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Françoise Thébaud, *Quand nos grand-mères donnaient la vie: La maternité en France dans l'entre-deux-guerres*. New edition. Lyon: Presses Universitaires de Lyon, 2024. 324 pp. Notes, bibliography, annex, and index. €20.00 (pb). ISBN: 9-78-2729714758.

Review by Margaret Andersen, University of Tennessee, Knoxville.

When Françoise Thébaud began work on her dissertation in the 1970s, women's history was an important, emerging field. Yet the history of women as mothers was notably absent in this literature. Thébaud explains that many scholars of the era assumed that motherhood as a topic was largely ahistorical or too personal to access fully. Under the guidance of her advisor Michelle Perrot, Thébaud therefore set out to research a topic that many scholars considered unworthy or inaccessible. She notes that bringing life into this world is not solely a biological act. Rather, "la façon dont s'effectue la mise au monde varie selon les époques et exprime une culture, des rapports sociaux, la place de la femme et même un niveau de développement à un moment donné" (pp. 289-90). With her 1986 book, based on her dissertation, Thébaud broke new ground by presenting in rich historical detail the medicalization of motherhood in interwar France. Along with Yvonne Knibhieler, who published *Histoire des mères du Moyen-Age à nos jours* that same decade, Thébaud laid an important foundation for later scholars. Reading the new edition of this book, some four decades after its original publication, I am struck by how many scholars have built on the ideas and topics first explored in this work. This includes scholarship on topics like infant mortality, pronatalism, pain relief in childbirth, unmarried motherhood, child abandonment, midwifery, feminist debates about motherhood, among many others.

This new edition of the book retains the organization, detail, and analysis of the original edition. Thébaud explains that she had wanted to include more references in the 1986 edition but had to comply with the publisher's requirements at the time. The new edition has more footnotes than the first, including references to scholarship that was published in more recent years. It also includes an expanded bibliography. Also new in this edition is some source material at the end of the book, including information about the author's interviews with women who experienced childbirth and motherhood in the interwar period.

Thébaud begins her history of medicalized motherhood by providing an overview of French demographic anxiety. In the last four decades, historians have published extensively on French pronatalism and how it impacted women specifically. Given how much we now know about this topic, it easy to forget that the connection between motherhood and pronatalism was less established or understood when Thébaud first wrote this book. The fact that she foregrounds her discussion of motherhood with this rich political and demographic context is therefore

especially noteworthy. One of her important conclusions in this section is that despite the intensity of the period's pronatalism and efforts to fight illegal abortions, France lagged behind many other European countries when it came to introducing social welfare measures to assist families and protect motherhood. By 1939, however, this situation had changed considerably. With the passage of the *Code de la Famille*, France broke new ground in turning motherhood into a nationally recognized social duty. While interwar France lacked a comprehensive system of family benefits, there was no shortage of propaganda aimed at women. Thébaud describes how interwar French women faced tremendous pressure to fulfill their "natural destiny" as mothers. They were repeatedly told that pregnancy was healthy and that long-term sterility would compromise their health. They were also urged to be stay at home mothers for the good of the child. Despite the intensity of such messages, women continued to use contraceptive methods, seek illegal terminations, and work outside the home.

Following this historical context, Thébaud details how motherhood was increasingly medicalized during the interwar years. She divides her analysis into two parts. The first explores this transformation from the perspective of the medical professionals and social hygienists who sought to reduce maternal and infant mortality rates. The second section aims to give voice to women's experiences, drawing on a combination of fictional representations, oral histories, and women's periodicals. As Thébaud demonstrates, interwar medical practitioners and social hygienists were particularly concerned about the impact of venereal disease and tuberculosis on pregnant women and their unborn children. Pregnancy often aggravated tuberculosis, putting both mother and baby at risk. Syphilis, the other major "social scourge," was also particularly serious in pregnant women. Thébaud presents sobering statistics: 80,000 deaths, 40,000 pregnancy losses, and 20,000 still births or neo-natal deaths attributed annually to syphilis. Social hygienists and doctors sought to not only educate pregnant women about the risk of these conditions, but also convince the infected to seek treatment in maternity clinics. Yet this was a challenging task and one that required improving the reputation of public maternity clinics. In the nineteenth century, these institutions were considered refuges for the sick and dying poor. The women who gave birth in maternity clinics faced an elevated risk of dying from complications like puerperal fever.

The early twentieth century was however a period of considerable change and improvement in maternity clinics. These institutions lowered their maternal mortality rates by isolating sick women and introducing antisepsis. Baudelocque, notably, became a model maternity offering a range of services such as antenatal and postnatal consultations and specialized care for syphilis and tuberculosis patients. The hospital innovated in many areas including becoming the first to introduce prenuptial medical consulting, a decade before the prenuptial medical certificate became a legal requirement. Thébaud notes, however, that there was relatively little interest in this service as the idea of seeking a medical consultation prior to marriage had not yet fully become part of the culture. We also learn about the creation of a milk donation service, known as *le secours blanc*. While milk donations were generally for use within the facility, women could also purchase donated milk, though this was expensive. Throughout this section of the book, Thébaud provides a wealth of information about how Baudelocque functioned. She explains that the polyclinic of Valancourt was what really made Baudelocque stand out as a model institution. Between 11,000 and 20,000 pregnancy consultations were performed there annually.

The improved reputation of maternity clinics like Baudelocque played an important role in the increasing medicalization of motherhood during this period. This process was also shaped by

the politicization of health care more generally, including the introduction of social laws. While France would not see universal health coverage until after the Second World War, many people in the interwar period were covered by the *caisses d'assurances*. Frequently, as part of the coverage, women were required to receive regular prenatal care to access all of the benefits to which they were entitled. With this development came a shift in attitudes among working-class women. Increasingly maternity clinics were perceived as places of preventive care, instead of solely being refuges for the dying poor or destitute women giving birth.

Required prenatal appointments became a way of educating women in the new science of managing pregnancy and early childhood. *Puériculture*, first developed by Dr. Alfred Caron in the 1860s, was revived by Adolphe Pinard at the end of the nineteenth century. Thébaud notes that this scientific management of motherhood included not only medical advice from the doctor, but also classes, periodicals, and films to further educate the woman in caring for her health and that of her baby. All of this could be infantilizing to women. Thébaud explains that *puériculture* frequently treated patients as "femmes en coupables, en mineurs à éduquer" (p.120). Armed with the tenets of *puériculture*, medical professionals hoped to work against the mother's instincts and the ignorant advice she likely heard from experienced female friends and relatives. For example, doctors wanted women to breastfeed babies on a strict, regimented schedule; breastfeeding on demand was painted as an antiquated and ignorant practice. Increasingly the definition of a "good" mother became equated with a woman who follows medical advice during and after her pregnancy. The emphasis on submitting to scientific management, and rejecting ignorant advice from female acquaintances, was shaped by French depopulation fears. In the worst case scenario, a baby could die if a mother failed to follow the rules. In an era when France suffered from low fertility, a preventable death would be a tragedy for both the family and the nation. While medical professionals made significant inroads in changing behaviors and attitudes, they continued to feel frustrated that their progress was slow. Many women continued to think of pregnancy as a natural and ordinary process requiring few modifications to one's life or medical consultations. These attitudes gradually evolved, especially among women receiving pregnancy benefits; yet many pregnant women remained beyond the reach of medicine.

According to Thébaud, the medicalization of motherhood reduced infant mortality, expanded the size and number of *maternités*, and triggered a professional crisis for midwives. In terms of the growth of maternity clinics, 1932 was a turning point. In this year, a slight majority of Parisian women gave births in maternity clinics. This signaled that the older stigma of maternity clinics, as a disreputable institution primarily for unmarried pregnant women who needed discretion, had largely faded away. Still, there were limits. Wealthy women generally preferred private maternity clinics. In rural areas, access to clinics was uneven and most rural women continued to have home births with a midwife. Midwifery was arguably in decline both because of this new competition from clinics and because their work increasingly came to be associated with Malthusian practices and illegal terminations. To combat their negative reputations, midwifery organizations tried to cultivate a new image as pro-family and natalist. These efforts intersected with public debates about the merits of home births. For the Catholic midwifery networks, as well as pronatalist groups, the growing frequency of births outside the home represented yet more evidence of the weakening of the family unit. Thébaud concludes that midwives still existed in the 1930s; yet medicalization of pregnancy and the democratization of the health system both worked to reduce their numbers.

While the author presents considerable detail on the organization of maternity clinics and the medicalization of motherhood within them, the final section of the book looks at how women experienced childbirth and pregnancy in this period. She provides considerable detail about "les parias de la maternité" who sought care at maternity clinics (p. 219). This includes women experiencing post-abortive complications who were made to suffer until they admitted what they had done. Also included in this category were pregnant tuberculosis patients. Thébaud explains that medical professionals refused therapeutic abortions in these cases, preferring instead to perform emergency post-mortem caesarians to save the child. If the mother with tuberculosis was fortunate enough to survive her pregnancy, her child would immediately be taken from her to avoid infection. Thébaud explores what this was like for mothers to be separated from their babies, sometimes for years. Unmarried mothers were another category of pariahs. For natalist reasons, prejudices against this group softened a little in the interwar years. The famous doctor Louis Devraigne even favored the term "mère abandonnée" to the more commonly used "fille mère" (p. 224). Yet this conciliatory attitude was more charitable than tolerant, Thébaud notes. Too much tolerance, it was believed, could encourage premarital sex or suggest that unwed mothers could have as much honor as a married mother. Many of the unmarried women gave birth anonymously and sought to abandon their child, much to the dismay of the medical establishment. Staff frequently tried a range of tactics shame women and encourage them to bond with their newborn. They informed women of the modest assistance available to help vulnerable mothers. The woman who abandoned her baby, even in the midst of desperate circumstances, was strongly condemned as unnatural and unfeeling.

Thébaud explains that women usually had very little preparation for childbirth. Many heard horror stories from more experienced women and this inspired considerable fear in first-time mothers. Physicians in this era faced many questions about how much they should intervene in the natural process of giving birth. Should they, for example, break the waters, perform caesarians, or try to speed up labor? The legitimacy of using pain relief was also a matter of considerable debate, both within the medical profession and society more generally. While pain relief options existed in this era, Thébaud had trouble finding first-hand accounts of women's experiences using pain relief. Her conclusion is that it was rarely used. There were feminist calls to expand women's access to pain relief, including efforts to study what was done in Britain and elsewhere. While pain and fear of the unknown were common experiences for women, isolation also featured in the experience of medicalized childbirth. Before the 1970s, partners or friends were not permitted to be present at the birth. By the post-war period, home births were rare and the isolation of birthing without a supportive network therefore became the typical experience for women. Overall, Thébaud concludes, the experience of giving birth in the maternity clinic was easier for women who were well off and married than it was for mothers who were "pariahs" or working class. Yet, she ultimately concludes that all women, regardless of status, were subjected to a medicalized regime over which they had little control.

As Thébaud states in her preface to the new edition, this book has aged well after forty years. This book continues to offer a wealth of information about prominent interwar maternity clinics in Paris, medical discussions about motherhood and reducing infant mortality, and women's experiences with medically managed pregnancy. This rich detail is complemented by the author's inclusion of oral history. For example, when discussing the issue of prematurity, one of Thébaud's interviewees recalled having been born premature in 1895 and dismissed as "débile" (p. 110). Lacking an incubator at the time, the staff placed her in a shoebox and did not expect her to survive. In a postface to the new edition, Fanny Gallot notes that the issues, first

described in this book, continue to resonate in 2024. There is still an effort to medicalize motherhood and educate women. In addition, women are still implored to have children, even if the natalism of the interwar years has since given way to "réarmement démographique" (p.299).

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