

‘Women’s Matters’

*Birth Control,
Prenatal Care,
and Childbirth
in Rural Montana,
1910–1940*

by Mary Melcher

In April 1920 Dovie Zehntner of Livingston, Montana, went into labor. It was “an awful year,” she recalled, “and our lane . . . the mud was awful deep in it.” When Dovie’s brother-in-law asked if he should fetch the neighbor woman or the doctor, Dovie told him, “go get Betsy.” Before Betsy could get to the Zehntner’s home, Dovie’s husband delivered the first of two babies. When the second arrived, Betsy was there to help twins and mother while father tied both navels.¹

Similar birth scenes were common among rural and working-class women in Montana well into the twentieth century. While women in northeastern cities were using doctors to aid with childbirth as early as the beginning of the eighteenth century, many Montana women, like other rural western women, relied on neighbors, midwives, and husbands to attend them in childbirth. Due to poverty, poor roads, a lack of trained physicians, isolation, extreme weather, or their own choice, women in the Rocky Mountain West often did not have qualified medical care and turned to each other for aid in giving birth, as a source for contraceptive information, and for help in aborting.²



Courtesy Ted Schye, Glasgow, Montana

Edith Edna Jewell (later Mendenhall), like other interviewees, experienced the loneliness of giving birth in isolated areas when Mary—in her mother’s arms with brother Frank nearby—was born during an eastern Montana blizzard in 1917.

This photograph of Rankin family babies was taken some fifteen years before Wellington decided his sister's birth control campaign embarrassed the family. Edna Rankin McKinnon, standing to the right of Wellington, holds her baby, Dorothy.



MHS Photograph Archives

Many women had little or no knowledge of proper prenatal care, and the advice they received was often misinformed. They were told, "don't hang clothes on the line or you'll tie a cord around the baby's neck," and "don't climb stairs." Dovie Zehntner said there were lots of things pregnant women avoided, but working was not one of them. She continued chopping wood and caring for animals when she was pregnant, as did Hazel Dorr, who worked throughout her pregnancies. Once, when she was pregnant, she was kicked in the stomach by a cow. She felt sick, but recovered after a visit to her doctor.³

Zehntner's and Dorr's reminiscences are drawn from thirty-eight oral histories of elderly Montana women interviewed between 1976 and 1989. The women were born between 1890 and 1905, and their childbearing years roughly spanned the years from 1910 to 1950. About one-third of the women were born in Montana, while the others had moved into the area from other states or foreign countries. The interviewees were working-class and middle-class women whose families had originated in Germany, Norway, Yugoslavia, Canada, Ireland,

and England. Of the thirty-eight, twenty-six lived in rural areas.⁴

The women's vivid descriptions of prenatal care, childbirth, and birth control practices show how the experiences of rural western women differed from those of their eastern counterparts as well as from upper-class women. Examining how issues of sexuality and childbirth were treated in the West increases our knowledge of women's reproductive lives and helps to clarify the relation of those experiences with other areas of activity—from family to community work.⁵ Such candid discussions, usually absent from nineteenth-century written sources, were obtained years later through oral history interviews. In the course of the interviews, the women discussed issues they probably would not have touched upon otherwise in diaries or letters. The fact that such information became available through interviews demonstrates the significance of oral history as a means of collecting information related to personal and family matters.

In 1900, about the time the interviewees were born, Montana still qualified as a frontier with

1. Dovie Zehntner, interview by Kathy White, October 26, 1976, Livingston, Montana, Tapes 44 and 45, Collection 49, Montana Women's Oral History Collective, Mansfield Library, University of Montana, Missoula (hereafter MWOHC).

2. Catherine M. Scholten, "On the Importance of the Obstetric Art, Changing Customs of Childbirth in America, 1750-1825," *William and Mary Quarterly*, 34 (July 1971), 426-46; Judith Walzer Leavitt, *Brought to Bed: Childbearing in America 1750-1950* (New York: Oxford University Press, 1986). Because they encountered greater difficulties in trying to control how their deliveries occurred, the experiences of Montana women differed from the middle- and upper-class women Leavitt describes.

3. Dovie Zehntner interview, October 26, 1976, MWOHC. Hazel Dorr, interview by Mary Melcher, June 25, 1981, Neihart, Montana, Tape 24, Collection 49, MWOHC.

4. Thirty-one of the interviews are in Collection 49 of the MWOHC and were conducted by Mary Melcher, Kathy White, and Eleanor Wend between 1976 and 1981. Indexes for these interviews are available in the Mansfield Library. Seven interviews were conducted by Mary Melcher in Mesa and Phoenix, Arizona, in 1989, and are in her possession. Several interviewees requested anonymity and are identified by fictitious first names. Their interviews are in the MWOHC, Collection 49, but cannot be identified by name or tape number. Women who released their interviews are referred to by their full names.

243,000 people scattered over 146,000 square miles, or 1.7 persons per square mile. By 1910 the state's population had grown to 2.6 persons per square mile, largely as a result of Montana's homesteading boom. Only 23,000 miles of roads—long stretches of which were impassable much of the year—crisscrossed the state. In this sparsely populated land, people made a living from three main sources—agriculture, mining, and lumber. In the western third of the state, the Rocky Mountains—rich in copper, silver, and lumber—were a pleasure to the eye and spirit, but were difficult to cross. In eastern Montana rolling hills and plains, broken by river valleys, seemed to stretch to the sky. Surrounded by subtle beauty, people farmed and ranched or lived in small towns and provided services for ranchers and farmers who grew wheat and raised cattle or sheep. In this arid land, at least 640 acres were needed for a family to survive.⁶

From 1910 to 1940, the state's economy was in flux as Montanans experienced severe drought, agricultural depression, bank failures, and the Great Depression. It has been estimated that between 1909 and 1918, seventy thousand to eighty thousand people came to eastern and central Montana, enticed by advertisements portraying the state as a land of plentiful rainfall. By 1922 at least sixty thousand had left, driven out by pitiful amounts of rainfall and a lack of knowledge about dryland farming.⁷

More than half of Montana's commercial banks failed from 1920 to 1926. Although banks throughout the country that had loaned money on war-inflated commodity and land values also were folding, the numbers were not as great as in Montana where eleven thousand farms were lost, farm mortgage indebtedness climbed to \$175,000,000 and the bankruptcy rate was the highest in the country. By the time the rest of the nation felt the impact of the depression, Montanans were already accustomed to tough economic circumstances.⁸ Women on farms and ranches affected by such economic conditions often could not afford professional medical care, and as noted, rural Montana women generally lacked knowledge about prenatal care or birth control.

The availability of effective birth control elsewhere in the nation during this period was erratic. Margaret Sanger coined the term birth control in

1915 when she began her campaign to bring to American women information about limiting families. In fighting the Comstock Law, which banned discussion of the topic, mailing of information about it, or importation of contraceptive devices, Sanger risked arrest and ridicule to publicize her message. She lectured, distributed pamphlets and magazines, and, in 1916, opened a birth control clinic in Brooklyn, New York, for which she spent one month in jail after being indicted for violating the Comstock Law. At her trial in 1918, she achieved a modicum of success when the judge interpreted the law broadly enough to allow doctors to prescribe birth control methods in New York state.⁹

Sanger was unsuccessful in other states where she campaigned for "doctors only" legislation to permit physicians to prescribe birth control. Still, sympathetic physicians did prescribe birth control even as many legislators and other doctors were reluctant to support contraceptive use. Not until 1937 did the American Medical Association support birth control, and as late as 1936 the great majority of medical schools provided little or no training about contraception. Only in cities where birth control clinics existed could a small proportion of American women secure reliable, women-controlled contraceptives.¹⁰

In Montana Edna Rankin McKinnon, sister of Jeanette Rankin, the nation's first Congresswoman, attempted to distribute contraceptive information in 1937. Newly converted to the cause of birth control, McKinnon enthusiastically began her campaign but soon encountered resistance to birth control among both ordinary women and medical professionals. She discussed the subject in public meetings and shocked her audience, but a few women did ask questions.

Most doctors in the state refused to support birth control publicly, and none was willing to establish a clinic. Stung by lack of support, McKinnon met even stronger resistance from her brother Wellington Rankin, a prominent attorney. He feared her work would embarrass the family and undermine his own prestige. The combined opposition of her brother and

5. Since the early 1970s women's historians have argued that women's reproductive roles are highly significant in the female historical experience. See Juliet Mitchell, *Woman's Estate* (New York: Vintage Books, 1973), 101; Gerda Lerner, *The Majority Finds Its Past* (New York: Oxford University Press, 1975), 155-56; Linda Gordon, *Woman's Body, Woman's Right: A Social History of Birth Control in America* (New York: Grossman Publishers, 1976), xiii; John D'Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America* (New York: Harper and Row, 1988).

6. K. Ross Toole, *Twentieth Century Montana: A State of Extremes* (Norman: University of Oklahoma Press, 1972), 22. Montana's population dropped from 548,889 in 1920 to 537,606 in 1930, then gradually increased to 559,456 by 1940. *Bureau of the Census, Sixteenth Census of the United States: 1940: Population*, Volume 1 (Washington, D.C.: Government Printing Office, 1942), 615.

7. Toole, *Twentieth Century Montana*, 26-30.

8. *Ibid.*, 80-92.

9. Gordon, *Woman's Body, Woman's Right*, 220-36, 249-55.

10. *Ibid.*, 267-70; D'Emilio and Freedman, *Intimate Matters*, 243-44.



Courtesy of Ted Schive, Glasgow, Montana

Edith Edna Mendenhall
(née Kelly) as a young woman

the medical community forced McKinnon to abandon the struggle in Montana after six months. She moved to Tennessee where she found greater support for her efforts.¹¹

The lack of medical support for birth control, combined with a general belief that sex should not be discussed, prevented many Montana women from getting reliable birth control information. Those who were less inhibited learned of what frequently were questionable contraceptive methods from neighbors, relatives, friends, and helpful nurses and doctors. Women taught each other to use diaphragms, douches, and various spermicides, one of which was coal oil. Mary Schye's mother tried a "golden thimble," a pessary made of metal and inserted by a doctor, but developed a vaginal infection. Another woman learned from her sister-in-law to make a gummy mixture which served as a makeshift sponge. She succeeded with this mixture but discussed it very little because "it was tabooed" to limit one's family. Other women controlled reproduction through abstinence and the rhythm method. Some denied using any method and said they wanted as many children as the Good Lord gave them.¹²

11. Wilma Dykeman, *Too Many People, Too Little Love; Edna Rankin McKinnon: Pioneer for Birth Control* (New York: Holt, Rinehart and Winston, 1974), 45-50.

12. Mary Melcher interviewed Dorothy Sweeting Stepper about her mother, Katherine Yost Sweeting, March 8, 1989, Mesa, Arizona, and Mary Schye about her mother, Edith Mendenhall, March 7, 1989, Mesa, Arizona, in author's possession. Dona Corr, interview by Mary Melcher, December 19, 1980, Missoula, Montana, Tape 8, Collection 49, MWOHC; Hazel Dorr interview, June 25, 1981, MWOHC; Lettie Cook, interview by Mary Melcher, June 25, 1981, Neihart, Montana, Tape 57, Collection 49, MWOHC; Anonymous interviews, MWOHC.

One ranch woman, who had only two children, practiced a form of birth control that she could not or would not describe. She limited her family, she said, "because when you had so much work to do, you can't do all of it. So the children were the minor thing." Many women wanted birth control to make their homework easier rather than to escape it. They were not rebelling against the traditional female role, but they were attempting instead to perform better within it.¹³

Although they lacked competent medical help for using the best contraceptives such as diaphragms, Montana women generally were using most of the methods available throughout the country. Despite the unreliability of contraceptive methods, lack of medical help, and questionable information, most of the interviewees had five or fewer children, suggesting that they achieved some success with contraceptives while also practicing abstinence.¹⁴

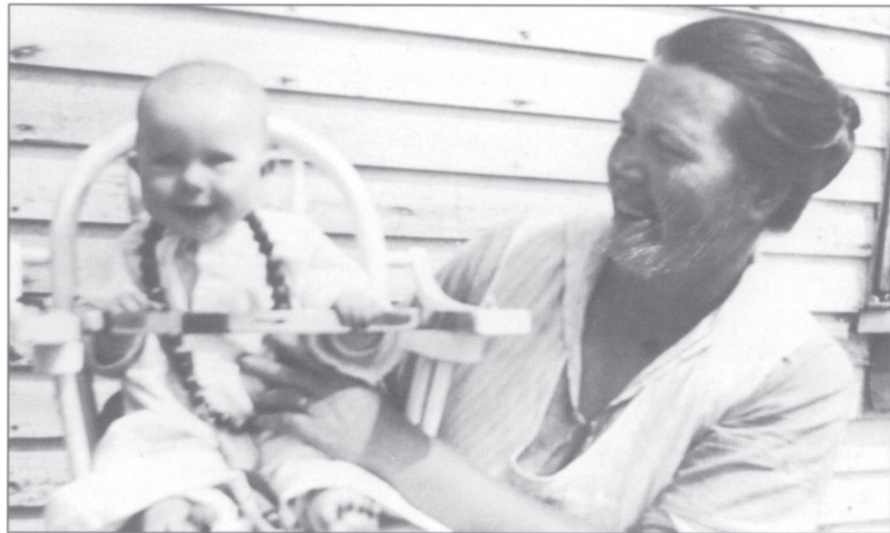
For some women, abortion was a last resort. In both the nineteenth and twentieth centuries, American women commonly used abortion to stop unwanted pregnancies. Abortion was legal until the 1870s when a coalition of medical doctors and religious authorities lobbied for legislation to limit the practice. Prior to that time, ending a pregnancy before "quickening" (when the mother felt fetal movement) was commonly acceptable. In the mid-nineteenth century, American women may well have aborted at least one of every five pregnancies.¹⁵

Abirth control laws were passed in the 1870s. Moreover, the public was unwilling to prosecute, and juries unwilling to convict, either abortionists or the women who consciously ended their pregnancies. As contraceptives became more reliable, women used abortion less frequently until the 1930s when, it has been estimated, poverty drove women to abort as many as one in four pregnancies.¹⁶ One woman who lived on a ranch in western Montana in the 1930s described how

13. Anonymous interview, MWOHC; Gordon, *Woman's Body, Woman's Right*, 322-23. Sandra L. Myres, *Westering Women and the Frontier Experience, 1800-1915* (Albuquerque: University of New Mexico Press, 1982), 154. Myres found that nineteenth-century western women used a variety of contraceptive methods, including spermicidal douches, the vaginal sponge, condoms, and coitus interruptus.

14. Fertility rates of nineteenth-century farm women, like those of women in urban areas, dropped throughout the century. See Richard A. Easterlin, "Factors in the Decline of Family Fertility in the United States: Some Preliminary Research Results," *Journal of American History*, 63 (December 1976), 603.

Women in northern Montana were fortunate to have the trained nursing skills of Katherine Sweeting, playing with her baby, Phyllis, in 1922.



Courtesy Phyllis Sweeting Trang, Billings, Montana

she ended two pregnancies because she and her husband had no money. Alice, a strong pro-choice advocate in her eighties when interviewed in Arizona, discussed her motivation for having abortions in 1930 and 1932 when she was a young ranchwife:

I became pregnant when we were just wretchedly poor, not abjectly poor because there was plenty to eat but there was no money for clothes and so forth because you couldn't sell anything to bring in any money. So that was a great handicap—tragedy—to become pregnant. I was determined and my husband was with me on it, that we wouldn't bring children into the world unless they had a chance at a decent life. And we couldn't even begin to pay a doctor's bill, let alone [the] hospital and the rest of it.¹⁷

To find an abortionist Alice contacted a pharmacist in a mining town nearly one hundred miles from the couple's ranch. The pharmacist was a friend of her family, and Alice knew that prostitutes came to him for medicine. He assured Alice that a woman he knew performed safe, clean abortions. He made an appointment for her, and she went to what she later discovered was a brothel. The slim, older-looking prostitute inserted into her uterus sterile packing, which she expelled later along with the embryo. Alice suffered no side effects and visited the woman for a second abortion in 1932. Each operation cost \$100. Because of negative feelings toward abortion in her community, Alice discussed the situation only with her mother, who supported her because she, too,

believed bringing children into impoverished homes was wrong. When Alice and her husband were established and secure in 1940, she became pregnant again and gave birth to a daughter. In 1942 she delivered a second baby girl.

In later years Alice heard of a rancher's wife in her community who had been a prostitute before marriage and had performed abortions. Occasionally she also had helped neighbor women end unwanted pregnancies. Midwives and a few doctors also performed abortions, while some women induced abortions themselves using crochet hooks, knitting needles, heavy lifting, coat hangers, turpentine drinks, and phisophex douches.¹⁸

In contrast to the liberal views of Alice and a few others toward abortion, several of the Montana women who were interviewed expressed disapproval. Although aware of abortion incidences, some who discussed the topic were unsympathetic toward women who interrupted pregnancies and toward people who helped them do it.¹⁹

In 1916 Viola Paradise and other members of the Children's Bureau, a federal agency established in 1912 to study maternal and infant care, surveyed an eastern Montana county to determine the health of mothers and infants before, during, and after delivery. Paradise did not name the county but said it was sparsely populated and isolated; had poor roads; a total lack of telephones; experienced hostile weather; and lacked physicians, nurses, and hospitals. Visiting 463 mothers in an area larger than the state of Connecticut, Paradise and a co-worker found that three-fourths of the women had no prenatal care at all; eighty-six received

15. James C. Mohr, "Patterns of Abortion and the Response of American Physicians, 1790-1930," Judith Walzer Leavitt, ed., *Women and Health in America* (Madison: University of Wisconsin Press, 1984), 117-19.

16. *Ibid.*, 119-22.

17. Anonymous interview by Mary Melcher, Phoenix, Arizona, in author's possession.

18. Diane Sands, "Using Oral History to Chart the Course of Illegal Abortions in Montana," *Frontiers*, 7 (1983), 32-37.

19. Dovie Zehner interview, October 26, 1976, MWOHC. Dona Corr interview, December 19, 1980, MWOHC. Other women who had anonymous interviews stated the same view, MWOHC.

inadequate care, and only twenty-two had “fair” prenatal care. One-third of the women surveyed had attempted to learn about prenatal care from books and magazines. Because of their isolation, the report concluded, rural Montana women received health care at times worse than that of urban poor.²⁰

In addition to inadequate prenatal care, the Montana women Paradise surveyed also frequently lacked professional or even competent care at the time of delivery. Summarizing the kind of care the women said they had received at childbirth during the five years preceding the survey, Paradise reported:

One hundred and four mothers left the area for childbirth. Of the 359 who remained only 129 were attended by a physician. In other words, almost two-thirds of these mothers had to meet the ordeal of childbirth without competent medical care. Forty-six, or more than one in eight, were delivered by their husbands. Three were quite alone.

Many women suffered serious complications during pregnancy or delivery, and eight women died. Compared to other rural areas, Paradise concluded that not only the county surveyed but Montana generally “has a very bad record of maternal losses.”²¹

All American women, not just those in western rural areas, commonly feared death in childbirth at the turn of the century. It was not an unrealistic fear. Deaths associated with childbirth occurred sixty-five times more often in 1900 than in 1980, with approximately one mother in every 154 dying in connection with live births. One historian has estimated that one of every thirty mothers delivering an average of five live babies could expect to die in childbirth during her fertile years.²²

Like women throughout the country, women in Montana experienced difficult presentation, prolonged labor, and lacerations, but often contended with these crises without competent care. One mother was in labor for three days, then experienced fainting spells for an hour. Another woman

suffered a bad laceration which was not repaired. For nearly three weeks she could not get out of bed, and it was many weeks before she could walk around the house. Many other women hemorrhaged severely following delivery.²³

One woman plagued with hemorrhages and weakness for several months of her pregnancy, also suffered from a severe, unrepaired laceration from a previous confinement. During the sixth month of her pregnancy, she saw a doctor who said she needed hospital attention. Her husband, however, was unpersuaded that the natural function of childbirth could be dangerous. During her confinement she had no labor pains but hemorrhaged excessively. They sent for a doctor, who arrived after a twenty-four-hour journey of thirty-five miles. With instruments, he delivered a stillborn baby that had been dead for at least four days. When the mother also died seven days later, the doctor said he believed her death was caused by blood poisoning from the dead fetus.²⁴

Another mother labored for three days with a baby presenting in a breech position. Her doctor finally ordered her to travel by automobile over rough roads to the nearest hospital—115 miles away. Because of her weakened condition, a Caesarean section could not be performed, and a very large stillborn baby was delivered with instruments. The mother died the following day of exhaustion.²⁵

Considering the quality of their care, it is not surprising that women feared for themselves or their neighbors when pregnancy neared delivery. One hundred and eighty-one of the mothers in the Children’s Bureau survey were attended by women, most of whom were untrained neighbors or relatives. Women cared for each other. Often they were afraid and full of misgivings, but as one woman remarked, “a woman can’t be left alone at such a time,” so “one neighbor does it for another out here.”²⁶

Because of poor roads, rugged geography, and severe winter weather, rural Montana women often had little opportunity to choose who would be on hand when they delivered. In other parts of the nation in the early twentieth century, many surrounded themselves with chosen companions as labor and birth neared. Not so in Montana, where half of the twenty-six rural interviewees described

25. *Ibid.*, 44.

26. *Ibid.*, 32. Katherine Harris, “Homesteading in Northeastern Colorado, 1873-1920: Sex Roles and Women’s Experience,” Susan Armitage and Elizabeth Jameson, eds., *The Women’s West* (Norman: University of Oklahoma Press, 1987), 165-78; Julie Roy Jeffrey, *Frontier Women: The Trans-Mississippi West, 1840-1860* (New York: Hill and Wang, 1979), 69.

27. Leavitt, *Brought to Bed*, 206-7; Leavitt, *Women and Health in America*, 155. Leavitt stresses the importance of three main components in childbirth: assistance, choice, and safety.

20. Viola Isabel Paradise, *Maternity Care and the Welfare of Young Children in a Homesteading County in Montana* (Washington, D.C.: Government Printing Office, 1919), 10, 12.

21. Paradise, *Maternity Care and the Welfare of Young Children*, 13-14.

22. Leavitt, *Brought to Bed*, 23-25.

23. Paradise, *Maternity Care and the Welfare of Young Children*, 40.

24. *Ibid.*, 43.

Although “lying-in” rooms and homes changed birthing procedures in the 1920s and 1930s, many rural women could not get to such facilities as Grace Hospital in Glendive, Montana, in time.



MHS Photograph Archives

having assistance from neighbors, husbands, and midwives at delivery. For many women, the person who performed the delivery was less a matter of choice than of expedience in an emergency.²⁷ Mary Schye’s own birth illustrates how an early spring snowstorm could lay waste to the best-made birthing plans. She explained:

When I was born, they said there was a terrible storm, March 27 [1917], and my father rode the fenceline all night trying to get to town to the doctor. The neighbor, Mrs. Babrosky, she was the midwife. She delivered me.²⁸

During times of great stress such as miscarriage or childbirth, western women sometimes turned to each other more than to physicians. Kristina, a Norwegian immigrant, had a doctor who she said was “more of a horse doctor.” She hemorrhaged following the birth of a daughter, but the doctor did not care for her properly or sew her wound. Later she had to have an operation to repair the damage.²⁹ In her memoirs, published as *A Bride Goes West*, Nannie T. Alderson recalled miscarrying when the nearest doctor was one hundred miles away. One of her hired hands said she needed a doctor, and she replied, “I don’t want a doctor. I want a woman.” Her neighbor, one of five women in the area who cared for each other in emergencies, came to her.³⁰

Katherine Y. Sweeting, a trained nurse, moved with her new husband to homestead in northern Montana in 1917. During the 1920s and 1930s, she assisted many women in childbirth, and neighbor

men commonly knocked on her door at all hours to ask for her services when their wives went into labor. Sometimes she received meat or vegetables for her efforts, but she usually worked without pay of any kind. Women helped in childbirth much as people assisted each other in building barns and digging wells.³¹ “I delivered four babies, by myself . . . with God,” Annie Knipfer remembered. “That was where we learned what neighbors meant.”³²

Unlike midwives in Europe, most American midwives were not professionally trained. A few schools for midwives existed in the northeast and the Midwest at the beginning of the twentieth century, but their course of instruction was poor. Excellent schools in New York City, Chicago, and Saint Louis trained only a small percentage of all midwives. Most midwives received only a smattering of education focusing on how to manage normal confinements and when to call a doctor. They were unfamiliar with modern obstetric techniques and usually allowed nature to take its course. Despite their paucity of professional education, American midwives had lower mortality rates in the early twentieth century than general practitioners because they had more practical experience and did not use interventionist methods which often caused problems for physicians. Midwives’ practices were generally limited to friends and relatives who paid a very small amount, usually less than half that collected by general practitioners. In addition to attending the expectant mother, midwives performed a variety of household services not required of a physician.³³

28. Mary Schye interview, March 7, 1989, author’s possession.
 29. Anonymous interview, MWOHC.
 30. Nannie T. Alderson and Helena Huntington Smith, *A Bride Goes West* (1942; reprint, Lincoln: University of Nebraska Press, 1971), 200-201.

31. Dorothy Stepper interview, March 8, 1989, author’s possession.
 32. Annie Knipfer, interview by Kathy White, August 25, 1976, Broadus, Montana, Tape 28, Collection 49, MWOHC.
 33. Judy Barrett Litoff, *American Midwives, 1860 to the Present* (Westport, Conn.: Greenwood Press, 1978), 27-30.

Catherine Hayes Murphy was a midwife, whose only training was having had ten children herself. She was motivated by a strong Catholic faith and her belief that neighbors should be interdependent.³⁴ Most interviewees who were midwives came from farms and ranches, but Katie, who lived in Milltown near Missoula, also delivered babies for her friends and neighbors. Possessing an innate nursing skill, Katie said she gradually gained practical experience.

You talk about it and you study and you learn as you go along. You feel the pulse in the cord and when it quits pulsating you tie it. . . . You did the best you could when you were in a place where you had coal or wood stoves and the water had to be brought in. You tried to make it so there wouldn't be infection . . . you'd take a piece of cloth and iron it until it was scorched, sterile as you could make it, then put it around the navel.

Often Katie walked in hip-deep snow to deliver winter babies. She helped in the mothers' homes but had children of her own so could not stay away for long. She never received pay for her services. "Everyone was so desperately poor," she said. "You wouldn't have thought of pay. You helped one another." Once she assisted a pregnant woman who had been kicked in the stomach by her husband and had given birth prematurely. Katie wrapped the newborn girl in homespun woolen blankets and placed hot-water bottles nearby to keep her warm. Another woman said that a premature infant was placed in a shoebox and warmed by jars of hot water, methods used by trained physicians and lay people alike.³⁵

As Katie's experiences demonstrate, some town women continued to use midwives well into the twentieth century. Barbara, of Anaconda, remembered calling on a Croatian midwife to assist her in five deliveries from 1925 to 1941. Due to choice or poverty some town women preferred the services of midwives, but the great majority of town informants used the services of a physician. Ten of the twelve interviewees who lived in towns from 1910 to 1940 had a doctor in attendance while giving birth, much like eastern women.³⁶

34. Joe Murphy, interview about his mother, Catherine Hayes Murphy, by Mary Melcher, March 16, 1989, Mesa, Arizona, in author's possession.

35. Anonymous interview, MWOHC. Helen Murphy, interview about her father, Dr. James Bradbury, by Mary Melcher, March 16, 1989, Mesa, Arizona, in author's possession.

36. Anonymous interview, MWOHC.



Courtesy Helen B. Murphy, Mt. Vernon, Washington

Her Catholic faith sustained Catherine Murphy, standing near her home in Jordan, Montana, in 1920, during her ten deliveries and as she helped neighbors during childbirth.

While the majority of Montana midwives simply assisted their friends and neighbors when called, some operated maternity houses to serve women in a specific area. Many of these women worked with physicians, others were on their own. In the country near Jordan in east central Montana, a Mrs. Baker ran a maternity home where women stayed when ready to give birth. Following common practice of the time, the women stayed in bed for at least one week after giving birth. Other midwives worked with doctors in maternity homes in Montana cities and towns.³⁷

The training and methods of Aino Hamalainen Puutio, a Finnish midwife, contrast with the limited practical experiences of many Montana midwives. Midwife Aino immigrated to America in 1911 and soon moved to Montana where she practiced midwifery in and around Butte and later in Red Lodge. Pregnant women contacted Aino during the middle of their pregnancies to reserve her services. She gave her patients instructions on diet, proper rest, and physical activity. Near the end of their pregnancies she examined the women externally and instructed them in preparing their beds for delivery:

Several layers of newspapers were to be placed directly on the mattress, if waterproof covers were

not available. Clean sheets, including a drawsheet, and blankets were to be used in making the bed. The baby's bassinet was most often a wicker wash basket lined with clean soft blankets or sheets; a soft pillow was usually the baby's mattress.³⁸

Midwife Aino packed her straw satchel a day or so before the expected delivery. She carried linen towels; sterilized instruments, including forceps, scalpel, scissors, catheter, and thermometers; linen cord; several rolls of cotton; a small alcohol lamp with a wick; sterile nurse's aprons; and a wooden hollowed-out instrument used as a stethoscope. She also took along silver nitrate to place in the newborn's eyes, rubbing alcohol, disinfectant, and birth certificates.³⁹

When Aino assisted a woman in delivery, other members of the family were not allowed in the room. The husband was available to call a physician if Aino needed assistance. Following the delivery, she stayed with the new mother as long as necessary, then visited each day of her patient's confinement, bathing the baby and providing bed care. Her fee for delivery was fourteen dollars. She sometimes collected a couple of lambs, chickens, or pigs in lieu of her fee.⁴⁰

Half of the rural women interviewed used the services of a neighbor or midwife in labor and delivery while the remainder chose a doctor's care. Several women who chose doctors could afford to pay for their services and lived in areas where competent physicians were available. But some women who believed they were soliciting more experienced professional care were sadly surprised by the incompetence of rural "quacks." Training of physicians in the early twentieth century involved little or no practical experience and often taught physicians to rely too heavily on forceps and other forms of intervention.⁴¹

In addition to poorly trained physicians, nurses also could give poor care. Frieda, a German immigrant, lost her first child while being attended in a hospital by a nurse. "They just let me suffer it out," she said. "They told me to hold my breath when I had a pain." Her baby was stillborn.⁴² Another woman, Sophie Guthrie, said a "quack" tried to deliver her baby too quickly. She ordered him out of the house because he told Mr. Guthrie not to listen to Sophie if she became hysterical. Having had other children, she felt experienced enough to rely on her own instincts. She had her

baby with only her husband's assistance.⁴³

Many other women reported that doctors provided good care. In the rural area near Willow Creek, Dr. James Bradbury attended many women in childbirth, none of whom died, although a few babies did not live. Describing her father's work, Helen Bradbury Murphy said, "Babies were the best crop that was around." Dr. Bradbury, who had been trained at Northwestern University in Chicago, provided no prenatal care, believing pregnancy was a natural experience that required no intervention. Frequently he was called at all hours to attend women in childbirth and often accepted payment in kind. Unlike most midwives in America, he used forceps and opium when necessary to ease in a delivery.⁴⁴

Montana women who lived miles from experienced physicians sometimes traveled to their home states to be attended by familiar doctors. Sara O'Connor followed her husband from Missouri to northeastern Montana to homestead in 1917. After spending a winter in a one-room shack with her husband and two children, she decided to return home in the spring because she was pregnant. She considered the country too wild and did not believe any doctor could attend her. Sara remained in Missouri for over a year after giving birth, hoping her husband would give up homesteading life. Eventually she was the one to give in and return to him. Later she gave birth to another child in a hospital in Miles City.⁴⁵ Other rural women traveled to town several weeks or a month before their time of delivery. If a hospital was not available, they stayed with friends and relatives until they gave birth and during their period of bed rest.

As demonstrated by some of the women's experiences, childbirth remained hazardous in the early twentieth century even for those served by professional caregivers. Hospital births, attended by nurses and doctors, became increasingly attractive to middle-class American women in the 1920s and 1930s. Many physicians and women believed by this time that hospitals provided superior birthing conditions. Hospitals could offer the newest technological and scientific methods to aid women giving birth while affording patients

37. Joe Murphy interview, March 16, 1989, author's possession.

38. Arlene Harris, "An Early Day Montana Midwife," (n.p., n.d.), 1, 2.

39. *Ibid.*, 3.

40. *Ibid.*, 3-4.

41. Leavitt, *Brought to Bed*, 142-70.

42. Anonymous interview, MWOHC.

43. Sophie Guthrie, interview by Kathy White, August 1976, Livingston, Montana, Tapes 20 and 21, Collection 49, MWOHC.

44. Helen Murphy interview, March 16, 1989, in author's possession.

45. Ruth O'Connor Butz, interview about her mother, Sara O'Connor, by Mary Melcher, March 16, 1989, Mesa, Arizona, in author's possession.

46. Leavitt, *Brought to Bed*, 171.

47. *Ibid.*, 180-94.

48. Nancy Schrom Dye, "History of Childbirth in America," *Signs: Journal of Women in Culture and Society*, 6 (Autumn 1980), 98.

comfort and freedom from domestic duties. New ideas concerning germ transmission and the benefits of a sanitary environment also enhanced the appeal of hospitals.⁴⁶

Despite the promise of a sanitary environment and trained physicians, maternal death rates did not decrease during the 1920s and 1930s. The rate of postpartum infection actually rose throughout the 1920s as more women gave birth in hospitals. Regulation of obstetric practices increased during the next decade, after the medical profession investigated the failure of physicians to provide safe, sanitary hospital environments. Physicians also began using antibiotics to treat infections and transfusions to replace blood lost by hemorrhaging. Fifty-five percent of American births took place in hospitals by 1940 and 88 percent by 1950.⁴⁷

Childbirth history in America can be said to fall into three periods. In the earliest period, what has been termed the “social childbirth” era, which lasted until the late eighteenth century, women cared for each other and were attended by midwives and female relatives. In the second period—from the late eighteenth century through the early decades of the twentieth century—a long transition occurred from “social childbirth” to medically managed birth when physicians gradually replaced midwives. In the third period, during the remainder of the twentieth century, the medical profession consolidated management of the process.⁴⁸

Because of Montana’s isolation, rugged land, severe weather, and small population, women often were attended by midwives, husbands, and doctors at home until the 1940s. While the majority of mothers outside the Rocky Mountain West

relied on physicians during this period, Montana women labored and delivered under conditions similar to those experienced by women elsewhere in the nineteenth-century. Even those conditions were tempered for Montana women when bad weather or poor roads prevented them from gathering their friends around them for the birth of a child. Complications in childbirth also were more serious because of the great distances separating ranches and towns. Additionally, Montana women had no access to birth control clinics and only limited access to sympathetic physicians who might prescribe contraceptives.

Despite, or perhaps in response to, these difficulties, many Montana women, like other isolated western women, aided each other in various ways. They shared information about birth control, helped abort unwanted pregnancies, and provided care in labor and delivery. Rural women “learned what neighbors meant” when they gave birth or miscarried. Untrained women, serving as midwives with no thought of compensation, represented one more example of a frontier ethic in which neighbors assisted each other in difficult situations. Although doctors aided many women in childbirth, Montana women were extremely dependent upon each other in times of emergency, making sisterhood a powerful force in rural Montana. *M*

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Mrs. Chamberlain’s contented and freshly-bathed baby snuggles in the arms of friend and helper, Hilma Alberta Hanson, in Coloma, Montana, about 1896.



MHS Photograph Archives