ancient Near East, we may surmise that Rachel's dissatisfaction with her barrenness would also be shaped and influenced by communal attitudes. How does the community both define and affirm womanhood? A woman's value and contribution are often judged by her reproductive record. What exacerbates Rachel's discontent is the fecundity of her cowife and sister, Leah. Rachel becomes "jealous" of Leah, which is a catalyst for the demand

that the favoured wife makes of her husband (Gen 30:1). Chillingly, Rachel's threat that she must have children or die foreshadows her future demise. Her demand is bitterly ironic; she will have the children she so desires, but childbirth will be the death of her (Gen 35:16-19).

While journeying from Bethel, Rachel goes into an especially difficult labour (Gen 35:16). Although she is attended by a midwife attempting to allay her fear, Rachel's labour complications cannot be resolved to save her life. The midwife's exhortation, "Do not be afraid, for now, you will have another son," suggests that the concern in this difficult labour is not only for the mother but also for the baby's life, which is threatened in some manner during the labour. How did the midwife know that a son was to be born even before the baby had fully delivered? The Hebrew narrative suggests that the midwife describes what she sees in the present; she is not making a predictive statement. It may be that the midwife ascertains the infant's sex because he had presented himself feet, or buttocks, first with genitalia emerging before being delivered. In this case, Rachel's obstetrical complication was a breech birth (Blondheim and Blondheim 15). By informing Rachel that she has "another son," the midwife evokes the fulfillment of a previous prayer, and perhaps such an allusion is an expression of hope that Rachel will pull through the current birth event.

However long her travail, Rachel's presence of mind is ultimately consumed with naming her second son. On the cusp of life and death, Ben-oni, "son of my sorrow," is the name that Rachel selects for her baby (Gen 35:18). While Jacob changes Ben-oni's name to Binyamin, "son of my right hand," Rachel's statement of her sorrow augurs future devastation—the one which will inevitably be felt by Jacob when he is deceived into believing that his favoured son Joseph has been mauled to death by a wild animal (Gen 37:29-35). The beloved wife of Jacob does attain her desire of birthing her children, but it is at mortal cost. Rachel dies on the road between Bethel and Bethlehem (Gen 35:19). Rachel's uncompleted journey, her demise partway to their destination, is a symbol of a life cut short, her motherhood fatally interrupted.

The role of midwives in ancient maternal experiences cannot be underestimated. Midwifery was a specialized and highly valued skill (Meyers, "Archeology: A Window to the Lives of Israelite Women" 105). In Hittite culture, a midwife was known as a "woman of the birth stool" (Beckman 102). Birthing practices often required the mother to squat or kneel with the support of a birthing stool, or birthing bricks. Birthing brick designs varied from simple to ones that had text engraved on them" (Yee 149). In ancient Egypt, for example, "Spells and incantations on the bricks repelled any spirits of malicious intent against the mother and her newborn while the midwife sat in front of the woman giving birth and received the newborn" (Galpaz-Feller 47). Midwives were with women as they laboured for a new life while striving

to avoid the ever-present threat of death in childbirth. In the narratives of Rachel and Phinehas' wife, the birth attendant's words "Do not be afraid," reflect the role of advocacy that these specialists often embodied (Gen 35:17 and 1 Sam 4:20). The Exodus narrative features Shiphrah and Puah, two midwives who play crucial advocatory roles (Exod 1:16-17). When the Pharaoh attempts to coopt them to spearhead his systematic murder of Hebrew infant boys, Shiphrah and Puah disobey and defy the king and "they let the boys live" (Exod 1:17). Midwives participated in the celebration of ushering new life into the world, but given the high maternal mortality rate, they would also have been prepared to be the last faces and voices that some women saw and heard before death.

Motherhood placed women anticipating the possibility of new life, in the throes of death. This may have been especially true in cases where motherhood was perhaps involuntary. Hagar's escape into the desert, with her unborn child in tow, represents the precarious position that surrogates could find themselves in (Gen 16:6). If Hagar's narrative reveals anything about some of the abuses to which women of lower classes were subject (Maseyna 284), we can then deduce that birth may have been an even more dangerous predicament for someone whose status and security in the household was dependent on the valuation of their service (Oppenheim 292; Flynn 79).

Maternal mortality was a grave issue, but so was infant mortality. Based on archaeological and comparative studies, scholars note that survival rates for infants in ancient Israel were about fifty per cent (Bergmann 135). Shedding further light on the reasons for such a harrowing survival rate, Garroway notes, "Maladies, disease, Sudden Infant Death Syndrome, and lack of hygiene could lead to harmful conditions, and even simple things like the inability to latch and suckle could put an infant's life in peril" ("Rattle and Hum" 184). Therefore, if a woman wished to have "three children survive beyond the age of five" then she would likely have had to have "as many as six pregnancies—or more if preterm losses are included" (Meyers, *Rediscovering Eve* 99; Willett 80).

Surviving "Grown-Up" Children

In antiquity, losing one's children, at whatever age, was made all the more difficult because one entered a liminal space which was negatively interpreted culturally and spiritually (Melanchthon 65). Here another woman's account is worthy of note, Naomi mourns the deaths of her two sons and husband while a migrant in Moab (Ruth 1). To have reared her sons beyond the precarious and vulnerable stages of infancy and early childhood (Scurlock 137-185), watching them mature into manhood and then marry only to have them both die without one child to commemorate their name or secure the family

legacy—this is a great source of trauma for Naomi. It is a harrowing experience for a mother to survive her children, and in the ancient patrilineal context, the ordeal is intensified by the apparent erasure of the family line with the death of all of its male members.

Upon her return home, as she is speaking to the neighbourhood women, Naomi describes her loss this way: “Call me no longer Naomi, call me Mara, for the Almighty has dealt bitterly with me. I went away full, but the Lord has brought me back empty; why call me Naomi when the Lord has dealt harshly with me, and the Almighty has brought calamity upon me?” (Ruth 1:20-21). In a culture in which barrenness was arguably a most bitter experience, Naomi’s new autonym *Mara* frames her as the epitome of emptiness.

Additionally, Naomi’s experience invites the reader to distinguish between biological barrenness and a predicament that equals or exceeds it: social barrenness. Elsewhere I have examined the barrenness tradition in the Hebrew Bible and chose the term “social barrenness” to encapsulate the experiences of women who, biologically speaking, were able to reproduce but did not attain this rite of passage due to particular social circumstances which rendered them childless: temporarily or permanently (De-Whyte, *Wom(b)an* 181–269). Naomi’s social barrenness is evident in the fact that she had given birth to sons and reared them and celebrated their maturity as they married—only to lose them to death. Furthermore, Naomi’s sons do not have children of their own, and this compounds the finality of their deaths and her sense of grief and loss. Such an understanding gives clarity to what the birth of Ruth and Boaz’s child means to Naomi. She receives Obed not as her grandson but breastfeeds him as a sign of her embrace of him as a son in place of the two that she survived (Ruth 4:16; Chapman, 7). Interpreting and reengaging biblical narratives concerning barrenness can be constructive as individuals and groups navigate the meanings of both childlessness and motherhood (Yafeh-Deigh 630).

Maternal mortality, infant mortality, or losing children at any stage of their lives were existential tragedies. The eternal death of a person’s name, their memory and legacy, occurred when they could not bear children. Within the ancient Near Eastern patrilineal context, “children were viewed as necessary because without them one would effectively disappear from history. The ancient Near East was predominantly illiterate; for one’s name to live on after one’s death, there had to be someone to keep it alive” (Moss and Baden 29). While the Hebrew Bible primarily presents the concerns of the patrilineal kinship system, this does not mean that women did not seek ways to preserve their place and name within such a context. Barrenness is an obstacle that must be overcome for a barren woman “is concerned with her memory and her own lineage” (Havrelock 163). Elsewhere, I show that “matrilineal undercurrents”—an original term I use to encapsulate some women’s work for prominence and legacy via reproduction and childrearing—do surface even

within a patrilineal system (De-Whyte 94). Since children embodied the memories of their parents, a person who did not have children would essentially die another death with no legacy to survive them. The Hebrew Bible narratives depicting types of reproductive loss, including infertility, continue to resonate with realities experienced by women in particular cultural contexts today (Mbuwayesango).

Modern-Day Maternity: Still a Matter of Life and Death

In reading selected ancient Near Eastern and Hebrew narratives about (in) fertility, we find resonances of maternity experiences in a contemporary context. Today, despite advances in healthcare and technology, maternity continues to place women—seeking to bring life into the world—at the threshold of death. Pertinently, the latest research informs us that maternal morbidity and mortality persist at appallingly higher rates for women from historically oppressed and marginalized communities within Western society. Analyzing the United States, Anuli Njoku et al. document that the “social determinants of health show that poor maternal outcomes for Black individuals are caused by factors of racism that are embedded in healthcare and affect marginalized groups of individuals disproportionately” (438). The situation in the United Kingdom (UK) also raises many concerns. Black women in the UK are four times, and Asian women up to two times, more likely to die during pregnancy or the puerperium than their white counterparts (MBRACE-UK 7). Black mothers in Canada face equally dangerous outcomes. Canada has been critiqued for its race-evasive or colour-blind approach to maternal health. Such an approach effectively “denies, minimizes, and ignores how race, as a socially constructed category of difference, structures inequalities.... A 2005 study by researchers at McGill University found that Black women have substantially higher rates of preterm birth than white women, similar to patterns of maternal health disparities reported in the U.S. Yet still, there remains a dearth of race-based data on maternal and infant health in Canada” (Dayo et al. 2).

Identifying the unique challenges and dangers surrounding maternity is crucial. Reading about maternity in antiquity may tempt present-day people to focus largely on how “archaic” and “primitive” women’s experiences were in the past. This is a mistake we often make today—to think that we have come so far and surmounted so much. Yet the statistics today tell us a different story; we have not come far enough. Undeniably, illness and death in pregnancy and birth were high within various parts of the ancient Near East. Yet today morbidity and mortality rates of mothers and infants, especially those from marginalized and racialized communities, are abysmally high considering the health resources and technology now available. The extent to which there is a

reckoning with the realities of structural racism and gender discrimination will determine the level of change to which health professions and wider society will commit.

Maternity is still a grave issue. Urgent and comprehensive action to drastically reduce the number of women suffering and dying during pregnancy and postpartum periods is not only the responsibility of maternal health providers. Scholars and practitioners from different fields also have the responsibility and opportunity to bring awareness and transformation through research and praxis. Ancient models of midwifery, the service and support of women, are instructive. Some are formally and professionally trained to provide medical treatment for pregnant and postpartum women. Then others are called to attend to pregnant and postpartum women—to support and stand with them in nonmedical ways to increase chances of survival and wellness. Practitioners and academics, allies and advocates, are needed to eradicate the crisis of disability and demise in maternity. We must bring our presence and tools to bear on behalf of those who are in the realm of reproduction. The present article is one such endeavour, joining the efforts of other academic and practitioner colleagues from various disciplines, to advocate for urgent change because maternal morbidity and mortality is still a matter of life and death.

Endnotes

1. Exceptions to this are detailed in the Hebrew narratives of Zelophehad's daughters: Mahlah, Noah, Hoglah, Milcah, and Tirzah (Numbers 27). The collaboration of the five sisters in advocating for their inheritance results in a change of legislation. Achsah also receives land from her father, though it is not explicitly referred to as an inheritance but a blessing—land that has two water sources which made the land not only desirable but also lucrative (Joshua 15:18–19; Judges 1:15). Another noteworthy case of women receiving an inheritance is found in the mention of Jemimah, Keziah and Keren-happuch—the daughters of Job who were given an inheritance along with their seven brothers (Job 42:13–15).
2. “Barren” is not a word that is typically used to describe childless women within modern Western contexts. The intentional use of “barren” and “barrenness” within this article is to sensitize modern readers to the imagery and associations that such words carry and how these are reflective of wider attitudes regarding infertility and childlessness in the ancient world. For instance, “Barrenness is an agricultural term, implying that the soul– Sarai’s womb– is inhospitable to life” (Gafney 30). In such a context, “a woman’s womb was her destiny” (Weems 3). In the Western biomedical or allopathic model, infertility is clinically conceptualized. In ancient,

and even contemporary non-Western cultures, barrenness was primarily conceptualized in social and spiritual terms.

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