

# **Mortalidad materna en el parto**

Mitos, imágenes, realidades sociales.

25th-26th May 2023

Vienna

## **Death in childbirth**

Myths, images, social realities

### **Summaries:**

#### **La mort en couches: histoire et representations / Death in childbirth: history and representations**

##### **Marie-France Morel**

Since Antiquity, the metaphor of childbirth as “women’s war” is deeply rooted in traditional culture until the 19th century. Although not all women died in childbirth, most pregnant women knew their confinement could end in death. Premonitions expressed in private writings, in “advices” to the unborn baby or in wills signed at the notary were common means

of alleviating the anguish. In their own way, the funerary monuments of women who died in childbirth clearly express the contradictory feelings that inhabit those who remain to mourn: admiration and grief.

The main causes of death in childbirth (“unnatural” positions of the fetus, eclampsia, hemorrhages, puerperal fevers) are examined and commented with the help of the detailed accounts given by court physicians when princesses died in childbirth. In the 19th century, with the rise of hospital births, maternal mortality from puerperal fever increased considerably, despite the measures taken in Vienna by Semmelweis and in Paris by Tarnier. It was not until the second half of the 20th century that this danger was averted. In today’s maternities, despite considerable medical advances in the management of hospital births, there still remains among physicians and women the ancestral fear of death in childbirth which legitimizes strict control measures which turn the woman giving birth into a patient at risk.

#### **Birth and death: archaeological evidence of death in childbirth**

##### **Katharina Rebay Salisbury**

The death of a pregnant woman, during gestation or whilst giving birth, has been a rare, but not entirely unexpected event throughout (pre-)history. Beginning and end of life are nowhere as close as in the bodies of women.

In this contribution, I will survey European prehistory for evidence how societies dealt with maternal death across the millennia.

Social reactions to death in pregnancy and childbirth are apparent from the way the individuals are buried, and in the choice of grave goods. In many cultures, women who died an 'unusual death' are buried separately from the rest of the community.

The archaeological context may, in absence of written records, inform us about how societies interpreted the ontological status of the pregnant woman and the foetus: as a unit or as separate persons.

## **Fetos culpables, criaturas asesinas: la víbora como imagen del parto violento en el teatro de Lope de Vega y Pedro Calderón de la Barca / Guilty Foetuses, Murderous Offspring: The Viper as Image of Violent Birth in Lope de Vega's and Calderón de la Barca's Theater**

**Antonio Sánchez Jiménez**

This presentation examines one of the most persistent motifs in Golden Age Spanish literature: the viper's horrid birth. We shall examine its incidence in Lope de Vega's oeuvre, comparing it briefly to its weight in Calderón de la Barca's. In order to do so, we shall present briefly its occurrence in Calderón's work, which we have searched with the database TESO. Subsequently, we shall comment the results of that same search in the Lope corpus, which will lead us to examine a very common motif in his works: the trodden viper. Then, we shall go into the central part of our paper: analyzing the data in Lope's dramatic and non dramatic works, with special attention to the birth of the viper motif and its significance to understand both the texts and a persistent trauma in the period.

## **What women feared most? Maternal death at childbirth in palaces and the dwellings of the poor**

**Wolfram Aichinger, Vienna, 26th May 2023**

Was death in childbirth as frequent as many a story about past times suggests? If this is not the case, what are the reasons for death in childbirth to become such an overwhelming image?

I will briefly examine some of the tales, myths and testimonies handed down to us – both belonging to the realm of phantasy and that of factual sources. It will turn out that we are moving into territories where fact and fiction are mixed together, where myth and phantasy crystallize around an event with traumatic effects on the ones left behind.

This exploration of story-telling around maternal death will be contrasted with the data we have gathered in a Spanish mountain village, by the name of Pedro Bernardo, in the province of Avila. These data stem from 19th century parish registers and seem to speak quite a different language. Maternal death occurred much more often than in modern Western societies, it is true, but it was certainly not looming over every childbed. The risk of dying in the course of or shortly after birth was about thirty times higher for babies than for the mother.

## **Las causas de mortalidad materna en el parto y en el puerperio según mi experiencia en zonas rurales de Uganda y Ghana en el 2021 y 2022**

**Kurt Kriz**

The maternal mortality in Africa is much higher than in Europe. The main reasons are the poverty of the population, the difficult access to hospitals for women living in the outback, the strong believe in spiritualism, the high rate of infection with malaria and aids and local women acting as birth attendens. From the medical point of view I report of problems with the placenta, the tubal pregnancies, the toxemia of pregnancy and specific critical incidents with the uterus. I also consider the mortality during childbed and the common problems with fistulas after delivery.

## **Death of Rachel and birth of Benjamin. Images and interpretations of the Golden Age**

The matriarch dies in childbirth. With the last of her strength, she utters the name of her son – child of my pain. The patriarch objects, he insists on calling the new-born: child of my right hand. As Rachel draws her dying breath, Benjamin is born.<sup>i</sup>

Early modern culture discerns several elements of this biblical narrative:

### **The longing for a child**

Rachel long awaits her children. Her life is dominated by the wish to conceive. Her appearances in Genesis are marked by her long-lasting infertility and the competing with Jacob's first wife Leah, her own sister who bears numerous children to the patriarch.

Rachel's barrenness ties her to her ancestresses Sarah and Rebecca. The three matriarchs' longing for having children increases the drama of their eventual 'opening of the womb', and the birth of their most awaited sons. Their sons (Isaac, Jacob, Joseph and Benjamin) are marked as extraordinary. They are seen as the rewards for these women's devotion and represent a manifestation of God's will and benevolence.<sup>ii</sup>

The love for these children is especially profound and it reverberates in Golden Age culture – In Calderón's piece *Sueños hay que verdad son*, Benjamin speaks: "I am the last son, / and sons are very loved / by those who have them when they are old".<sup>iii</sup>

### **The names given**

Names are a dominant concern in Rachel's narrative. They affirm her as a mother-figure – even before she gives birth to her own children.

In despair over her infertility, Rachel has her maid Bilha conceive a child in her stead. She takes active part in the birth: one woman gives birth on another woman's knees. Upon being born, it is the matriarch who names the son. She ties his names to her own beginning experience of maternity: Dan – 'God judged me' (hebr. דן = judge). She repeats this practice when Bilha's second-born sees the light of day. Naming him Naphtali (hebr. נפתלי = root of 'to wrestle'), she claims – 'I wrestled with my sister, and I have prevailed'.<sup>iv</sup> God finally 'remembers Rachel' and opens her womb. She gives birth to Joseph (hebr. יוסף = root of 'to add') and speaks "the Lord shall add to me another son".<sup>v</sup> As Rachel gives birth to her second child, she feels that death is upon her. The new-born's name reflects the ambivalence of the moment. Life and death become one, as a mother's last breaths are shared with her son's first. The struggle between these extremes is reflected in the struggle for the name of the child; the struggle of a dying mother and an abandoned father.

Golden Age authors recognize both life and death in Benjamin's figure. In Vélez de Guevara's *La hermosura de Rachel*, it is Jacob who recalls the name to which he himself objected. He claims to love Benjamin's beauty as much as his own soul, despite him being his "son of pain".<sup>vi</sup> This ambiguous fatherly affection is backed-up by Lope de Vega in his *Los trabajos de Jacob*. In this work, Benjamin recognizes himself as Rachel's "son of pain", but is corrected by his father who reminds him of being his "last child of love".<sup>vii</sup>

### **The rise of a mother**

From the 12th century onwards, Rachel's figure gains recognition as the most beloved, most tragic matriarch in European culture.<sup>viii</sup> For one, exegetic texts pick up on writings (e.g. Jeremiah) that underline the figure of 'mother Rachel'. For another, Rachel's tomb turns into a site which pilgrims visit, and write about.<sup>ix</sup> In their texts, reports about miraculous events at the site strengthen Rachel's significance. When the eleven stones that surround her grave – representations of Jacob's eleven sons – are removed by priests, they return to the tombstone as if moved by a ghost's hand. Stories like these draft the image of loss and reunion between a mother and her children, between a maternal body and the soil of a people.<sup>x</sup>

Accordingly, medieval and early modern texts put emphasis on the image of Rachel as the 'weeping mother'. Not only is Rachel mourned, but she herself mourns the separation from her children. In the biblical text, Rachel's outcry is provoked by her descendants' exile from their territory. She intercedes for her people before God. Rachel is "weeping for her children" (Jer 31:15), she refuses to be consoled until God promises their return. The pangs of her labor resonate with her grief.<sup>xi</sup>

John Milton makes clear how this reading of maternal pain and sorrow reinforces Rachel's relevance for Christian adoration. It is through her suffering in childbirth that Rachel earns her *Apotheosis*, her ultimate celebration and bestowal of dignity before God.<sup>xii</sup>

### **Original sin and *Mater Dolorosa***

In line with her travails, Rachel is notably connected to Eve. In Rachel we find a clear manifestation of original sin and its subsequent curse for all women – the pain and hardship of childbirth.<sup>xiii</sup> Golden Age theatre paints her picture accordingly: "remarkable pains" are a key-marker of her figure.<sup>xiv</sup> The two mothers – Eve and Rachel – can also be found in immediate proximity of each other in Dante's *Celestial Rose*.

For Rachel, childbirth leads to sorrow and the loss of her life, but childbirth also intensifies her veneration as a tragic mother. No less important are, thus, the ties between the matriarch and the Virgin. Early modern minds interpret Rachel, the inconsolable mother, in a close bind with the Virgin, herself *Mater Dolorosa* who cries over the loss of her son.<sup>xv</sup> A myriad of *Pietà* scenes lay testimony to a mother's burden. Spanish authors of hagiography affirm the tie between the two figures. Villegas' *Flos Sanctorum* edition even makes clear how "the most sacrosanct Virgin, Mother of God and our Lady represented in Rachel, began to feel the pains she did not feel in childbirth" upon losing her son.<sup>xvi</sup>

Just as much as early modern authors and painters turn Rachel in an incarnation of original sin and its effects on womankind, her suffering experienced in childbirth elevates her to saintly maternal glory. In the Golden Age images of Rachel, Eve and Mary embrace.

## Notes

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<sup>i</sup> See Gen 35: 16–19.

<sup>ii</sup> Zucker, David J.; Reiss, Moshe (2015): *The Matriarchs of Genesis: Seven Women, Five Views*. Eugene, Oregon: WIPF & STOVK: 22f.

<sup>iii</sup> Calderón de la Barca, Pedro: *Sueños hay que verdad son*. Alicante : Biblioteca Virtual Miguel de Cervantes, 2000: vv. 1702–1704. <https://www.cervantesvirtual.com/nd/ark:/59851/bmcd2s3>.

<sup>iv</sup> Zucker, David J.; Reiss, Moshe (2015): *The Matriarchs of Genesis: Seven Women, Five Views*. Eugene, Oregon: WIPF & STOVK: 111.

<sup>v</sup> Gen 30:24. Authorized King James Version:

<https://www.biblegateway.com/passage/?search=Genesis%2030%3A23%2D25&version=AKJV>.

<sup>vi</sup> “Me huelgo, que su belleza / (al fin hijo del dolor) / amo como a mi alma misma”. Calderón de la Barca, Pedro: *Sueños hay que verdad son*. Alicante : Biblioteca Virtual Miguel de Cervantes, 2000: vv. 687–708. <https://www.cervantesvirtual.com/nd/ark:/59851/bmcd2s3>.

<sup>vii</sup> Lope de Vega: *Los trabajos de Jacob*: vv. 575–598. <https://www.cervantesvirtual.com/obra/los-trabajos-de-jacob--0/>.

<sup>viii</sup> Starr Sered, Susan: *Rachel’s Tomb. The Development of a Cult*. *Jewish Studies Quarterly*, vol. 2 (1995): 103–148: 106.

<sup>ix</sup> Starr Sered, Susan: *Rachel’s Tomb. The Development of a Cult*. *Jewish Studies Quarterly*, vol. 2 (1995): 103–148: 105.

<sup>x</sup> Starr Sered, Susan: *Rachel’s Tomb. The Development of a Cult*. *Jewish Studies Quarterly*, vol. 2 (1995): 103–148: 108.

<sup>xi</sup> Starr Sered, Susan: *Rachel’s Tomb. The Development of a Cult*. *Jewish Studies Quarterly*, vol. 2 (1995): 103–148: 108.

<sup>xii</sup> Schwartz, Louis (2009): *Milton and maternal mortality*. Cambridge University Press: 134.

<sup>xiii</sup> Schwartz, Louis (2009): *Milton and maternal mortality*. Cambridge University Press: 136. He refers to Dante’s *Divina Commedia*, *Paradiso*: canto 30. Illustrations can be found online: <https://digitaldante.columbia.edu/dante/divine-comedy/paradiso/paradiso-30/>.

<sup>xiv</sup> “habiendo perdido antes / la bellissima Raquel, / muerta con dolor notable / del parto de Benjamín, / de los dos querida madre” (having lost before / the most beautiful Rachel, / dead with remarkable pain / from the childbirth of Benjamin, / of the two dear mother). Lope de Vega: *Los trabajos de Jacob*: vv. 16–20.

<sup>xv</sup> “Clarissa Atkinson has demonstrated that changes in Church and society in the 12th century transformed Mary and Jesus into more human and immediate presences”. Starr Sered, Susan: *Rachel’s Tomb. The Development of a Cult*. *Jewish Studies Quarterly*, vol. 2 (1995): 103–148: 112.

<sup>xvi</sup> “en este camino y monte comenzó la hermosa Rachel a sentir los dolores del parto y de la muerte, comenzó la sacratísima Virgen madre de Dios y señora nuestra figurada en Rachel a sentir los dolores que no sintió en su parto”. Alonso de Villegas (1590): *Flos Sanctorum*, quarta y última parte. Impreso en Barcelona en casa de la viuda Gotard: 489.

**Mortalidad materna en el parto. Mitos, imágenes, realidades sociales**

***Death in childbirth. Myths, images, social realities***

**Viena (Austria), 25 y 26 de mayo, 2023**

**Carlos Varea, Departamento de Biología, Universidad Autónoma de Madrid**

**Bioculturales, desde el principio: una aproximación evolutiva al parto humano**

¿Por qué nos interesa el parto humano desde la Antropología Biológica? Porque es el ámbito en el que mejor se expresa nuestra identidad biocultural de nuestra especie. En el parto confluyen dos tendencias evolutivas características de nuestro linaje. En primer lugar, desde hace entre 7 y 6 millones de años, la adopción del bipedalismo, que es un modo de locomoción exclusivo de nuestros ancestros entre el resto de primates y que es la característica esencial que nos permitió llegar a ser humanos. En segundo lugar, nuestra extrema cerebralización, es decir, tener un gran cerebro relativo, en relación al tamaño corporal, en nuestro caso, cinco veces mayor que el que nos correspondería para nuestro tamaño corporal.

Este incremento en la cerebralización se produce a partir de hace dos millones de años, con la aparición del género *Homo*. En los primates, el crecimiento del cerebro se lleva a cabo esencialmente durante la etapa fetal. Por ello, desde las primeras especies de *Homo*, la cerebralización —que será muy intensa gracias a la diversificación de la dieta, con la incorporación de carne, y al uso de herramientas líticas— determinará, tanto por problemas obstétricos como por la creciente demanda energética sobre la madre, que los nacidos sean muy inmaduros al nacimiento: a diferencia del resto de primates, somos «altriciales secundarios», recién nacidos extremadamente dependientes.

Así, argumentamos que la contraposición evolutiva entre bipedestación y cerebralización articulará nuestra identidad como seres humanos en torno a la gestación, el parto y los cuidados de la madre y su recién nacido. En primer lugar, el parto —aunque sea «anticipado»— será difícil y requerirá de la ayuda de otros miembros del grupo, de tal manera que la figura de la partera no es solo universal en las poblaciones humanas, sino que debió de surgir quizás hace un millón de años, con *Homo erectus* (que es la especie que protagonizará el mayor crecimiento cerebral). En segundo lugar, la intensa cerebralización fetal y, tras el nacimiento, durante la lactancia determinó una demanda energética creciente y extraordinaria sobre la madre, que debió de ser satisfecha por medio de la provisión suplementaria de alimentos y cuidados por parte de su grupo. Finalmente, la creciente dependencia y vulnerabilidad de los nacidos requirió un compromiso del grupo con las madres y sus bebés, cada vez mayor a medida que el crecimiento se ralentizaba y los embarazos se espaciaban. La supervivencia del linaje se basará esencialmente en garantizar la supervivencia de sus nacidos.

### **Biocultural from the start: an evolutionary approach to human delivery**

Why is Biological Anthropology interested in human childbearing? Because this is the domain which best expresses our biocultural identity as species. Two evolutionary trends which characterize our heritage flow together at delivery. First, since between seven and six million years ago we have been bipeds, which is a way of locomotion exclusive to our ancestors (hominins) among the other primates and which enabled us to become human beings long after. Secondly, our extreme encephalization, to have a large «relative» brain, i.e., in relation to our body size, in our case, five times larger.

This increase in encephalization comes about two million years ago, when the genus *Homo* appeared. In primates, the brain grows essentially during the foetal period. Thus, since the first species of *Homo*, encephalization —which would be very intense thanks to a diversification in diet, which incorporated meat, and to the use of stone tools— was to determine that newborns are very immature at birth, both because of obstetric problems but also because of an increasing energy demand in mothers: Unlike the other primates, we are extreme helplessness at birth («secondary altriciality»)

We therefore argue that the evolutionary contrast of bipedalism and encephalization articulated our identity as human beings in the context of gestation, delivery, and maternal and newborn care. Firstly, delivery —even if considered «early»— was to be difficult and would need the help of other members of the group, so that midwives are not just a universal feature of human populations, but probably appeared a million years ago with *Homo erectus* (which is the species that will lead the greatest brain growth). Secondly, intense foetal encephalization and, after giving birth, during breastfeeding, imposed a growing and extraordinary demand on the mother's energy, which must have been met with a supply of supplementary food and care from the other members of her group. Lastly, the increasing dependence and vulnerability of the newborn led to a commitment of the group to mother and baby, an ever-greater commitment as growth slowed down and pregnancies were spaced out over time. The survival of our lineage came to be based essentially on guaranteeing the survival of the newborns.



## **La mortalidad materna por fiebre puerperal en España. Siglos XIX y XX**

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Puerperal infections have historically caused, and continue to cause, high maternal mortality. Although they have been described since the time of Hippocrates, the causes of this terrible "female epidemic" remained obscure until the second half of the 19th century.

For centuries, complex theories were developed to explain the origin of the disease, and the treatments used probably contributed to weakening and even ending the lives of the patients. The worst epidemics of "puerperal fever" occurred in maternity hospitals, while the numbers of women suffering from the disease after a home birth were much smaller. In this presentation we will focus on how the germ theory applied to puerperal infection was received in Spain.

In fact, the country's capital, Madrid, began to be known as the "city of death" at the end of the 19th century, due to the fact that its mortality figures were much higher than those of most European capitals.

In 1899, a midwife named Carmen Barrenechea Alcain wrote a pamphlet addressed to the Ayuntamiento de la Ciudad de la Muerte y los comadrones" (City Council of the "city of death" and the man-midwives"). In it, she accused the authorities of being responsible for the situation due to the health organisation of the city, which concentrated in the same figure, the midwife-surgeon, both the care of the sick and the care of childbirths. In his opinion, this situation was responsible for the very high mortality rate.

In particular, he complained, without giving his name, about a surgeon who did not believe in the germ theory despite being one of the leading gynaecologists of the time. Our research has revealed that he was referring to Francisco Cortejarena y Aldebó, president of the Spanish Gynaecological Society and one of its founders, who would later hold the highest position in the Spanish health hierarchy as director general of Health.

Even among those medical professionals who were more advanced, we will also see how they systematised some antiseptic treatments that only worsened the situation of most of the women treated, many of whom died in the early 20th century.

Finally, we will review the evolution of maternal mortality figures for puerperal infections in Spain during the 20th century, thanks to data from the National Institute of Statistics.