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MIDWIFERY AND SOCIETY: A COMPARATIVE ANALYSIS OF THE UK AND USSR FROM 1920-1950

Melissa Scott

Honors Thesis

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By

Melissa Scott

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Advisor: Dr. Jeffrey Hardy

Reader: Dr. Wade Jacoby

Coordinator: Dr. Heather Belnap

ABSTRACT

MIDWIFERY AND SOCIETY: A COMPARATIVE ANALYSIS

OF THE UK AND USSR FROM 1920-1950

Melissa Scott

Department of European Studies

Bachelor of Arts

The purpose of this project is to analyze the changes made in midwifery policy and practices in the Soviet Union and the United Kingdom from 1920-1950. The changes made were essentially the following in both countries: required state certification, standardization of pay and schooling, and combating tradition in rural areas. Although they made similar changes, their political ideology and rhetoric was significantly different from one another. The rhetoric used in the Soviet Union in discussing midwifery policies and responsibilities was nationalistic while the rhetoric used in the United Kingdom was much more functionalistic. There were also additional political and societal factors that affected the changes in the United Kingdom that were not present in the Soviet Union. The thesis of this paper is that in order to fully understand what is occurring in the midwifery fields in both of these countries, one must acknowledge and examine both the differences and the similarities. These findings show that these countries, on the surface, varied greatly. However, the similarities in actual policies show that there are human and state needs that transcend ideological differences. The data for this paper has been collected from archives and journals, in addition to secondary sources. This paper challenges the idea that different governments with different ideologies must implement vastly different types of political policies and reforms. This project will contribute to the understanding that society has of the United Kingdom and the Soviet Union from 1920-1950, both in relation to each other and their individual histories.

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Introduction

Beginning in 1914, the world was shaken by the massive destruction of the Great War. It was this war that brought death and destruction to many a country and decimated populations. The United Kingdom alone lost over a million soldiers to death, capture, or unknown causes (often missing in action). Russia lost even more, with the total exceeding two million for the same reasons. Not only did soldiers die in high numbers, but civilians were severely impacted and many lost their lives due to disease, lack of food, and warfare in their backyards. In the United Kingdom, the losses were so great that the generation of men who served as soldiers became known as "the lost generation." The implications of this widespread loss were seen in many aspects of governmental intervention in public affairs, including healthcare. In the United Kingdom and Soviet Union, this governmental intervention in healthcare included birthing and midwifery.

At the close of World War I, the newly created government of the Soviet Union began to earnestly involve itself in midwifery. It established a central government body called the *Narkomzdrav* (People's Commissariat of Health Care) that was charged with the responsibility of the healthcare system, as well as many other programs. In each city or town, there was a municipal office of the *Narkomzdrav* that carried out the public policies from the central body in their area. The *Narkomzdrav* created plans to develop and improve the work of the healthcare system as mandated by the government, including in the realm of obstetrics. The government was intent on pursuing any policy or improvement that would help rebuild its population, which had declined significantly

because of World War I. With the establishment of the *Narkomzdrav*, "*narkomzdrav* officials looked to midwife[s] to reduce infant mortality," especially in the countryside. [1]

In the United Kingdom, following World War I, the government also became more actively involved in midwifery. In 1902, the government established a Central Midwives Board that acted as the main voice for the midwives in the United Kingdom. The Central Midwives Board was also responsible for ensuring that the rules and regulations laid out by the government were upheld by midwives. These expectations then were expanded in 1918 and again in the late 1920's. Despite this central organization, midwives faced challenges in their profession, including a lack of pay, a lack of patients, and competition with general practitioners.

Scholars have researched areas of midwifery history and challenges to the profession in the Soviet Union and United Kingdom, including the changes that occurred during the first half of the twentieth century. Susan Solomon and John Hutchinson, for example, argue that the primary reasons for Soviet public health reform came from the pursuit of two goals: "remedying appalling health conditions and differentiating themselves at any cost from the previous regime."[2] Solomon and Hutchinson insist on the misconception that the Soviet health care system was comprehensive, arguing that what caused its effectiveness was that the Soviets "embraced all illnesses whose spread and incidence could be traced to societal factors."[3] They further argue that social change cannot always be dictated from above by a government, but that it needs the legitimizing

[1] Susan Gross Solomon and John F. Hutchinson, *Health and Society in Revolutionary Russia* (Bloomington: Indiana University Press, 1990), 134.
[2] Solomon and Hutchinson, *Health and Society*, xii.
[3] Solomon and Hutchinson, *Health and Society*, xii.

power of those being affected by the change to embrace it.[4] These authors show how there are factors beyond Soviet ideology that must be taken into account in order to understand Soviet health care changes.

For the United Kingdom, Jane Lewis argues that the postwar changes that were made in relation to women and birthing occurred because of societal pressure and medicalization. Lewis shows that many of the changes were advocated for by the women themselves who would be affected by them.[5] In addition to women advocating for better care in childbirth and pregnancy, Lewis highlights the importance of the government's desire to emphasize the "need to medicalise childbirth," thereby affecting everything that midwives did.[6] Lewis argues that these the pressures from women and the desire to medicalize were what affected the changes in government policies regarding midwifery practice. Hilary Marland and Anne Rafferty support Lewis' argument that the midwifery profession was significantly shaped by outside challenges.[7] For Marland and Rafferty, these challenges included the competition with the general practitioners, the institutionalization of birth, and "the clash between 'modern' and 'traditional' midwives."[8] Marland and Rafferty also argue in their work that "midwives propelled themselves into situations where they could actively challenge the claims of doctors to practise midwifery" through both national and international organizations.[9] These

[4] Solomon and Hutchinson, *Health and Society*, xiii.
[5] Jane Lewis, *The Politics of Motherhood Child and Maternal Welfare in England, 1900-1939* (Montreal: McGill-Queen's University Press, 1980), 117.
[6] Lewis, *The Politics of Motherhood*, 135.
[7] Hilary Marland and Anne Marie Rafferty, eds., *Midwives, Society and Childbirth: Debates and controversies in the modern period* (London: Routledge, 1997), 6-11.
[8] Marland and Rafferty, *Midwives, Society and Childbirth,* 6.
[9] Marland and Rafferty, *Midwives, Society and Childbirth,* 7.

scholars emphasize that through unity in organizations, the midwives were able to combat the challenges they faced in order to make changes and protect their profession.

Looking beyond the national level, international organizations also played a significant role in the lives of midwives in Europe. By the beginning of the twentieth century, there is documentation of midwives meeting together in Berlin, Germany for an international conference for midwives from across Western Europe.[10] They were to meet for a conference in 1914; however, due to the breakout of World War I the meeting was cancelled and did not take place until 1919, after the conclusion of the war.[11] The International Midwives Union (IMU) was created in 1922 in Belgium with the first head office in London, and "meetings of European midwives continued at uneven intervals" after World War II.[12] Various Western European countries, including the United Kingdom, also established the International Midwives Union and were working together to ensure that the midwives' place in the medical field remained, steady, if not prominent. Anne Thompson explores the role that the International Midwives Union played Western Europe in the changing and shifting attitudes of both governments and midwives. She explains how the organization is evidence of "how a small and scattered body of women used the processes of professional organization" to enact change in the perspective of a midwife's place in society.[13] At that point in time, midwifery practice was not standardized in many countries excluding Russia, whose midwives are not documented as

[10] Marland and Rafferty, *Midwives, Society and Childbirth,* 15.
[11] Marland and Rafferty, *Midwives, Society and Childbirth,* 15.
[12] "History," Who We Are, International Confederation of Midwives, last modified 2018, 2018, https://www.internationalmidwives.org/about-us/international-confederation-of-midwives/.
[13] Marland and Rafferty, *Midwives, Society and Childbirth,* 15.

having taken part in these conferences, and this opened up the opportunity for organizations such as the IMU to have an impact on future changes in the field.

In a broader study of European and Soviet health practice, David Hoffman adds to the argument that there were factors beyond ideology at play. Hoffman's argument is that "Stalinist pronatalism was part of a broader trend toward state management of reproduction."[14] Hoffman explains that while Soviet society and ideology are important when considering Stalinist pronatalism, what may be under the surface is "a new type of population politics."[15] These population politics were not happening solely in Russia, but also in many European countries. Hoffman further explains that Stalinist pronatalism looked significantly similar to strategies in other European countries, including both fascist regimes and liberal democracies. In other words, the Soviet Union may have been ideologically different from the rest of Europe, but by examining policies and practices of pronatalism, similarities can be drawn. Significantly, however, Hoffman's analysis does not extend to midwives.

Using a study of midwifery practice from 1920-1950 as an example, we can see some of the parallels between the practices of the United Kingdom and Soviet Union. A study of this profession shows how seemingly radically different cultures and ideologies can have similar political goals and outcomes. These countries are a particularly useful comparison precisely because of the starkly different cultures and political ideologies. By using countries that are extremely different, the similarities come through as being even more significant. Their changes in midwifery policy after World War II were the same,

[14] David L. Hoffman, "Mothers in the Motherland: Stalinist Pronatalism in Its Pan-European Context," Journal of Social History 34, no. 1 (Autumn, 2000): 36, http://www.jstor.org/stable/3789509.
[15] Hoffman, "Mothers in the Motherland," 36.

including: requiring state certification; standardization of schooling and pay; and combating tradition in rural areas. These similarities are in contrast to the obvious differences in political goals and outcomes between the Soviet Union and the United Kingdom between 1920-1950. The Soviet Union and the United Kingdom were countries whose governments and societies were predicated on the difference in the regime type and ideology. The rhetoric that each state used concerning midwives differed greatly, with the Soviet Union using more nationalistic rhetoric and the United Kingdom using more functionalist rhetoric. There existed in the Soviet Union more state control of aspects of society, including changes in midwifery, whereas much of what was occurring in the United Kingdom with changes in midwifery were because of societal demands. However, the explanations for these changes cannot solely be nationalism or functionalism. In order to understand the entire context of what is occurring in midwifery in both of these countries both the similarities and differences need to be acknowledge and examined.

Background on Midwifery Prior to 1920

Giving birth is literally a matter of life and death. Complications with the potential to end in either the death of the mother or the baby can arise throughout the pregnancy up to the breeching of the crown of the baby's head. Mothers and families alike experience significant anxiety as a result of these complications, though this tends not to happen until the moment in which they are occurring. This is likely because birth has become commonplace due to humanity's long experience with it. Perhaps the anxiety that occurs in the moment can be attributed to society's lack of conversation about

pregnancy or giving birth in comparison to other biological occurrences such as cancer, disabilities, and other sicknesses.

Though birth and pregnancy may not have been as readily discussed in traditional societal conversation, social rituals developed to coincide with the birthing process. These included everything from the absence of males during the actual birth to the development of a female physician of sorts in each community to be called upon to help at the time of birth. Women were primarily in charge and had developed a systematic way of conducting birthing, excepting surgical removal of the newborn. Men were rarely involved in the process unless they were needed for a surgical emergency because it was viewed as a woman's ritual. Women brought gifts for the wife and mother and did everything possible to make the new mother and baby comfortable.[16] Fathers entered the room only after the baby had been born.

In Russia, the ritual of helping a woman through birth was primarily left in the hands of local women called *babki*.[17] These women were either elderly wise women of the community or, on occasion, as witches. In early Russia, birth and pregnancy were surrounded by superstitions and fear. Women often spoke of the "evil eye." The "evil eye" was akin to a spirit that could cause harm to the baby, the mother, or the pregnancy in general and could be given by anyone. For this reason, women refrained from sharing the news of their pregnancy for fear that someone could cast the "evil eye" upon them,

[16] See, for instance, Ulinka Rublack, "Pregnancy, Childbirth and the Female Body in Early Modern Germany," Past & Present, no. 150 (1996): 84-110, http://www.jstor.org/stable/651238; and Deborah L. Krohn, "Birth and Family in the Italian Renaissance," in *Heilbrunn Timeline of Art History* (New York: November 2008), http://www.metmuseum.org/toah/hd/bifa/hd_bifa.htm.
[17] Holland, Barbara, *Soviet Sisterhood* (Bloomington: Indiana University Press, 1985), 150.

knowingly or not. This superstition was so ingrained that there were occasions that women would hide when they started going into labor.[18]

In the United Kingdom, mothers or trusted women in the community were also the most often called upon to help with the birthing process. In fact, “until the late 1920s a large number of midwives were elderly” and “one of the reasons for the slow decline of the untrained midwife was her popularity among mothers.”[19] These women were considered to be professionals with skills akin to that of a midwife and who also assisted the community with other physician type needs. As in Russia, women were the primary caretakers when the actual birth was taking place, and men were only involved under dire circumstances. For the English, giving birth was primarily a women's realm and was a private matter in many ways. As such, the women who were most often called on at the time of birth were trusted, familiar women and mothers from the community, usually referred to as the “handy-woman.”[20]

The United Kingdom began to require state certification of midwives earlier than the Soviet Union. In 1902, the United Kingdom passed the first Midwifery Act which established the Central Midwives Board who was charged with ensuring that midwives were certified to practice and that if they had not passed qualifications that they were removed from the list of certified midwives. This was the first step that the British government formally made in regards to midwifery regulation and reform. It would not be until 1918, after the closing of World War I, that they would enact other changes or

[18] Jeanmarie Rouhier-Willoughby, "Birth Customs: Ancient Traditions in Modern Guise," *The Slavic and East European Journal* 47, no. 2 (2003): 227-50. doi:10.2307/3219945.
[19] Lara Marks, *Model Mothers: Jewish Mothers and Maternity Provision in East London, 1870-1939* (Oxford: Clarendon Press, 1994), 98-99.
[20] Lewis, *The Politics of Motherhood*, 157.

laws. It was then that the British government amended the Midwifery Act of 1902 which “gave power to the Central Midwives Board to suspend midwives for disobeying the rules.”[21] This power was more severe in that it allowed the Central Midwives Board to not only remove the midwife's name from the list, but to also give a potential punishment pending a hearing. This punishment could be jail time or fines dependent upon the rules broken and the ensuing hearing. This first move to regulate midwifery practice was in part shaped much by anxieties that the British government and society faced following World War I. These anxieties "shaped official policy towards maternal and child welfare provision.”[22] They included the following: "(1) the continuing decline and social differential in the birth rate; (2) the persisting high maternal mortality; and (3) the need to replace the losses of the First World War.”[23] These three anxieties were therefore clearly influential in shaping what the midwifery profession would look like. Now the nation had established that midwives must be registered with the government, it would be able to utilize them to their advantage and effectiveness.

McDermid and Hillyar explain the general dilemmas facing women medical practitioners. They were "paid no attention" and were often still subject to the demands of the male practitioners under whom they worked.[24] These authors add to the argument that "the government's own urgent needs" were also influential in the increase of women in medicine, and especially midwifery.[25] With high infant mortality rates, it appeared to

[21] Jean Towler and Joan Bramall, *Midwives in History and Society* (London: Croom Helm, 1986), 213.
[22] Marks, *Model Mothers*, 228.
[23] Marks, *Model Mothers*, 228.
[24] Jane McDermid and Anna Hillyar, *Women and Work in Russia 1880-1930: A Study in Continuity through Change*, (London: Longman, 1998), 78.
[25] Barbara Alpern Engel, *Mothers and Daughters: Women of the Intelligentsia in Nineteenth-Century Russia,* (Cambridge: Cambridge University Press, 1983), 157.

the government that "well-trained midwives seemed to be an answer."[26] Rose Glickman adds to the conversation about these challenges by emphasizing the importance of women as medical healers up to this point in the nineteenth century. She explains how medical knowledge was passed from generation to generation in a family and how this was influential in forming a village's opinion of a healer. They were trusted based upon their heritage, in a sense.[27] This plays a key part in understanding how certified midwives interacted and integrated into village life and society. Without the generational heritage, certified midwives were unlikely to be trusted.

Olga Semyonova Tian-Shanskaia, an ethnographer, examined the way that midwives interacted with villagers before the government interventions really began. Midwives were seen as dispensable, therefore causing them to rely upon the families to decide on their rate of pay. Families also decided the form of payment, which varied greatly. Semyonova agreed with the general societal rules of acceptance of midwives and the need for them to be familiar with the village and with superstitions that may abound.[28]

Over time, midwives began to be the modern replacements of these trusted women and mothers. Women's rights, responsibilities, and situations in Russia and the United Kingdom in the nineteenth century and earlier were generally dictated by the patriarchal social systems in which they lived. Women were subject to "owing complete obedience in law to her husband or father."[29] Women were expected and often seen as

[26] Engel, *Mothers and Daughters*, 157.
[27] Christine Worobec and Barbara Alpern Engel and Barbara Evans Clements, *Russia's Women: Accommodation, Resistance, Transformation*, (Berkeley: University of California Press, 1991), 148.
[28] Olga Petrovna Semyonova Tian-Shanskaia, *Village Life in Late Tsarist Russia* (Bloomington: Indiana University Press, 1993).
[29] McDermid, *Midwives of the Revolution*, 19.

only being responsible for household affairs and childbirth. As the nineteenth century progressed and with the abolishment of serfdom, there came an upsurge in political activity as women sought more access to education and the political sphere. These social changes were especially influential in education. While women were permitted to develop some skills in teaching or even law, the largest sphere that they were a part of was medicine. Women were often encouraged to study medicine as it was argued that they had the disposition for it, characterized in particular by their caring nature. Though they were able enter into the medical field, their options were still significantly restricted. One of the only options available to them was midwifery.

As women entered the midwifery profession, the government began to recognize that women were often more readily accepted as health practitioners than they were as teachers or other professionals. In Russia, the government was subsequently more willing to allow women to enter into the field of midwifery and even trained them as *feldsher-midwives*.[30] Feldshers were often medical personnel with basic training who worked in communities and who did relatively small, routine treatments for illnesses or minor injuries. The government was encouraged by physicians to combine the two positions of midwives and feldshers because they noted that midwives were more accepted when they had additional medical training.[31] The governments began to, therefore, push for changes in policies regarding midwifery practice so that midwives might be capable of other medical responsibilities.

Similarities in Policies

[30] Solomon and Hutchinson, *Health and Society*, 123.
[31] Solomon and Hutchinson, *Health and Society*, 123.

The historical situations of both of these countries were significantly similar in 1920 and up through 1950. They both experienced World War I, a depression, and World War II. While the Soviet Union underwent radical governmental and ideological changes, it nonetheless had to face the problems and outcomes of world wars just as the United Kingdom did. The need to rebuild and improve medical care was obvious and a prerogative for both. Each country had lost a significant portion of their population in the war. Russia fought along its entire front with Germany and the other Axis powers. The United Kingdom fought in the western front along the border between France and Germany. (Of course, there was fighting in other areas in which both groups participated, but those are the main locations of the fighting.) The losses on both sides, as in other countries, were tremendous. When the war concluded, the people were devastated by the number of people, especially men, who had been killed by the war. Each government needed to rebuild its population in order to rebuild its economy and attempt to return to a semblance of normalcy.

The historical situations of both of these countries were significantly similar in 1920 and up through 1950. They both experienced World War I, a depression, and World War II. While the Soviet Union underwent radical governmental and ideological changes, it nonetheless had to face the problems and outcomes of world wars just as the United Kingdom did. The need to rebuild and improve medical care was obvious and a prerogative for both.

In the United Kingdom, the government's changes to regulate midwifery were motivated by the anxieties from World War I of having lost a significant portion of its population. These anxieties, as Marks claims, "shaped official policy towards maternal

and child welfare provision."[32] They included the following: "(1) the continuing decline and social differential in the birth rate; (2) the persisting high maternal mortality; and (3) the need to replace the losses of the First World War."[33] These three anxieties were therefore clearly influential in shaping what the midwifery profession would look like. In the Soviet Union, these anxieties also existed, though maybe they were not explicitly stated as being due in part to war. Both of these countries were situated in a time and place in history where increasing population and decreasing mortality rates were on the forefront of medical and governmental agendas.[34]

The following will show the infant and maternal mortality rates for both the United Kingdom and Soviet Union. Both of these countries were experiencing rates that were high among countries that were developing. There is not a significant amount of published data for the time frame of 1920-1950 on infant and maternal mortality rates in the Soviet Union, however, the few years that there is data, i.e. 1926 and 1927, indicate that there was a total of 174 infant deaths per year in 1926 and 190 infant deaths per year in 1927.[35] There is little precise data during this period for the Soviet Union, but below there are figures which show the general trends in both infant and maternal mortality rates. Understanding that they both had high infant and maternal mortality rates following World War I illustrates that these two countries were experiencing similar trends in overall quality of healthcare.

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[32] Marks, *Model Mothers*, 228.
[33] Marks, *Model Mothers*, 228.
[34] "Midwives Bill" UK Parliament, Accessed July 31, 2019, https://hansard.parliament.uk/Commons/1936-07-07/debates/378af672-999b-4d2a-8e3b-b0290a764c95/MidwivesBill?highlight=%27midwife%27#contribution-d6c2fbe6-5d73-4b9b-8e84-594594316084.
[35] Ellen Jones and Fred W. Grupp, "Infant Mortality Trends in the Soviet Union," *Population and Development Review* 9, no. 2 (1983): 213. doi:10.2307/1973050.

The following graphs, published in Marks' *Model Mothers* and Chamberlain's "British Maternal Mortality", show the infant and maternal mortality rates in the United Kingdom. The first graph shows the infant mortality rates in England and Wales between 1905-1938. The rates are per 1000 and indicate that prior to 1920, the infant mortality rates in those areas was about 80 deaths per 1000 births. By the 1930's, those rates for infant mortality had dropped to 70 deaths per 1000 births and were continuing to fall. The second graph shows maternal mortality rates in the United Kingdom between 1850-1970. The graph shows how prior to the 1930's the maternal mortality rates were about 40 per 1000 and that did not really start to change until the mid 1930's when the rate dropped almost exponentially.

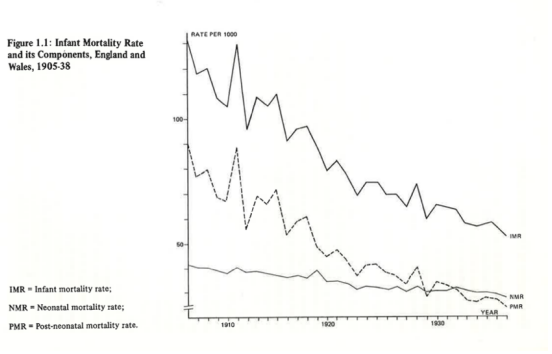


Figure 1. Graph of Infant Mortality Rate in England and Wales, 1905-38[36]

[36] Lewis, *The Politics of Motherhood*, 32.

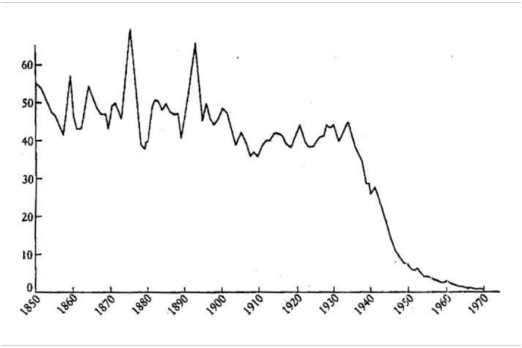


Figure 2. Graph of Maternity Mortality Rate in the United Kingdom, 1850-1970[37]

As indicated by the graphs, the United Kingdom had significantly higher mortality rates before World War I that, on average, maintained at the same level up until the beginning of World War II.

In this same time period, Russia was experiencing a similar maternal and infant mortality rate before the start of World War I. The following graphs show the crude fertility and mortality rates in the Soviet Union and the infant mortality rates from 1913 and 1926 to 1996 respectively:

[37] Geoffrey Chamberlain, "British Maternal Mortality in the 19th and Early 20th Centuries," *Journal of the Royal Society of Medicine* vol. 99,11 (2006): 559-63. doi:10.1258/jrsm.99.11.559.

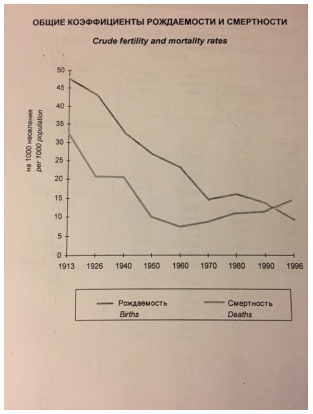
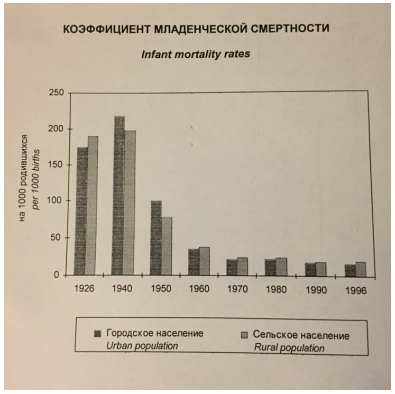


Figure 3. Graph of Crude fertility and mortality rates in the Soviet Union 1913-1996[38]



[38] *Population of Russia: 1897*-1997 (Moscow: State Committee of the Russian Federation on Statistics, 1998), 91.

Figure 4. Infant mortality rates in the Soviet Union from 1926-1996 in both urban and rural populations[39]

Understanding that they both had high infant and maternal mortality rates following World War I is important in being able to see that these two countries were both experiencing similar conditions. The governments decided to increase the quality and number of midwives available in order to combat these high mortality rates. Both countries already had significant experience that demonstrated that having a midwife in attendance at a birth resulted in a much higher likelihood that the mother and child would survive. Increasing the training and schooling time required of midwives illustrates how the government's policies were created in an effort to ameliorate their anxieties about maternal and infant mortality. By increasing the training time required, they could in theory expect better survival rates of mothers and babies at birth as the midwives should have considerably more experience and training. Therefore, they began to increase the number of midwives and the number of hours of training.

Required State Certification

One of the first requirements and changes that the governments in the Soviet Union and the United Kingdom made of midwives after World War I was that of state certification. By making midwives be state certified in the Soviet Union, the government could dictate what they learned and would then teach to mothers in their daily work. The Soviet government considered midwives to be a means by which their pronatalist policies could be promulgated. Midwives had the unique opportunities, just as they did in the

[39] *Population of Russia: 1897*-1997, 92.

United Kingdom, to be able to enter homes of women who otherwise probably would never have gone to a clinic or hospital due to impediments such as cost or distance. Midwives were therefore tasked with a new type of responsibility of utilizing and teaching Soviet values and ideas to mothers. Additionally, the Soviet government acknowledged that until they were able to build and provide enough hospitals and clinics, the midwives were their primary means by which to regulate birth, pregnancy, and in turn population control and growth.[40] This was especially true in the villages where "the new Soviet-trained midwife, to whom women were encouraged to switch their allegiance"[41] entered in to the lives of women. These midwives "had an explicitly political role" as the "'red thread' of Communist propaganda was to run through all [their] talks on women's health."[42]

This idea that "the 'red thread' of Communist propaganda" was supposed to shape the midwives' conversations with women indicates precisely what the government wanted from the midwives. They were to explain and teach women how to be Communist mothers and what their responsibilities were in regards to bearing children and raising them to be good Communists. It was through the midwives that the government would be able to best reach women and so they trained midwives to be able to effectively teach that information. The government made it clear that midwives "had an exceedingly important mission to fulfill inasmuch as [they] could reach health perhaps better than any other medical worker."[43] This meant that midwives were seen as having a

[40] Solomon and Hutchinson, *Health and Society*, 134.
[41] Holland, *Soviet Sisterhood*, 150.
[42] Holland, *Soviet Sisterhood*, 150.
[43] Henry Ernest Sigerist, *Socialised Medicine in the Soviet Union* (London: V. Gollancz, 1937), 146.

significant degree of influence when it came to sharing information "with mothers at a time when they are highly responsive to health advice."[44] The government recognized that women were the individuals responsible for the creation of the new Communist population. Therefore, the Soviet government wanted all pregnant women to receive the same type of care and information.

In the United Kingdom, the government was working on changing the training period for midwives. The government also faced the struggle of dealing with midwives who were now practicing illegally because they had not obtained state certification. In 1926, "it was known that uncertificated women were still deliberately flouting the law and acting as midwives."[45] The state's requirements that midwives be certified in order to practice was clearly being ignored by some. Being certified by the state was so important to be able to practice that midwives would often post on their offices that they were state certified in order to indicate their qualifications for practice as well as maintain their status with the state as a legal practitioner. The Central Midwife's Board was charged with dealing with those midwives who deliberately flouted the law. Midwives who practiced without passing the exams for certification or who had been suspended for practicing for any reason faced a considerable fine or even jail time. This would be determined by the Board and a trial if necessary.

Standardization of Pay and Schooling

A second significant change in policy was in the standardization of pay and schooling. The Soviet Union with its changes in governmental proceedings began to

[44] Sigerist, *Socialised Medicine*, 146.
[45] Towler and Bramall, *Midwives in History*, 209.

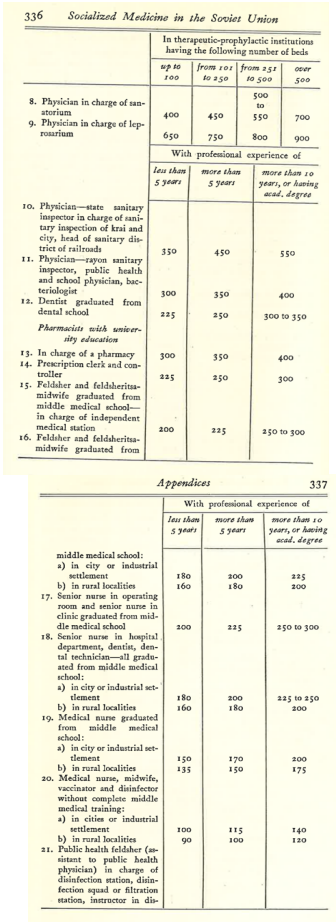
regulate both the schooling and pay of midwives. The new communist government in the Soviet Union faced the need for standardization in the education of midwives in order to provide a set type and manner of care. In the 1920s the government determined that in regards to all medical practitioners, "all needed the same basic medical training" and they established polytechnical medical institutes in which in educate them.[46] Midwives also attended these institutes and were trained in the basics of medicine and subsequently received specialized training in "a two-year course [that gave] thorough theoretical and practical training" in obstetrics and gynecology.[47] It was not until 1927 that these polytechnical medical institutes "became the official policy of Narkompros," the People's Commissariat or Education, and it took until the early 1930s for them to become the primary training institutes for all medical practitioners.[48] The Soviet government was intent on making "reproduction… seen as a *state function*" and determined that one of the best ways to inculcate this culture was to train midwives themselves.[49] By training midwives through state-run institutions, the government would have control over "a curriculum that was applied in schools of midwifery all over the country."[50] This gave them significant influence over the language used and the procedures done by midwives who would be in direct contact with the mothers of the country. The level to which this was effective is both difficult to gauge and beyond the scope of this paper.

The Soviet Union also reformed the way it paid their midwives. It focused on a fixed salary that was dependent upon the years of professional experience that a midwife

[46] Solomon and Hutchinson, *Health and Society*, 135.
[47] Sigerist, *Socialised Medicine*, 146.
[48] Solomon and Hutchinson, *Health and* Society, 135.
[49] Sarah Ashwin, *Gender, State and Society in Soviet and Post-Soviet Russia* (Florence: Taylor and Francis, 2012), 31.
[50] Sigerist, *Socialised Medicine*, 146.

had acquired, either less than five years, more than five years, or more than ten years or having an academic degree.[51] The following tables from Sigerist's book, *Socialised Medicine in the Soviet Union*, show the pay scales of different midwives in various positions. All pay was done in rubles.

[51] Sigerist, *Socialised Medicine*, 336.



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	In therapeutic-prophylactic institutions having the following number of beds			
	up to 100	*from 101 to 250*	*from 251 to 500*	*over 500*
8. Physician in charge of sanatorium	400	450	500 to 550	700
9. Physician in charge of leprosarium	650	750	800	900
	With professional experience of			
	less than 5 years	*more than 5 years*	*more than 10 years, or having acad. degree*	
10. Physician—state sanitary inspector in charge of sanitary inspection of krai and city, head of sanitary district of railroads	350	450	550	
11. Physician—rayon sanitary inspector, public health and school physician, bacteriologist	300	350	400	
12. Dentist graduated from dental school	225	250	300 to 350	
Pharmacists with university education				
13. In charge of a pharmacy	300	350	400	
14. Prescription clerk and controller	225	250	300	
15. Feldsher and feldsheritsa-midwife graduated from middle medical school—in charge of independent medical station	200	225	250 to 300	
16. Feldsher and feldsheritsa-midwife graduated from				

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	With professional experience of		
	less than 5 years	*more than 5 years*	*more than 10 years, or having acad. degree*
middle medical school:			
a) in city or industrial settlement	180	200	225
b) in rural localities	160	180	200
17. Senior nurse in operating room and senior nurse in clinic graduated from middle medical school	200	225	250 to 300
18. Senior nurse in hospital department, dentist, dental technician—all graduated from middle medical school:			
a) in city or industrial settlement	180	200	225 to 250
b) in rural localities	160	180	200
19. Medical nurse graduated from middle medical school:			
a) in city or industrial settlement	150	170	200
b) in rural localities	135	150	175
20. Medical nurse, midwife, vaccinator and disinfector without complete middle medical training:			
a) in cities or industrial settlement	100	115	140
b) in rural localities	90	100	120
21. Public health feldsher (assistant to public health physician) in charge of disinfection station, disinfection squad or filtration station, instructor in dis-			

Figure 3. Table of midwives pay[52]

[52] Solomon and Hutchinson, *Health and Society*, 336-337.

These tables show how midwifery pay in the Soviet Union. What is important in these figures is that midwives had a standardized pay just like other health professionals. Their pay was lower than other paid professions in the medical field, but it was nonetheless a set pay. These figures also show how pay was determined. In the Soviet Union, pay was granted based not upon the number of women treated but upon the years of experience, the level of leadership, and the degree of education that a midwife had acquired.

Similar to the Soviet Union, the United Kingdom's government increased the amount of time required to be spent in school for training to increase the competency levels of midwives. The government "advocated that the 6 months' training for qualified nurses should be extended to a year and that the 12 months' training for non-nurses to two years."[53] An increase in the length of training was officially decided upon three separate times between the years of 1902 and 1937. These increases in length also resulted in the implementation of training extensions that had been previously advocated for. The increase would be changes to "twelve months for the untrained and six months for nurses in 1924, and to twenty-four months and twelve months respectively in 1937."[54] This increase was seen as necessary by the government in order to insure that midwives were adequately trained before sending them out to work with patients. In addition to their formal training in school, midwives were also required to participate in practical training. Subsequently, the training required that midwifery students "conduct ten deliveries" in order to receive their certificate of completion. [55]

[53] Towler and Bramall, *Midwives in History*, 213.
[54] Lewis, *The Politics of Motherhood*, 144.
[55] Towler and Bramall, *Midwives in History*, 229.

In addition to requiring increased time in school, the United Kingdom's government began to increase and standardize the pay of midwives. The government increased and standardized the pay in part to increase the number of midwives continuing to work in the field. The government began to work with midwives to the degree that "some midwives agreed to practice in certain rural areas… on condition that the local authority would subsidise their income."[56] There were also midwives that requested that the local authorities purchase their uniforms, which were state mandated, or aid them with their accommodations. This was often the only way in which they would be able to afford their livelihood while practicing and by 1935, "very few… were earning what could be called a reasonable livelihood" because the standardized pay combined with working very few cases meant that a midwife earned very little.[57] In order to combat this problem and keep midwives in the field, the government subsidized these things to help keep midwives in the profession because "better trained and better educated midwives were choosing to return to nursing, which offered better prospects and where they were better paid for less arduous and less responsible work."[58] If the government could offset some of the costs that it required of the midwives, then it was more likely to keep them as midwives. This was particularly important in the poorer rural areas where it was difficult for midwives to either find work or to be paid a living wage.

Combating Tradition in Rural Areas

[56] Towler and Bramall, *Midwives in History*, 214.
[57] "The Economic Conditions of Midwifery Practice," *The British Medical Journal* 2, no. 3904 (November 1935): 862, https://doi.org/10.1136/bmj.2.3904.862.
[58] Towler and Bramall, *Midwives in History*, 214.

A third way in which the governments of the United Kingdom and Soviet Union altered midwifery policy was to reform the role and purpose of the midwife so that she would be accepted in rural areas. As a part of the requirement to have state certification, the Soviet government created a law in 1920 that "was clearly a part of the government's campaign against women's traditional helpers, the *babki*" who practiced primarily in rural areas.[59] Unlike feldshers, *babki* were focused mainly on helping women in birthing and were not formally trained in any type of medicine. These traditional women's helpers were seen as threats to the new Soviet government because they were "perpetuators of old religious values."[60] These old values could potentially undermine the new society as it attempted to move forward with significant changes. Not only were the traditional helpers made to be seen as "enemies of the state," but young midwives were also charged with the task of finding and reporting such individuals who would then be jailed or fined.

One of the main problems that the Soviet Union encountered when requiring that only certified midwives could work was the general skepticism or rejection of these women. Midwives who came in to rural areas were often seen as "outsiders... [who] did not fare well in the competition with traditional village midwives for the confidence of peasant women."[61] In an effort to curb the strong dislike of the new Soviet midwife, the government began to encourage feldshers to take on the roles of feldsher-midwives. They were not specialized doctors nor nurses. However, because they lived in the villages, they were well known and well acquainted by the people. Practitioners who worked in the rural areas argued that "by working as a feldsher… the midwife would have a better

[59] Holland, *Soviet sisterhood*, 150.
[60] Holland, *Soviet sisterhood*, 150.
[61] Solomon and Hutchinson, *Health and Society*, 123.

chance to win the peasants' trust."[62] They felt that women who had been treated and treated well by the feldshers would be more likely to call on them when they needed help with childbirth.[63] The government followed this advice and attempted to utilize the resources that it already had available to them in order to gain the peasants' trust. This was also a way in which it would be able to regulate and control birthing practices that otherwise would have been taken up by the traditional *babki* in the rural areas where the feldshers typically practiced.

In the United Kingdom, the government also sought to provide certified midwifery care to women in rural areas. However, by the end of the 1920s, it was still struggling to do so. Though this lack occurred for various reasons, it is apparent that even up through 1929 "mothers were unwilling to engage a midwife, preferring the cheaper services of the traditional uncertified midwife."[64] This unwillingness tended to be more often "in some of the smaller boroughs and certain urban areas," not necessarily in major urban centers where giving birth in hospitals or with the aid of an *unknown* midwife was more common. This was a consistent issue not only for midwives, but also for the government because the government wanted more women to have birth in hospitals. The midwives struggled because their pay depended upon the number of cases they acquired and if they could not acquire an adequate number of cases to meet their needs, they would often have to go to another area. The competition with the noncertified midwives was also difficult because not only were they more likely to be called on, but they also tended to charge less. They charged less because the state-certified midwives had a set

[62] Solomon and Hutchinson, *Health and Society*, 123.
[63] Solomon and Hutchinson, *Health and Society*, 123.
[64] Towler and Bramall, *Midwives in History*, 214.

rate that they charged, with no fluctuation. For this reason, midwives rarely moved to work in rural areas or stayed for a very short time in such areas, preferring to return to "urban areas where there were enough cases to guarantee a reasonable income."[65] Therefore, even if there were women to call on the help of certified midwives, it was difficult for them to find them, creating a vicious cycle where the care continued to be primarily provided by uncertified midwives.

The changes made in both countries in requiring state certification, standardizing schooling and pay, and combating tradition in rural areas were done similarly in both locations. While the exact changes may have been country specific and done for their own reasons, the changes themselves moved in the same direction, for example, increasing schooling and requiring state certification were done for similar reasons. This is important because these two countries have different ideologies and regime types yet are creating similar policies in the area of midwifery. An examination of potential explanations for these similarities will help to understand better these countries during this time period.

Differences in Rhetoric: Nationalism vs Functionalism

The similarities between the two countries' midwifery policies were made within the context of a war-torn period where states were looking to develop themselves as nations. The contexts were similar for all the countries involved in the world wars in terms of losing portions of their populations and enduring economic difficulties. While these war-time contexts may have been similar, these countries remained distinct,

[65] Towler and Bramall, *Midwives in History*, 214.

especially in their governmental ideologies. The distinct ideologies in the Soviet Union and the United Kingdom resulted in differing aims supported by different types of rhetoric. The following will give background to the Soviet ideology and aims and then the to United Kingdom's ideology and aims.

The Bolshevik revolution led primarily by Vladimir Lenin was couched in a utopian hope that "the world would soon be made anew by international revolution" and that "national borders would be swept away" to make room for the new society that would replace capitalism.[66] This however, proved to be fruitless as the revolution did not become internationalized. The lack of international revolution also meant that the Soviet Union would be forced to interact with other countries. This would necessitate making decisions and policies that made the Soviet Union look even more like a state and the Bolsheviks were forced adopt the principle of federalism.[67] This meant that the government created bodies in each annexed location and governed it via those institutions.

Upon Lenin's death in 1924, Stalin began to make significant changes in the idea of nation and nationalism. These changes caused the Soviets to in fact become more nationalistic in contrast to their anti-nationalistic rhetoric that they used in their campaigns for the revolution. In the Soviet Union from 1920-1950, the general aims and goals of the state were motivated by an identification of "the Russian nation with the Soviet project."[68] As the Soviet Union entered World War II, Stalin became especially

[66] Valerie A. Kivelson and Ronald Grigor Suny, *Russia's Empires* (New York: Oxford University Press, 2017), 279.
[67] Kivelson and Suny, *Russia's Empires*, 281.
[68] Kivelson and Suny, *Russia's Empires*, 296.

preoccupied with the idea of the protection of the "motherland."[69] This was not necessarily just in the physical sense of fighting in the war but could be seen in the ideological sense of the turning back of earlier reforms from the early 1920s. By the 1930s, "divorce and abortion were made difficult… in an effort to shore up the Soviet family and promote a natalist policy" in order to build up the Soviet state.[70] Stalin was significantly concerned with growing the state population and creating a Soviet society.

In the United Kingdom from 1920-1950, the general aims and goals of the state were motivated more by political competition between the Labour Party and Conservative Party as they fought for the majority in the government. Both parties had 'national' propaganda, but the Labour Party criticized the conservatives for inciting class warfare.[71] The Labour Party influenced the politics to the degree that workers were placed "at the heart of the conceptions of 'public' and 'nation' in ways that proved difficult to resist under the new democratic franchise."[72] This change in politics gave way for individuals of all classes to have a voice as "the state was obliged to arbitrate between the competing interests of different social groups."[73] Overall, the state's goals were to provide the most acceptable legislation for the most individuals.

While the need for women's healthcare was recognized, there were many competing ideas and opinions on what society wanted and needed. The "aims and concerns of the groups involved in policy-making… differed widely" as they worked to

[69] Kivelson and Suny, *Russia's Empires*, 296.
[70] Kivelson and Suny, *Russia's Empires*, 296.
[71] David Feldman, ed. and Jon Lawrence, ed., *Structures and Transformations in Modern British History*, (Cambridge: Cambridge University Press, 2011), 249-250.
[72] Feldman and Lawrence, ed., *Structures and Transformations,* 259.
[73] Feldman and Lawrence, ed., *Structures and Transformations,* 237

provide acceptable legislation for women.[74] The Ministry of Health, created in 1919, had a "department… devoted to maternal and child welfare" as the "government concern centered on the need to improve the quantity and quality of population."[75] For the government, "maternal and child welfare was viewed in terms of a series of discrete medical problems."[76] They therefore attempted to begin to solve those problems with all sorts of services, including better maternity services under which changes in midwifery would fall.[77] The government in the United Kingdom, therefore, was clearly concerned with growing their population and doing so by means of lowering infant and maternal mortality rates.

As shown, both of these governments had significantly different ideology and therefore different reasonings for the changes in healthcare that they were putting forward. The following sections will explore how the rhetoric in midwifery pamphlets and newsletters differed greatly between the Soviet Union and the United Kingdom. First, the rhetoric from the pamphlets and health care journals from the Soviet Union will be examined. Second, the rhetoric from the midwifery journals from the United Kingdom will be looked at. The case for why nationalism cannot be the complete response for why changes in midwifery were made will be outlined.

Rhetoric in the Soviet Union

The midwifery journals in the Soviet Union contain much more nationalistic rhetoric than those of the United Kingdom. In the Soviet Union, nationalism in this case

[74] Lewis, *The Politics of Motherhood*, 13.
[75] Lewis, *The Politics of Motherhood*, 16.
[76] Lewis, *The Politics of Motherhood*, 16.
[77] Lewis, *The Politics of Motherhood*, 16.

is defined as anything that promotes the Soviet mentality and structure. The primary journal was entitled *Feldsher and Midwife* (*Feldsher i Akusherka*) and was written by the Soviet Ministry of Health and published by the State Publisher of Medical Literature beginning in 1940. This journal was intended for medical assistants and midwives within the Soviet Union. Caution should be taken when comparing the rhetoric in this journal to that of the pamphlets of the United Kingdom because of the difference in time periods.

The journal *Feldsher and Midwife* included information on politics, the status of the Great Patriotic War (World War II), and medical knowledge and information for feldshers and midwives. While, primarily the journal included medical information, it is worth noting, however, that Stalin's five-year plans and changes in the medical field because of them were included.[78] These journals therefore were not only a means of standardizing what was being done in the field, but also as a way to share information of what the government was doing.

The government's intervention in daily life goes beyond the statements about Stalin's Five Year Plans and improvements in schooling for midwives. An article published in 1943, for example, talks about the state and says that it is "impossible not to note… the role of feldshers and midwives in its construction."[79] Midwives and feldshers are then praised because "despite the adverse conditions" of the Great Patriotic War, they "carried out their work with honor."[80] Midwives clearly were a part of the state and integral in its continuation. The state made sure to make that known to midwives through

[78] V. S. Nikitskii, "Health Care in the Fourth of Stalin's Five Years," *Feldsher and Midwife*, no. 12 (December 1945): 1-6. Soviet Healthcare.
[79] "Feldsher and Midwife on the Service of Socialist Health," *Feldsher and Midwife*, no. 7 (July 1943): 1. Soviet Healthcare.
[80] "Feldsher and Midwife on the Service of Socialist Health," 1.

these journals and praise them for what they were doing. In addition to praising midwives and feldshers, this particular journal contained statements that condemned the tsarist regime that had been overthrown. In summary, it explained how midwives were not given difficult work during tsarist times because they were not seen as being capable. The Soviet government both praised midwives and feldshers for their good work and condemned the tsarist regime and their treatment of the profession. These are both evidence of using rhetoric in order to promote the Soviet government to the people.

Additional evidence of using rhetoric to promote the Soviet government's agenda is that midwives were charged with being the voice of the state on various matters including abortion. In an issue published in August of 1943, midwives were given explicit guidelines on how they should help to prevent abortion. One part of a midwife's job was to be a consultant for women. And, according to a journal published in 1945, "one of the most important tasks of women consultation is the prevention of abortion."[81] As part of the discouragement of abortion, they were be on the constant watch of general family dynamics. The journal from 1943 explains that a "midwife can involuntarily become a witness to manifestations of family disorder" and that she has a responsibility to ameliorate it.[82] This rhetoric implies that midwives were meant to help create a certain kind of culture with an idealized family dynamic. They were told what that dynamic should look like and mandated to teach others about it.

Another part of the rhetoric that the state mandated that midwives use was in regards to how a woman should raise her child. In an article published in September of

[81] Nikitskii, "Health Care," 3.
[82] M.S. Malinobskii, "Midwives Patron Work in Women's Clinics," *Feldsher and Midwife*, no. 8-9 (August-September 1943): 3. Soviet Healthcare.

1945, midwives were told of the utmost importance of making sure that mothers follow specific guidelines when raising their children. Midwives were instructed that to "teach parents how to properly educate their children in families, -- is the debt and duty of every midwife."[83] This included what to feed children and at what age; when children should play and where; and emphasizing the stages of development that each healthy child should pass through. Essentially, midwives were given the specific guidelines as to what made a perfect Soviet child and was charged with the responsibility of teaching these guidelines to the parents. The "main elements of the proper upbringing of a child from the first day of his life" did not just include basic medical procedure and milestones; instead, they were imposed guidelines of what was expected of a child's development. [84]

The rhetoric used in the journal on midwifery in the Soviet Union was not solely medical. Instead, the rhetoric was nationalistic in regards to each medical mandate or explanation. For example, the guidelines on raising children are not purely medical in that they do not explain only what children need in order to be healthy. Instead, they give arbitrary guidelines of what kind of exercise they should be getting each day and how often parents should be waking them up. The state was attempting to control every aspect of daily life down to what a child eats, when it sleeps, etc. The link to nationalism comes from rhetoric such as "role of feldshers and midwives in its construction" in reference to the state itself. Everything that midwives were being instructed to do is in order to build up the state.[85]

[83] V.G. Ioffe, "How a Midwife Should Instruct the Mother of a Newborn," *Feldsher and Midwife*, no. 9 (September 1945): 38. Soviet Healthcare.
[84] Ioffe, "How a Midwife Should Instruct," 40.
[85] "Feldsher and Midwife on the Service of Socialist Health," 1.

Rhetoric in the United Kingdom

The rhetoric in United Kingdom pamphlets about midwifery indicates that the role and practice of midwives was essentially medically driven. The rhetoric contains little to no indication of hard nationalistic rhetoric or propaganda of any sorts in regard to how midwives should practice, but is instead much more functionalistic. *The Midwives Pocket Book*, one published in 1920 and another in 1925, are full of directives about state licensure for a midwife, rules about practice, and general guidelines of practice. These pocketbooks were published by The Scientific Press in London as part of their pocket-guide series. They were illustrated pocket guides "for midwives and maternity nurses, with rules of the Central Midwives' Board and… the midwives' rules, and regulations specially affecting midwives."[86] The sections about state licensure list out the various requirements for a midwife to become licensed. These requirements include "[obtaining] a certificate of good moral character" and that "each person signing must state in the certificate that he or she has known the candidate for at least twelve months."[87] These are in addition to the basic requirements of schooling and practical experience that each midwife must receive documentation of.

When a midwife was in the field practicing, there were strict guidelines as to what she could or could not do. These guidelines included the administration of certain medicines or doing certain procedures. Only in the case that " a woman during

[86] *The Midwife's Pocket-book : With Which Is Incorporated The Midwife's Pocket Encyclopæia. An Illustrated Pocket Guide, Alphabetically Arranged, with Index, for Midwives and Maternity Nurses, with Rules of the Central Midwives' Board and Examination Questions and Answers in Midwifery, Together with the Midwives' Acts for England, Ireland, and Scotland, the Midwives' Rules, and Regulations Specially Affecting Midwives*. 8th ed. (SP Pocket Guide Series. London: Scientific Press, 1925).
[87] *The Midwife's Pocket-book*, 151.

pregnancy, labour, or lying-in appears to be dying or dead" could a midwife not send for additional medical help from a doctor.[88] Midwives were supposed to do this "in all cases of illness… or of any abnormality occurring during pregnancy, labour, or lying-in."[89] If a midwife did not call for additional medical help, then she was required to submit documentation as to why. Other responsibilities of midwives in the field included promoting breastfeeding. *The Midwives Pocket Book* dictates that "the midwife should endeavour to promote breast feeding and should, when breast feeding cannot apparently be continued, urge medical advice."[90] It continues by noting that "in nearly all districts health visitors and maternity and child welfare centres" that are meant to help children and mothers when midwives are no longer attending them.[91] This included the instruction of breastfeeding or of giving alternatives to breastfeeding.

The guidelines and practices given in *The Midwives Pocketbook*, are about giving the best medical care available to the patient. There is no overt hard nationalistic rhetoric of any sort. The role of the midwife, therefore, was that of providing medical care and preventing the death of women and children during the various phases of pregnancy and birth.

The debates taking place in the House of Commons in the British government are also functionalistic in their rhetoric. On July 7, 1936, for example, the Minister of Health in the Standing Committee began a conversation about midwives and the needs of mothers. In this conversation, the members argued about the effectiveness and use of midwives. They give the example of the county of Durham and say that "in spite of all

[88] *The Midwife's Pocket-book*, 163.
[89] *The Midwife's Pocket-book*, 163.
[90] *The Midwife's Pocket-book*, 162.
[91] *The Midwife's Pocket-book*, 162.

the money that is being paid for midwifery services in the County of Durham, the maternal mortality rate is going up."[92] This rhetoric is evidence of a strictly functionalistic perspective on midwives. The government sees them as a body that is meant to help the population grow. Another example of a functionalistic attitude towards midwives in this conversation was a comment made explicitly stating that "we believe that the midwife is far more important than is the Minister for War."[93] This statement is particularly important because it shows how midwives were meant to protect the population just as the Minister of War would be tasked to do during times of conflict. This debate in the House of Commons, therefore, is evidence of how the government viewed the midwifery profession in a functionalistic way in the building and maintaining of the population the United Kingdom.

Nationalism vs Functionalism

As has been shown, the rhetoric of the midwifery journals of the Soviet Union contained much more nationalistic rhetoric than those of the United Kingdom. This is not terribly surprising considering that the Soviet Union was working on building up a country of Soviet people who ascribed to the ideology and culture of the regime. The United Kingdom, on the other hand, was a more democratic state and as such did not have as much overt ideology permeating their rhetoric in medical practices. It must be recognized, however, that the sources used to show these differences are from different time periods, which may have an influence on the rhetoric being used. This difference between the nationalistic fervor of the Soviet Union and the United Kingdom is often

[92] UK Parliament, "Midwives Bill."
[93] UK Parliament, "Midwives Bill."

seen as a significant reason as to why these two states turn out very differently in the twentieth century, and even today. However, while they may have had different language (rhetoric) given by their governments, including in midwifery, this should mean that there should be significant differences in the outcomes of how they pragmatically altered practices. In midwifery, this means that the practices of midwives should have been extremely different. However, as seen in the first portion of this paper, the policies surrounding midwifery practice in both countries were essentially the same. This included increasing schooling, standardizing pay, requiring women to give birth in hospitals where possible, and combating skepticism. Therefore, while nationalistic rhetoric definitely influences the way in which the information may have been provided to mothers in the Soviet Union, the end results of what was happening in practical terms was the same. Nationalism cannot be the entire explanation for the changes in midwifery policy.

Another explanation for why the United Kingdom and the Soviet Union implemented similar midwifery policy changes is that midwifery was seen as a function necessary in society in order to continue society's survival. This essentially is an argument for functionalism. With factors such as maternal and infant mortality on the forefront of government and medical agendas, midwives were an easy choice for affecting some level of change. In the United Kingdom, for example, "in the county of Middlesex from 1900 to 1934… the death rate in cases attended by midwives… was only 1.88 per 1,000 births" this was compared to the death rate of "4 and 5 per 1,000 births" for the whole country.[94]

[94] "The Economic Conditions of Midwifery Practice," 862.

Functionalism, however, cannot be a complete explanation for the changes that the governments were making in midwifery policy. When an event or change is motivated by functionalist factors, it means that the factors in those changes are necessary for the continuation of society. While midwives were seen as an effective and efficient way to combat maternal and infant death, the rhetoric used and new medical knowledge were also significant factors in altering the profession. This creates a problem with using functionalism as a sole explanation because midwives were not seen as necessary for the survival of society, but rather were the best options for helping society to improve. There were doctors and other practitioners that could have taken on the care of pregnant women or learned gynecology and obstetrics, however, midwives were the ones chosen. Therefore, functionalism cannot be a sole explanation for the changes in midwifery policy.

Neither nationalism nor functionalism work as sole explanations for the changes in midwifery policy that occurred in the Soviet Union and United Kingdom. The Soviet Union had a greater focus on hard nationalism, but there are still some functionalistic elements to the changes it was making. The United Kingdom had a greater focus on functionalism, but there are still elements of soft nationalism in their changes. Both countries were not completely unaffected by both of these factors. Therefore, there must be other factors at play that forced these countries to make similar policy changes in regards to midwifery.

Political and Societal Influences

An additional difference beyond rhetoric between the United Kingdom and the Soviet Union and how midwifery policy was being changed were the individuals advocating for change. In the United Kingdom, the primary advocate for change in policies and practices in midwifery was civil society. Whereas in the Soviet Union, the changes were dictated by the policies of an authoritarian government. Susan Solomon argues that real change, however, was not realized with the influence of civil society and the practitioners themselves.[95] This is in relation to healthcare in the Soviet Union in general, not midwifery specifically, and will therefore not be elaborated on at this point.

Articles in the United Kingdom were often published in The British Medical Journal (a peer-reviewed medical journal) concerning midwifery and The Central Midwives Board. An article published by the Medical Department of the British Medical Association in March of 1936 says that The British Medical Association "is strongly of the opinion that the State should see to it that" the medical needs of mothers "should be available for every mother."[96] The article continues saying that "it is essential to take steps in rapid succession to establish a complete maternity scheme" calling for the support of the State and all medical practitioners who work with maternity cases.[97] This is a clear indication of civil society demanding something of the government, especially in regards to women's health in maternity cases. In the United Kingdom, complaints from the midwives themselves about their situations as far as pay and livelihood and complaints from mothers were some of the main motivators in altering midwifery policy.

[95] Solomon and Hutchinson, *Health and Society*, xiii.
[96] Medical Department, B.M.A. House, "The B.M.A and Maternity Services," *The British Medical Journal* 2, no. 3925 (March 1936): 656, doi: https://doi.org/10.1136/bmj.1.3925.656.
[97] Medical Department, "The B.M.A and Maternity Services," 656.

However, it can clearly be seen that the British Medical Association was also advocating for significant changes.

Another significant issue faced by midwives in the United Kingdom during this time period was that of the infringement of general practitioners on their profession. General practitioners in the United Kingdom were beginning in the 1930s to take precedence in family medicine. Prior to this time period there were surgeons, midwives, or other practitioners who typically took care of all the general needs of the medical field. Now though, the general practitioners began to enter the medical field and they were keen to maintain the care of families throughout the span of their lifetime as it provided them with a steady and high flow of patients. This meant that they would care for them from birth to death, including pregnancies.

General practitioners argued that this would provide continuity in care, but it greatly concerned midwives who felt that they "were becoming little more than maternity nurses."[98] This complaint "brought into prominence once again the persistent underlying conflict caused by the overlapping roles of doctors and midwives in the realms of maternity care."[99] There remained significant overlap in these positions though the government had been attempting to find ways in which to regulate the specific roles of midwives.

The emergence of the general practitioner made differentiating responsibilities between medical workers difficult as they worked to care for entire families, not just one particular type of individual. This made it especially hard for specialists, such as midwives, to maintain their place in the healthcare industry. Not only did midwives feel

[98] Towler and Bramall, *Midwives in History*, 234.
[99] Towler and Bramall, *Midwives in History*, 234.

as though they were being pushed to the periphery, but they also complained that general practitioners lacked specific knowledge in the area of obstetrics and that that care should be left to those who were specially trained. The Central Midwife's Board therefore developed a list of responsibilities of midwives in order to lessen this tension and to give back to the midwives a sense of purpose in their profession. These events are additional evidence of civil society affecting change in midwifery policy as they fought against the changing healthcare environment.

Conclusion

The Soviet Union and the United Kingdom were affected by nationalistic and functionalistic ideas and circumstances created by the world wars and resulting economic circumstances, but the fundamental changes in midwifery care were motivated not solely by these factors alone. Instead, they were brought about by a combination of these myriad factors along with a desire for a lowering of infant and maternal mortality rates. Midwifery policy in both the United Kingdom and the Soviet Union was significantly altered during the period of 1920-1950. The time in school was increased and the type of training made more rigorous. The qualifications for a practicing midwife became stricter because the government required them to be state certified in order to practice. They were given strict guidelines of how to practice and were sent into rural areas in order to provide care to women who would otherwise be too far from a hospital to receive it.

Midwives were influenced heavily by state intervention in their field. They were subject to rhetoric established by the state that they were to use when speaking to mothers or expecting mothers. They were told how they should practice and laws were in place to

restrict their practice and dictate the rates they charged. These changes were similar in both the United Kingdom and the Soviet Union. There was little freedom to maneuver in the Soviet Union within the bounds set by the state, but in the United Kingdom, change was often encouraged and founded by individuals and groups outside of the government. For the United Kingdom, this is evidence of the societal desire for improvement of the field of midwifery in order to better help pregnant women during their pregnancy and birthing period. The motivations behind these changes included a nationalist narrative in the Soviet Union, a functionalist attitude and similar historical circumstance in both places, and political and societal factors in the United Kingdom.

On the surface, these two locations have been seen historically as significantly different. They have had different political systems. They have different geography, religion, and culture. However, a study of midwifery between 1920-1950 shows us that this would be an oversimplification of what was actually happening. Both states were making similar changes in midwifery policy at this time that were essentially the same. Even though they may have given different verbal reasoning for doing so, the end results of altering midwifery policy were the same. Midwives were more accepted in rural areas, infant and maternal mortality rates dropped, and midwives were given more training and practice before entering their field than before. While not all of these factors can be directly correlated to the changes in midwifery, because of other factors in play as well, there is significant evidence that these changes aided in the improvements just listed.

The importance of being able to recognize that these countries had similar changes and outcomes because of the changes in midwifery practice is not to provide an explanation for why this was happening. There are various reasons as to why it was

occurring. The purpose of showing these similarities is to remark on the oversimplification of comparison when we do not look for the similarities. The Soviet Union and the United Kingdom are too frequently seen as starkly different, with little to no overlap in ideology, geography, culture, or religion. However, the reality is that they do share similarities. We cannot comprehend them in a comparison if we do not recognize this. Based on the evidence, the changes made in midwifery policy appear to come from a basic human necessity for survival and a desire to overcome death.

The findings of this research that there are similarities that transcend culture and ideology could also be researched in other locations. Spain and Ireland, two other countries on the periphery of Europe, both experienced civil war or governmental changes during World War I, the interwar period, and World War II. An interesting study would be to see how the rhetoric and motivations of the civil wars compared to those of the Russian revolutions and their subsequent effects on healthcare and birthing. Other areas that might be of particular interest might be the rhetoric about the role of religion and family in the newly developed government and state in Spain, Ireland and Russia. Again, these three locations have vastly different histories, cultures and ideologies, but similarities in what is happening in practice in their newly created governments might suggest more about these political systems and places than a initial examination would give.

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