5 ‘Safe’ Delivery and Recovering from Birth

> Oh Lord, this daie is a gloomie daie, a bitter time and terrible houre, a daie (or night) of anguish and tribulation, of sorrowe and perturbation, vnto the verie soule of thine hand-maid: for the babe is come vnto the place of the birth, and lo, it seemeth that thou for my sins has shut vp the dores of my wombe, and caused the babe to stand still like to be stiffled.

This prayer composed by Thomas Bentley was to be read aloud during labour either by the birthing woman herself or those around her. One can imagine the low chants of the birthing woman’s female family members, instructing her that not only was her child created by God but the descent of the baby in the birthing canal was governed by Him too. Below them, male family members might hear melodic traces of Bentley’s description of the utter agony of birth as well as her screams. The mother might read out: ‘How long shall I suffer the paines of the birth, and the anguish of the travel? How long Lord shall my bowels thus sound like an harpe, my bones and sinews be racked asunder, and mind inward parts be thus greevouslie tormented for my sins?’ She longed for the baby to be born alive so that she could ‘set it on my knees, and giue it sucke with my brests’.[1]

This prayer was in a popular anthology of prayers and meditations for women called *The Monument of Matrones*. Bentley was a student at Gray’s Inn and a church warden, and his compilation offered women prayers for each stage of the lifecycle, although childbirth made up a notable third of the prayers in the volumes.[2] Whilst the prayer makes it clear that delivery was unthinkably painful, the prayers after birth were decidedly more celebratory.

[1] Thomas Bentley, *The Fift Lampe of Virginitie: Conteining sundrie forms of Christian praiers and meditations, to bee vsed onlie of and for all sorts and degrees of women, in their seuerall ages and callings; as namelie, of Virgins, Wiues, Women with child, Midwiues, Mothers, Daughters, Mistresses, maids, Widowes, and old women* (London: 1582), 115. See also: Colin B. Atkinson and William P. Stoneman, ‘“These Griping Greefes and Pinching Pangs”: Attitudes to Childbirth in Thomas Bentley’s The Monument of Matrones (1582)’, *Sixteenth Century Journal* 2 (1990): 192–203.

[2] Colin Atkinson and Jo B. Atkinson, ‘Subordinating Women: Thomas Bentley’s Use of Biblical Women in “The Monument of Matrones” (1582)’, *Church History* 60, 3 (1991): 289–300.

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Indeed, one might judge them to expressly and explicitly forget the pain and peril of pregnancy and birth. One to be said at a woman's churching, for example, thanked God for 'thy so great benefits shewed vnto me, in pulling me out of the pit-brinke of death, easing and releeuing all my wofull sorrowes, labours, pangs, and most greeuous throwes, bitter anguishes, & vnspeakable paines'. Despite being close to death, once the child was born, she would 'forget all hir paines, not remembering them anie longer, and to rejoice, for that she hath brought foorth a child into the world'.[3]

If one was just to read Bentley's poems, without recourse to family paperwork or practitioners' casebooks, one might assume that the difference in tone between pre- and post-natal poems reveals that the period after delivery was a wholly celebratory one and that the difficulties of getting and staying pregnant and birthing were quickly forgotten, especially after churching, a ceremony in which newly delivered women gave thanks to God and supposedly went back to her normal physical, emotional and social self. Indeed, many historians have emphasised the conviviality of the days, weeks and months after birth. Laura Gowing notes that the 'focus of the social ritual which surrounded new mothers shifted from pain and fear to thanksgiving and celebration'.[4] Adrian Wilson has postulated that only 1.5–2.5 per cent of births were 'complicated' (either obstructed or with 'major complications') in the seventeenth century, and the older claim that early modern women were particularly aware of the dangers of delivery is misplaced.[5] Emphasising the social experience, David Cressy notes that the 'performance' of baptism and churching ceremonies 'secured a ritual closure to the extended process of childbearing'. He notes that these ceremonies connected the 'semi-secret domestic world of women and childbirth with the public ecclesiastical and communal business of religion'.[6] This chapter suggests that looking at family paperwork renders Bentley's vision simply an ideal. Recovering from childbirth was often long, painful and although not always life-threatening, it could be life limiting, in ways that did not always reflect well on families. The women in Bentley's poems were 'new female Protestant heroes' and their behaviour represented proper behaviour. Medical writers shared this vision of recovery from birth and anticipated that within months, women would be physically and emotionally capable of conceiving again. Even though elite families had far more in their arsenal than those lower down the

[3] Bentley, *The Fift Lampe of Virginitie,* 120.
[4] Laura Gowing, *Common Bodies: Women, Touch and Power in Seventeenth-Century England* (New Haven, CT: Yale University Press, 2003), 172.
[5] Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660–1770* (London: Routledge, 1995), 18; Adrian Wilson, 'The Perils of Early Modern Procreation: Childbirth with or without Fear?', *British Journal of Eighteenth Century Studies* 16 (1993): 2.
[6] David Cressy, *Birth, Marriage, and Death: Ritual, Religion, and the Life-Cycle in Tudor and Stuart England* (Oxford: Oxford University Press, 1997), 197.

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socio-economic spectrum, these religious and medical expectations were still out of kilter with the reality of women's bodies and minds after birth. The assumption in prescriptive works that birth ought to be painful but bearable and that women needed no more and no less than a month to languish after birth before returning to their former selves formed a kind of script that individuals writing diaries and letters were influenced by.

This chapter critically interrogates what recovery meant to early modern writers and families in generation, and how they experienced it. The preacher Caryl Joseph encapsulated the ambition of medical experts in the period when he described 'perfect recovery' from disease as there being 'no scar, nor print, no dregs, nor appearance of his former disease seene upon him'.[7] Hannah Newton has argued that complete removal of disease and full restoration of strength were obvious and achievable destinations for early modern people after a period of ill health or instability.[8] In contrast, scholars in disability studies have pointed to the ways in which the normativity of 'able-bodiedness' can foster untenable fantasies of health and ability, and that in some senses, all bodies are 'wounded' and fall short of ideals.[9] Complete and timely recovery from childbirth was then a normative construct that people defined their experiences in compliance with or in opposition to. This chapter reinforces Newton's findings that recovery was what birthing women sought and, often, expected, but contrastingly shows that this framework did not always adequately explain their bodily, emotional and social experiences after birth. This could be frustrating and lead to domestic and familial disorder. Childbearing was of course not an invariably difficult or torturous experience in the early modern period, but we do women a disservice when we imbibe and reiterate the narratives of prescriptive religious and medical authorities uncritically. It was in the interests of the Church and families to represent childbearing as unproblematic. In the same vein, to elite families, the details of recovery from childbirth were often far less interesting than the question of when women might be able to conceive again and perpetuate the family further.

Torment, Peril and Pain in Birth

The pain that women experienced was a central theme in the accounts that devout female diarists created for posterity and the family archive. Here, their

[7] Cited in Hannah Newton, *Misery to Mirth: Recovery from Illness in Early Modern England* (Oxford: Oxford University Press, 2018), 231.
[8] *Ibid.*
[9] See, for example: Allison P. Hobgood and David Houston Wood, 'Ethical Staring: Disabling the English Renaissance', in *Recovering Disability in Early Modern England* (Athens: Ohio University Press, 2013), 1–22; Simi Linton, *Claiming Disability: Knowledge and Identity* (New York: New York University Press, 1998); Tobin Siebers, 'Disability as Masquerade', *Literature and Medicine* 23, no. 1 (2004): 22–65.

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forbearance often served to highlight their devotion to God and to carrying out their maternal and familial duty. Alice Thornton described the 'great & excessiue torment & Perill of my Life' she experienced in birthing her second child, Naly. The baby's neck and shoulders became 'stuck' for a full hour.[10] When she gave birth to her fourth child, Katherine, in 1656, she noted that she was in labour for a whole week 'very strong, in somuch that I indured more in that time & in the extreamity then of my other' and she resigned herself to the fact she might die.[11] In the meditations of Elizabeth Egerton, countess of Bridgewater, she described the pain that she expected to feel. She begged God would have 'compassion on me in the great paine I am to feele in the bringing forth of this my Child'. She hoped he would not levy any more than she was able to 'beare'.[12] In contrast, single women told courts that they had been unaware they were pregnant and that their infant had simply slipped from them without pain or commotion. These births, in Gowing's terms, were 'shamefully easy'.[13] Like suffering in illness or infirmity, for the hotter sort of Protestant, the pain of childbirth might be contextualised as a direct test from God and a sign of being part of the elect, and was to be welcomed, accepted and borne patiently.

In family correspondence written by men, however, this pain was often taken for granted or seen as inevitable. Often these letters summarised the whole experience of labour as one in which the woman had been 'safely delivered', a phrase borrowed from the prayer said at the 'Thanksgiving' ceremony 'it hath pleased Almighty God of his goodness to give you safe deliverance' in childbirth. The phrase 'brought a bed' or 'to bed' was also often used. Both left out the details of what women felt or experienced during their pangs, how long the delivery was or whether it had caused potential lasting injury that might complicate their recovery. Charles Cheyne, for example, told his brother-in-law in 1656 that his wife was 'well and safely brought to bed of a daughter'.[14] When Oliver St John, of the aristocratic Bedfordshire family, had a daughter, Francis Thornhough, his brother-in-law, congratulated him on the 'safe delivery' of a child.[15] Nehemiah Wallington described in his diary how his wife, Grace, had been 'in great paine' with childbirth, which continued for a full day until 'it pleased God to

[10] Alice Thornton, 'Meditations', BL, Add MS 88897/1, 135. [11] *Ibid*., 144.
[12] Elizabeth Egerton, 'Devotional Pieces by Elizabeth, Countess of Bridgewater', BL, Egerton MS 607, fol. 25r–25v.
[13] Laura Gowing, 'Secret Births and Infanticide in Seventeenth-Century England', *Past & Present* no. 156 (1997): 99.
[14] Charles Cheyne to Viscountess Mansfield, 18 May 1656, University of Nottingham Library, Portland Papers, PW1/84.
[15] Francis Thornhough to Oliver St John, 13 October 1674, Bedfordshire and Luton Archives and Record Service, J1469.

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give her safe deliverance of a Daughter'.[16] Framing birth in this way focused almost exclusively on the outcomes of generation – the survival of child and mother – with little interest in the journey to recovery and restoration that women faced. When Anne Wentworth wrote to her husband, Thomas, describing the birth of her first child, once she was granted the 'Liberty' by the famous man-midwife Doctor Chamberlen (which her mother-in-law petitioned for, as we heard in Chapter 4), she noted that her cousin and 'Sister Betty' perceived her to be 'much perter and brisker than I used to be & they tease me all day long to know what has happen'd to me to delight me so much.' Isabella's petitioning, it seems had, in Anne's opinion, worked out for the best.[17] Four weeks after she gave birth, she told him in a letter filled with other family details that she had done her 'Lying in' and was going to see Queen Anne, who was the child's godmother. She had been churched ten days prior.[18]

Birth lists in diaries, account books and recipe books also often prioritised facts over detail or experience in creating records of actual delivery. Isabella Twysden wrote in the blank leaves of her almanac that she was simply 'brought a bed of a boye' 'betwene one and 2. in the morning'.[19] George Langton recorded on 14 May 1690 that 'John was born about 4 of ye clock in ye morning & Christned ye 22th [sic]', and on 6 May 1696, 'between 12 & 1 in the morning', his son Bennet was born. Sir Edward Dering recorded on 8 February 1656 that his 'wife was deliuered of a boy', and then on 12 February, 'He was named Charles.'[20] Being safely delivered, or even just delivered, was not the same thing as being recovered, which Thornbough hinted at in his follow-up wish that God would 'still continue good unto' Oliver's wife 'in restoring her to her former strength'.[21]

[16] Nehemiah Wallington, 'A Record of Gods Marcys', 13 October 1622, *The Notebooks of Nehemiah Wallington, 1618–1654: A Selection*, ed. David Booy (Aldershot: Ashgate, 2007), 55.

[17] Anne Wentworth to Thomas Wentworth, 24 March 1712/1713, BL, Add MS 22226, fol. 109. See also 13 March 1712/1713, fol. 97 and 17 March, 1712/1713, BL, Add MS 22226, fol. 101.

[18] 27 March 1712/1713, *ibid.*, fol. 115.

[19] Isabella Twysden, in John Booker, *Mercurius Coelicus: sive Almanack, et Prognosticon, Vel* speculum, almanac (London: 1647), BL, Add MS 34169, fols 2r and 3r. It appears that either Isabella retrospectively recorded these events from 1644/1645 in her 1647 almanac, or that she had these previous entries bound in instead of the normal blank leaves that printers offered.

[20] George Langton's almanac, Richard Saunders, *Apollo Anglicanus, The English Apollo: Assisting All Persons in the Right Understanding of this Years Revolution, as also of things past, present, and to come* (London: 1690), Lincolnshire Archives, Lincoln, MASS 28/1, unfoliated; George Langton's almanac, *Cardanus Rider, Riders (1696) British Merlin: Bedeckt with many Delightful Varieties, and Useful Verities, Fitting the Longitude and Latitude of all Capacities within the Islands of Great Britain's Monarchy* (1696: London), Lincolnshire Archives, MASS 28/2.

[21] Francis Thornhough to Oliver St John, 13 October 1674, Bedfordshire and Luton Archives and Record Service, J1469.

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Childbearing guides of the period rarely ruminated on what labour felt like beyond being simply painful, either because it was uninteresting or an uncomfortable prospect. Given the duration and intensity of most deliveries, it seems striking that most authors described contractions as 'throws' or 'pains' without more expansion. These sensations were described in ways that might make a reader who had never seen or felt labour before assume that these pains were constant and unchanging throughout delivery. This may of course have been because male authors had never set foot in a birthing chamber. Elsewhere, even when the writers claimed to have attended many births or even experienced birthing themselves, these pains were presented as being minor enough to not hinder normal activity. Jane Sharp pithily described how when women had 'come to their Labour' and they felt their 'Throws coming', they should 'walk easily in her Chamber', lie down, keep herself warm and then move to facilitate the 'waters coming down and the womb to open'. Other women should not let her lie in bed too long, and they should 'refresh' the labouring woman with broth, eggs, bread or wine; 'cheer her up with good words' and stroke her 'belly above her Navel gently with her hand'.[22]

Several things, however, seem to be missing from this account. One cannot help but wonder how an early modern woman, or midwife, distinguished between early pains and what we now might term 'active' labour? If a woman was to take herself to the birthing chamber and keep herself warm, who exactly was meant to refresh her, cheer her and stroke her? Was it the midwife, the women around her or a nurse, or as we have heard in Chapter 4, did it not really matter to medical writers as long as this care was carried out? The continual reference to the necessity of cheering women hints at the emotional difficulties of labour and delivery that women no doubt faced, without a recognition of how frightening and traumatic this experience might be and how recovery involved not just physical restoration but a more wholistic return to self. When the author of *Every Woman Her Own Midwife* described how 'pangs of childbearing' would 'increase more and more' just before delivery, and it was at this point that the midwife should anoint the womb with oil of camomile and white lilies, one is left wondering what this stage of labour might look or sound like?[23] Why are authors so pithy on this subject in comparison to the ink spilt on setting out the most desirable diet and conduct of pregnant women leading up to this point?

[22] Jane Sharp, *The Midwives Book Or the Whole Art of Midwifry Discovered*, ed. Elaine Hobby, Women Writers in English 1350–1850 (Oxford: Oxford University Press, 1999), 145.

[23] *Every Woman Her Own Midwife, or, A Compleat cabinet opened for child-bearing women furnished with directions to prevent miscarriages during the time of breeding* (London, 1675), 10.

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The authors of childbearing guides it seems were overly optimistic about women's sprightliness during delivery. *Aristotle's Master-piece* described how when the 'time of Birth' was 'drawing near', the woman should 'prepare a Pallet-Bed or Couch, and place it near the fire', along with a change of linen and a 'small Cricket or little Log' to rest her feet against. This was to allow 'the Midwife and her Assistants' to easily pass around 'and help on every side as occasion requires'. She should 'expect the coming down of her water' and the 'Womb to open and dilate it self'.[24] There was no mention of what it felt like for a womb to 'open and dilate' or to sense a baby descending. William Sermon's encouragement that midwives should ask their patients 'Whether they have pains, and in what manner they are where they begin, and where they end' but that they ought to remember that 'it would be almost a miracle to see a woman delivered without pain' points to why the gradients and complexities of sensations were of little interest to the authors of childbearing guides.[25]

Pain, in this sense, was represented as instrumental in delivery. Added to this, it was figured as a key part of birth as redemptive for Eve's sins.[26] Not only did the rhythmic pressure of contractions drive the baby out, but these sensations were often the baby 'kicking' its way out too. Robert Barret instructed midwives to 'make as much use as you can of the woman's own pressure' because if you 'discourage or prevent her bearing down, all her pains will vanish; and so the child perish locked up in the passage'.[27] When Elizabeth Bessy, a midwife, was accused of misconduct by Agnes Fisher whose baby had died shortly after delivery in 1631, Bessy defended herself by saying that Agnes herself was responsible for the child's death because she had refused to lean into her pains. The birthing woman was 'so dull and slow in her pains and so unapt or unwilling to help herself and to set forward the production of her child', causing the baby to be born 'very weak and feeble'.[28] By refusing to centre the details of the sensations of labour, the authors of childbearing guides relegated pain as an inevitable, necessary and unremarkable part of having a baby.

This is why childbearing guides were not overly concerned with trying to lessen or manage aches. It was only in the eighteenth century with the popularity of laudanum and other opiate concoctions that physicians became

[24] *Aristotle's Master-piece; Or, The Secrets of Generation Display'd in all the Parts thereof* (London, 1697), 160

[25] William Sermon, *The Ladies Companion, or, The English Midwife* (London, 1671), 97.

[26] Genesis 3:16, King James Bible.

[27] Robert Barret, *A Companion for Midwives, Child-bearing Women, and Nurses Directing them how to Perform their Respective Offices: Together with an Essay, Endeavouring to Shew the Influence of Moral Abuses upon the Health of Children* (London, 1699), 29.

[28] Patricia Crawford and Laura Gowing, eds., *Women's Worlds in Seventeenth-Century England* (London: Routledge, 2000), 193–194.

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interested in trying to lessen labour pain. Even then there was substantial debate about whether it was appropriate for childbirth. William Giffard wrote in 1734 that laudanum ought only to be used to relieve 'those false and irregular pains which often afflict women' and not regular contractions that were productive for birth.[29] Thomas Dawkes, the surgeon, wrote in 1736 that it was important to distinguish between colic and 'true' labour pain, the latter of which was productive, the former could be relieved.[30] Even in the eighteenth century, there was a pervasive belief that pain was a normative, necessary and redemptive part of giving birth.

Indeed, one might say that pain was strongly linked to proper and legitimate birth in a way that delivering quickly and easily was linked to immoderate sexual conduct. This was perhaps one reason why elite families rarely sought analgesic measures for birth in ways that have survived the historical record. Added to this, although prior to the Reformation people of all levels of society may have made use of apotropaic objects like girdles, eagle stones or textual amulets hung around the neck or stomach, these were increasingly seen as popish and unbefitting for more ascendant and well-educated families.[31] Shifting from venerating Mary to Eve encouraged women to pray directly to Christ rather than an intercessor, which meant that saints relics were also frowned upon.[32] In some instances, obtaining or proffering relics for the purpose of relieving pain in childbirth could even warrant an accusation of witchcraft. In the 1590s in Scotland, Agnes Samson, a midwife, offered Euphemia Maclean a bored stone, a rock with a hole in the middle thought to have magical powers. She was told to put the stone under her pillow and her husband's shirt under her bed to ease her suffering during labour. Agnes also offered Euphemia a 'Inchantit mwildis', the finger, toe or knee joints of a disinterred corpse. These objects and Euphemia's acceptance of pain relief was evidence that she was a witch, a crime for which she was subsequently hanged.[33] The practice of using objects to relieve pain, however, as with other remnants of pre-Reformation worship in material culture and the landscape,

[29] William Giffard, *Cases in Midwifery Written by the late Mr William Giffard, surgeon and man-midwife. Revis'd and publish'd by Edward Hody* (London: 1734), 329; Thomas Denman, *An Essay upon Natural Labours* (London: 1786), 17.

[30] Thomas Dawkes, *The Midwife Rightly Instructed* (London: 1736).

[31] Róisín Donohoe, '"Unbynde Her Anoone": The Lives of St. Margaret of Antioch and the Lying-in Space in Late Medieval England', in *Gender in Medieval Places, Spaces and Thresholds*, ed. Victoria Blud, Diane Heath and Einat Klafter, IHR Conference Series (London: University of London Press, Institute of Historical Research, 2019), 139–156.

[32] Mary E. Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England* (Oxford: Oxford University Press, 2004), 50.

[33] S. Lurie, 'Euphemia Maclean, Agnes Sampson and Pain Relief during Labour in 16th Century Edinburgh', *Anaesthesia* 59, no. 8 (2004): 834–835.

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were not always rejected swiftly or cleanly.[34] Thomas Lupton's 1579 *Book of a Thousand Things* included a great many remedies for childbearing including objects that could be tied next to the body, similar to girdles.[35] In a 1694 pamphlet by a 'Physitian in the countrey' that advertised the many virtues of the maldiva nut (now more commonly known as coco de mer) supposedly a new import from the 'Indies', the author described how 'Persons of the best Quality in India' tied it around their neck and placed into wine or other alcohol to ward against poison and 'Infections'. Its other use was that it could speed up delivery, so much so that in Spain it was called the 'Egyptian midwife' owing to the long-standing narrative that Hebrew women gave birth quickly and easily.[36] The Conway family, if we recall, were keen to locate an eagle stone in 1658, but they begged for discretion lest people judge them for being superstitious.[37]

That is why it is hard to come by remedies to alleviate pain in domestic receipt books too: both because pain was seen as medically and religiously important. Instead, recipes were framed as being able to 'ease', 'help' or 'hasten' delivery. Not explicitly mentioning pain relief, one imagines, may have allowed elite women to circumvent the Church's valorisation of painful labour as redemptive, whilst simultaneously achieving some measure of relief. Elizabeth Egerton, who hoped God would enable her to withstand the pains of childbirth at the beginning of this chapter, kept 'the Earl of Chesterfeilds Powder' in her recipe book to be used when the child was 'stick in ye birth' or if a woman's 'paines' abated, if the child was dead or if the 'after birth stay behind'. It should be administered when the midwife 'thinks fit'. Egerton wrote 'this hath don[e] much good' underneath the recipe.[38] The unmentioned secondary impact would surely have been to bring the torturous pangs to a swifter end. Another was a 'Cordiall to be taken in labor and for after paines and any faintness in lying in for hesterical fits'.[39] Similarly, a remedy in Jane Jackson's book supposedly quickened delivery by using the horse grease to fumigate the woman's privities, rather than making more comfortable.[40]

[34] See, for example: Alexandra Walsham, *Reformation of the Landscape: Religion, Identity, and Memory in Early Modern Britain and Ireland* (Oxford: Oxford University Press, 2011).
[35] Fissell, *Vernacular Bodies*, 50.
[36] *Some observations made upon the maldiva nut shewing its admirable virtue in giving an easie, safe, and speedy delivery to women in child-bed/ written by a physitian in the country to Dr Hinton at London, 1663* (London: 1694), 6–7.
[37] Edward Conway to Major Rawdon, 12 October 1658, Sarah Hutton and Marjorie Hope Nicolson, eds., *The Conway Letters: The Correspondence of Anne, Viscountess Conway, Henry More, and Their Friends 1642–1684* (Oxford: Oxford University Press, 1992), 152–153.
[38] Lady Brilliana Harley, 'Medical recipes', Egerton MS 2214, fol. 4v. [39] *Ibid*., fol. 5r.
[40] Jane Jackson, 'A very shorte and compendious Methode of Phisicke and Chirurgery', WL, MS 373, fol. 52r.

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Other recipes specify that they are to be taken during difficult or protracted labours, but similarly steer clear of mentioning pain. Anne Glyd, for example, included one concoction for 'a Woman To Take in Trauell' and 'in hard trauell'. Further remedies expressly intensified pain – 'To Caus pains when a woman cannot be deliuered', one of which was to have the woman drink a porringer of her husband's urine, which she noted she had done with success herself.[41] Others optimistically promised a 'good Labour' – one in an anonymous recipe book was to be taken 'morning and night, for three weeks before you are brought to Bed'.[42] In 1691, Robert Bunn asked the Somerset apothecary-surgeon, John Westover, for 'a medicine to facilitate her labour in childbirth' for two shillings and six pence.[43] Only the commonplace book of Edmund Kershaw, a middling-sort Lancashire man, contained a treatment for a woman to be 'deliuered of Childbirth without paine' that involved holding a root of basil and swallowing a feather 'wn shee is in trauell, she shall be deliuered by & without any paine'. Its resemblance to older pre-Reformation habits of tying objects around the body during labour is notable.

Pain was perceived as an acceptable part of birthing by early modern medical and religious authors. Even if it was torturously sore, labour pangs were seen as necessary and instrumental in delivery. Given the prominence of pain in descriptions of religious devotion and redemption, it is not surprising that there is little direct evidence of elite families seeking to dull the suffering of delivery. To do so would not only contravene divine will, but also potentially threaten one's heavenly ascent.

Expectations for Recovery

Although religious and medical writers expected birth would hurt, they also assumed that this pain and suffering would only last a month, and that it was concerning if women continued to bleed or feel unwell beyond this time. This was conditioned by the Judeochristian tradition of considering women impure for a month after birth and an accompanying ritual of cleansing. In England in the medieval and pre-Reformation era, the ceremony continued to be one of 'Purification' as well as one of thanksgiving for survival, but nevertheless marked the end of the experience of childbearing. After the Reformation, the 1552 Book of Common Prayer re-designated this ceremony as 'Thanksgiving' or 'Churching'.[44] Early modern medical authors gestured to Leviticus' and the

[41] Anne Glyd, 'Her Book 1656', BL, Add MS 45196, unfoliated.
[42] '17th century recipe book', Firestone Library, University of Princeton, RTC01, MS 214, 9.
[43] William G. Hall (ed.), 'The Casebook of John Westover of Wedmore, Surgeon, 1686–1700', in *Wedmore Geneaology Pages*, www.tutton.org/, fol. 120v, last accessed 10/10/2020.
[44] David Cressy, 'Purification, Thanksgiving and the Churching of Women in Post-Reformation England', *Past & Present* 141 (1993): 106–146.

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Old Testament edict that women needed to bleed for a month or longer after birth and connected this to classical medical traditions. In doing so, authors avoided writing about this kind of blood loss in direct connection to the religious ceremony of purification whilst simultaneously stressing that excretion was central to survival and future health. Physicians largely believed that a woman was recovered once she had bled away the remnants of pregnancy. Although there were increasingly denominational differences in the period – notably with staunch puritans shunning Churching – we can see that the medical framework persisted in the ways families thought about postpartum bodies and 'their' month.

The blood lost after birth was called lochia and was described in manuals as highly toxic. It was menstrual blood that remained in the womb and 'filled daily more and more till the Birth' with the infant's sweat and urine to create a 'foul liquor.[45] Medical authors used the same terms to describe this bleeding after birth as they did for menstruation: 'them', her 'terms', 'flowers', 'courses' or the 'flux', and they were interested in setting out rules for how long or how much women should shed. Sharp explicitly drew on both religious and classical authorities. She cited Leviticus and the proposition that women would bleed for thirty-three days after giving birth to a boy and sixty-six after a girl, but also gestured to Hippocrates' calculation that women would bleed for thirty days for a male child and forty-two for a female.[46] The French physician Jacques Guillemeau calculated that women ought to lose thirteen pints as she had nine periods worth each of a 'pint and a half' to lose. She ought to bleed a pint in the first days after delivery, but he too thought Hippocratic time frames were also instructive.[47] When this bleeding was profuse or extended beyond the month it was deemed problematic. 'Flooding', sudden, heavy haemorrhagic blood loss, therefore, was described by Pechey as 'a more dangerous accident' than any other in bearing children. This was because even after 'nothing remains behind in the Womb' (placenta or lochial blood) but the blood 'notwithstanding continues to flow', depleting the woman in question of her vital spirits. He recommended blood-letting to draw blood away from the womb.[48] These kinds of treatments entrenched an understanding of recovery from childbirth as primarily involving the loss of matter from pregnancy, and

[45] John Pechey, *A General Treatise of the Diseases of Maids, Bigbellied Women, Child-bed Women, and Widows together with the best methods of preventing or curing the same* (London: 1696), 84.

[46] Sharp, *The Midwives Book Or the Whole Art of Midwifry Discovered*, 179.

[47] Jacques Guillemeau, *Child-birth or, The Happy Deliverie of Women Wherein is set downe the government of Women* (London: 1612), 222. See: Cathy McClive, *Menstruation and Procreation in Early Modern France* (London: Routledge, 2015), 89 for a discussion of eighteenth-century calculations of the quantity of menstrual blood that needed to be shed after childbirth.

[48] Pechey, *A General Treatise of the Diseases of Maids*, 158.

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then the cessation of excretion once this blood had been removed. These conflicting calculations often sat side-by-side without resolution. In these prescriptive accounts, although this process was meant to take a month, they rarely explicitly mentioned the ceremony of Churching, which marked the end of this period of menstruation.

Lochial bleeding was instigated by the removal of the 'after birth', 'after burden', 'secundine', 'womb cake' or placenta. *Aristotle's Master-piece* and *The Compleat Midwifes Practice* told midwives they could get the placenta out by 'wagging and stirring' it.[49] Sharp warned against cutting the navel cord of the baby too hastily without holding it steadily because the womb was liable to snatch it back and 'hid there with the Secundine'.[50] The retention of the whole or part of the placenta was particularly concerning in the eyes of medical writers. Pechey described how difficult labour, the thickness of the baby's caul (amniotic sac), the mother experiencing 'violent passions of the Mind', poor posture during delivery, the overly large and 'lusty' size of the child, 'Coldness of Air', or if perfumes were administered that 'allured the womb upwards' too soon after the birth could all cause the womb to hold fast to the whole or part of the placenta.[51]

The consequences of a retained placenta or insufficient bleeding after birth were perceived to be dire by medical writers. Being improperly or partially 'cleansed' of lochia after birth was, in Pechey's terms, 'one of the worst Symptoms that can befall a Woman in Child-bed'.[52] Immediately after delivery, 'they should come down plentifully'. If they did not, the woman would suffer from a 'putrid fever', nausea, fainting spells, shaking, frenzy, a desire to 'eject something' along with a 'sense of heat and pain'. Finally, the corrupting matter within her would emit a 'cadaverous smell'.[53] The 'Coldness of the extream parts' was the last sign before convulsive fits led to death.[54] Simon Forman explained that frenzy arose out of those who 'have not their Courses well', which made the womb 'ful of melancholy and burnte blod' which ascended to the brain.[55] To kickstart or intensify bleeding, the patient could be given wormwoom, glysters and other 'opening herbs'. She might be chafed from the 'groines down to the very ankle-bone', have her blood let and not given too much to eat to save her life.[56] All this meant women were warned that they were 'in as great danger if not more, after the young is born' than during labour and delivery, but again only until they had bled sufficiently.[57]

[49] *Aristotle's Master-piece*, 140.
[50] Pechey, *A General Treatise of the Diseases of Maids*, 155–156. [51] *Ibid*., 155.
[52] *Ibid*., 161. [53] *Ibid*., 156. [54] *Ibid*., 165–166.
[55] Cited in: Philippa Carter, 'Childbirth, "Madness", and Bodies in History', *History Workshop Journal* 91 (2021): 37.
[56] *Aristotle's Master-piece*, 90–91.
[57] Pechey, *A General Treatise of the Diseases of Maids*, 155–156.

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The somewhat myopic focus of childbearing authors on excretion to recovery from childbirth makes sense when we consider the ways in which menstruation was framed as fundamental to women's health more generally in the period.[58] A woman's 'flowers' could provide an additional form of excretion in recovering from disease and could hasten the Hippocratic-Galenic moment of 'crisis' – a positive point in recovering from illness.[59] So too did bleeding mark a transitional turning point in the restoration of health and self after birth.

For this reason, women and their families expressed considerable concern in their diaries and correspondence when bleeding either ceased prematurely or was deemed to be insufficiently heavy. Awareness of this imperative also frequently compelled them to seek the help of medical professionals. The Anglican minister Isaac Archer noted in his diary two weeks after the birth of his son, William, that his wife Anne was 'grievously sick, and faint' because of 'some noxious and venomous impurities that nature should have cleansed her of'.[60] Her condition was grave and her were parents sent for and the family prepared for her death. Anne took boiled herbs and 'by degrees her fitts went away, and nature did it's (sic) office, without any other physick'.[61] In 1638, Hannah, the wife of the Northamptonshire puritan lawyer and diarist Robert Woodford, consulted Dr Gourdon 'for advice' a month after she gave birth; he prescribed a purge.[62] Hannah's birth had been complicated. Robert recorded in his diary that the midwife had determined that the infant had lain 'crosse' the womb 'a great while' in delivery. A day later, Robert thanked God that his wife's 'physic' had been successful.[63] John Cotton wrote to the Bedfordshire physician John Symcotts in c. 1656 asking him for 'abstersive [purgative]

[58] Wendy D. Churchill, *Female Patients in Early Modern Britain: Gender, Diagnosis, and Treatment* (Farnham: Ashgate, 2012), 93–123; Gianna Pomata, 'Menstruating Men: Similarity and Difference of the Sexes in Early Modern Medicine', in *Generation and Degeneration: Tropes of Reproduction in Literature and History from Antiquity to Early Modern Europe*, ed. Valeria Finucci and Kevin Brownlee (Durham, NC: Duke University Press, 2001), 109–152. See also: Patricia Crawford, 'Attitudes to Menstruation in Seventeenth-Century England', *Past & Present* 91, no. 1 (1981): 47–73; Jennifer Evans, '"Gentle Purges Corrected with Hot Spices, Whether They Work or Not, Do Vehemently Provoke Venery": Menstrual Provocation and Procreation in Early Modern England', *Social History of Medicine* 25, no. 1 (2012): 2–19; McClive, *Menstruation and Procreation in Early Modern France*; Sara Read, *Menstruation and the Female Body in Early Modern England*, Genders and Sexualities in History (Basingstoke: Palgrave, 2013).

[59] Pomata, 'Menstruating Men', 137–138.

[60] Isaac Archer, 13 June 1672, 'Diary', Cambridge University Library, Add 8499 G, 154. For more on the role of 'Nature' in early modern medical cultures, see: Hannah Newton, '"Nature Concocts and Expels": Defeating Disease', in *Misery to Mirth*, 33–64.

[61] Archer, 'Diary', 154.

[62] Robert Woodford, 10 October 1638, *The Diary of Robert Woodford, 1637–1641*, ed. John Fielding (Cambridge: Cambridge University Press, 2012), 246.

[63] *Ibid*., 11 October 1638, 246.

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Physicke' three weeks after his wife had given birth 'for though shee finds her selfe very well, yet I thinke after such a time it will not bee a misse to use evacuation'.[64]

Twenty-four-year-old Anne Jackson, the wife of a minister, consulted John Hall, a Stratford-upon-Avon physician and son-in-law of Shakespeare, in May 1630 because 'after childbirth, as she was not well purged'. She had suddenly fallen 'into a severe frenzy with no other illness appearing'. She was 'enraged, chiefly with those whom previously she had most loved, though she spoke much about religion'. He did not visit her in person, so prescribed by message a series of purges, and towards the end, instructed her to place a chicken cut in half on top of her head and radishes sprinkled with rose vinegar and salt on her feet 'to draw away the humours'. This regimen apparently had 'happy success' and she supposedly returned to complete health.[65] Cecily Hopper sought Hall's help because 'the products of conception' were 'retained and corrupted' within her. She was expelling them in 'foul-smelling pieces'. Hall copied out a passage from Rüff's *De Conceptu*, explaining that this foul smell was ascending to her 'stomach, heart, liver, diaphragm and in consequence to the brain', causing headache, collapses and cold sweats with the threat of death.[66] With a plaster and an ointment for the womb, she was 'freed' from all her symptoms within 24 hours.[67] Likewise, Mrs Chandler, the second wife of a prosperous merchant, William Chandler, consulted Hall five days after giving birth with 'an erratic fever' and 'frequent shivering, hot spells and rigors day and night'.[68]

Women consulted the astrologer-physicians Richard Napier and Forman regularly to trigger or intensify bleeding too. Joan Dean consulted Napier in April 1633 three months after she had given birth but had already sought treatment in the form of blood-letting and purgatives. She complained that she had not bled since 'she lay in'. It is unclear whether she meant that she had not resumed menstruating or she thought that she had yet to bleed away the full remnants of pregnancy. She was 'Very cold' and 'Full of melancholy & has mind for nothing nor husband nor child.'[69] Goody Prior's 'natural courses' [period] had stopped a week after birth in 1632, when she consulted Napier.[70] Mercy Fish gave birth in early May 1628 and had only had one or two periods when she consulted Napier towards the end of June, despite being let blood to

[64] John Symcotts, 'Symcotts family medical letters and case books 1628–92', X 125, 326, Bedfordshire and Luton Archives and Records Service, Bedford, fol. 17.
[65] CASE149, Greg Wells, trans., *John Hall Master of Physicke: A Casebook from Shakespeare's Stratford* (Manchester: Manchester University Press, 2020), 230–32.
[66] Carter, 'Childbirth, "Madness", and Bodies in History', 47.
[67] CASE151, Wells, *John Hall Master of Physicke*, 234. [68] CASE28, *ibid*., 101.
[69] CASE76882, CB. [70] CASE75795, CB.

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facilitate menstruation. She had fits and pain in her side and 'knoweth not what'.[71]

Medical authorities' expectations of recovery meant that lochial bleeding beyond a month was also perceived as a problem. Mary Barnes asked Hall for help for 'excessive red menstrual flow a month after giving birth'. Hall's prescription of hartshorn shavings with a drink in the morning meant she 'immediately felt relieved, completely restored and cured'.[72] Elizabeth Randolph described how there was 'too much Flux of her Courses' after giving birth, along with 'Wind in the Stomach.' She was prescribed alum in red wine, an astringent applied externally and internally to slow the bleeding. In one case, Hall was explicit that Lady Sandys consulted him 'after her Purification' or Churching, yet she continued to bleed through haemorrhoids.[73] In 1691, John Pitte purchased medicine 'for his wife for the imoderat flux of her blood or childbead purgations' for one shilling from the Somerset apothecary-surgeon John Westover.[74]

Alice Thornton similarly recorded in her manuscript meditations how concerned she was that she continued to bleed 'four or five ounces of blood' through haemorrhoids every day twenty weeks after giving birth to her fifth child. It is worth bearing in mind that lots of different kinds of vicarious bleeding could be considered to be menstrual or lochial. Thornton consulted a physician and travelled to Scarborough to take the waters in the hope this would go some way to remedy the 'excessive losse of blood and spirits, in childebed'.[75] Her physician warned that her condition was potentially fatal and would prevent her from conceiving again. Thornton termed her long, difficult struggle back to health her 'childebed', including labour *and* the period of time in which she was unwell after birth, pointing to the ways that temporalities of prescriptive frameworks did not adequately describe women's experiences of recovery. Bleeding too little and too much after birth were both worrying in the view of medical authorities, but for very different reasons. Retaining the placenta and lochia led to fever and frenzy,[76] whilst those who bled too much became depleted and weak. Bleeding too long after childbirth threatened to rid women of their spirits and energy.

Domestic recipe books also contained remedies both to intensify bleeding the month after birth, and halt it following this period, corresponding to the priorities of steadily excreting for a month and then stopping set out in

[71] CASE66415. See also: CASE63685, CASE66124, CB.
[72] CASE55; Wells, *John Hall Master of Physicke*, 130–131. [73] CASE37, *ibid*., 114–115.
[74] John Westover, 2 January 1691, 'The Casebook of John Westover of Wedmore, Surgeon, 1686–1700', William G. Hall (transcriber), www.tutton.org/content/Westover_journal.pdf, fol. 107v, last accessed 25/03/2025.
[75] Thornton, 'Meditations', 155–156.
[76] Carter, 'Childbirth, "Madness", and Bodies in History'.

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childbearing guides. Frances Springatt and others' recipe book contained 'Mrs Tassells cawdle to bring away the After berth or any part left behind' and one to stop 'An immoderate flux of the Redds'.[77] As lochia was understood as menstrual blood, it is difficult to separate the wealth of remedies that sought to regulate periods alongside that which might manage bleeding after birth. Jane Jackson's 'Against too much flowres of women or the superfluitie thereof' and two others that promised to do the same thing might have been used both by women seeking an end to long and heavy periods, or those seeking to manage lochial bleeding. Similarly, one to 'cause a woman haue her flowers to haue her flowers that bee destroyd' could have had a similar double use.[78]

Postpartum bodies were, in the words of *Aristotle's Master-piece*, expected to be 'disordered' as if they 'were out of frame' until they had bled sufficiently.[79] This understanding was so dominant, however, that it often did not leave space for the ways that women might continue to *feel* disordered or out of frame after this month despite meeting the requirements of recovery contained in prescriptive ideals. A month after Mary Verney gave birth, her physician, Dr Denton, wrote to her husband, Ralph, to tell him that she was 'churcht [churched] & well, but lookes ill enough'.[80] Being 'well' in this context meant she had stopped bleeding.[81] Denton's comments expose the dominance of humoral understandings of health to recovery from childbirth. Mary no doubt felt as ill as she looked, but as long as she had returned to her former self in a humoral sense, her physician was unconcerned. As we shall see, prolonged and precocious recoveries were perceived as abnormal.

Prolonged Recoveries

Although women were meant to bleed after birth for four to six weeks, during which time they expected to feel progressively better before the excretion ceased, a great many did not experience recovery in this way. Recovery was complicated and could be impeded by all manner of social, emotional and physical interruptions. Pain, discomfort, disability and fatigue could plague women for months and months after delivery. Three weeks after Mary Verney gave birth to a son in 1647, she told her husband that although the baby was well 'for my self I am so very weak that ontell (until) yesterday, since I was brought to bed, I have neavor been able to sitt up ann hower at a time'. She was

[77] Frances Springatt & others, 'Recipe book, 1686–1824', WL, MS 4683, fols 204v and 231r
[78] Jackson, 'A very shorte and compendius Methode of Physicke and Chirurgery', fols 89r and 101r.
[79] *Aristotle's Master-piece*, 157.
[80] Dr Denton to Ralph Verney, 4 July 1647, Frances Parthenope Verney, ed., *Memoirs of the Verney Family during the Civil War* (London: Longmans, 1892), 272.
[81] Read, *Menstruation and the Female Body in Early Modern England*, 164.

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'so tormented with pains' in her head that if she sat up for more than a quarter of an hour, 'it puts me into such sweates as I am not able to endure itt'. If only her headache would subside, she thought she would be able to 'recover' her 'strength apace'.[82] After the birth of her first child, which died hours after birth, Thornton suffered from a fever and ague that lasted three months, after which she suffered from jaundice for another six months. In total, she was unwell for '3 q[uarte]r of a yeare full out'.[83] Even after she considered herself to have recovered, she noted that it was a full three months after this that she was able to conceive.[84] Two days after being churched, Mary Smith, of the Bristolian Smyth family, had an 'unlucky fall' and injured her back. She was confined to 'bed and chamber almost another monthe, I was so yell [ill] I feared some bone was amisse, but now I find it brused'. In a letter to her brother, she told him 'this beinge the furst day I haue bein out of doors sense crismas'. Even when she left the house, she stressed to her brother 'I think I shall feele it agood while' and apologised for her poor handwriting, which was a result of her afflictions.[85] Recovery from childbirth, these women recognise through experience, was not solely bound up with whether or not they had bled sufficiently. It took much more than excretion to return women to their former selves within their families and communities.

Elizabeth Walker, wife of the puritan minister, Anthony, suffered from a sickness that lasted 'almost a quarter of a Year' and brought her 'very low' after giving birth. She was so sick that she had one or two people watching over her every night and had a constant stream of neighbours and relatives visiting. Anthony, Elizabeth's husband, published extracts of her diary that he claimed to have stumbled upon after her death. He was so impressed with her forbearance and exemplary life that he was compelled to share 'such Tryals' so that they might be 'useful to other Women, Wives, and Mothers in like Tryals'. Elizabeth had, in her husband's opinion, 'travailled in pain', birthing and caring for her infants in a way that was without fanfare or virtue signalling.[86] Anthony described how she was uncomfortable with having to stay in bed beyond her lying in and soon as she was left alone, she would sit up and pray. Elizabeth was the antithesis of bawdy women in ballads who used the month after lying-in to indulge and collude with friends.

[82] Mary Verney to Ralph Verney, 24 June 1647, *Memoirs of the Verney Family during the Civil War*, 267–268.

[83] Thornton, 'Meditations', 130. [84] *Ibid*., 134.

[85] Mary Smith to Thomas Smith, 30 March c. 1630, Bristol Record Office, Bristol, AC/cC53/6. This could have been the daughter that she gave birth to on 8 August 1633.

[86] Anthony Walker, *The Virtuous Wife: or, the Holy Life of Mrs Elizabeth Walker, late wife of A. Walker, D. D. sometime Rector of Fyfield in Essex Giving a modest and short account of her exemplary piety and charity. Published in the glory of God, and provoking others to be like graces and vertues* (London: 1694), 93–94.

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Men were also aware that prolonged recoveries were worthy of comment and concern. The Plymouth surgeon, James Yonge, recorded that his wife had a 'sickly and tedious lying-in' as a result of 'taking some cold' in his diary.[87] Charles Trelawny, an army officer and Tory politician, apologised to Sidney Godolphin, First Lord of the Treasury, in November 1700 for 'soe long neglecting, to owne the favour of your too (sic) letters, but when I tell you, that the indisposition of my other Side, was the cause, I'm sure you'll forgiue me'. His wife had 'been very much out of order, euersince she was brought to bed'. The child had been 'at death & door more than once since she was born, and is at this minute upon the Rack w[i]th convulsive fits'. The infant's illness had made its mother 'almost mad'.[88]

Women often described how grief could completely decimate their minds and bodies as they were recovering from birth. Thornton was 'at deaths doore' herself while recovering from the birth of Elizabeth in 1655 as a result of the illness of her other daughter, Naly. Naly 'fell into a desperate fit of convulsions … her breath stoping & grew blackish in her face'. Alice ailed so dramatically in response that 'my Aunt & friends did imagine I could not liue', and they conspired not to tell her how sick Naly was in case that hastened her death. The family removed Naly's cradle away from Alice's room into the parlour to stop the infant's cries distressing Alice.[89] Again, a fortnight later, while breastfeeding her newborn, a maid cried out of the nursery that Naly was 'dead or diving'. The distress that it caused Alice meant that her mother forbid her breastfeeding any more and she was forced to dry her breasts.[90] In 1690,7 when William and Peregrina Chaytor's baby died from gripes in the belly when it was four days old, it made 'a deep impression upon a tender mother'. Some time after the death, she was still 'not yet in a Capasity' to return letters. Her husband wrote instead and in a draft letter wrote that a potential correspondent's 'sentiments of her sorrow will much contribute to her recover'.[91] Others did not always afford grieving mothers the same sympathy. Christopher Wandesford instructed his daughter Catherine Danby sharply to 'take care to comfort' her husband and 'not ad[d] to his loss by your over grieving' when her baby died in July 1634.[92] When Lady Ann Fanshawe's newborn died in 1645, it 'cost' her 'so dear that was ten weeks before' she could be left alone. Anne gave birth in February but it was May when she first left her 'chamber

[87] James Yonge, 7 January 1681, *The Journal of James Yonge [1647–1721]: Plymouth Surgeon*, ed. F. N. L. Poynter (London: Longmans, 1963), 147.
[88] Charles Trelawny to Sidney Godolphin, 7 November 1700, BL Add MS 28052, fol. 100.
[89] Thornton, 'Meditations', 138. [90] *Ibid*., 139.
[91] William Chaytor to unknown, Draft letter to 'Honor[e]d Madam', September 1697, North Yorkshire Record Office, Northallerton, ZQH 9/12/55.
[92] Christopher Wandesford to Katherine Danby, 20 July 1634, North Yorkshire Record Office, Northallerton, MISC 2087/1327.

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and to church' at St John's College, Oxford. Even then, she was forced to sit and rest in the college gardens, 'being very weak'.[93] Again in 1657, after a difficult birth, ten weeks before she expected, Anne described how her father's illness complicated her own recovery. She was so ill 'I was like an anatomy' and 'I never stirred out of my bed in seven months, nor during that time ate flesh, or fish, or bread, but sack, posset drink, and pancake or eggs, or now and then a turnip or carrot.'[94] The link between grief and postpartum complications was so strong that when Mary Rich was lying-in after birth, her relatives concealed her father's death from her 'tell I was upe againe', so as not to jeopardise her health in her already vulnerable condition.[95]

The health of mothers and infants were intertwined in ways that meant restoration was unstable and quickly threatened, but at other times described as making women more resilient to other assaults. In February 1679, after a long labour and a succession of miscarriages and a stillbirth, Anne Archer gave birth to a son but her and her husband's 'joy' was instantly dampened by the infant's illness.[96] When the little boy died in July, his wife took a 'feaver and ague' through grief, and then his youngest daughter also became ill. His wife's condition started to mirror the daughter's. As the 'child grew worse', his wife grieved and it 'sett her back'.[97] When their youngest daughter died fourteen days later, Isaac reflected that rather than threatening his wife's health further, her pre-existing illness had prepared her for the 'loss'. Had she been well, the grief would have killed her.[98] In a similar vein, when Lady Anne Conway's two-year-old son Heneage died, Henry More tried to comfort her by saying the sickness and grief she was experiencing would 'conduce so much to the clearing of your body, as well as the above sayd method for the perfecting of your minde, that your health may prove much thereby bettered, and your life more comfortable than hitherto'. He compared her to a tree that once it was 'safe, it may blossom and beare fruit better than before', or in other words, she would be more fertile. Whether Anne felt the difficult pregnancy, arduous birth and then traumatic premature death was part of a restoration from illness or childbirth is less clear, although fertility looms large in More's assumptions about recovery.[99] A reply in November in which she apologised for not writing sooner,

[93] Lady Anne Halkett, in John Loftis (ed.), *The Memoirs of Anne, Lady Halkett and Ann, Lady Fanshawe* (Oxford: Oxford University Press, 1979), 31–32.
[94] *Ibid*., 86.
[95] Mary Rich, 'Some Specialities in the Life of M Warwicke', BL Add MS 27357, fol. 18.
[96] Archer, February 1678/1679, 'Diary', 185–186. [97] *Ibid*., July 1679, 188–189.
[98] *Ibid*., 14 August 1679, 191.
[99] Henry More to Lady Anne Conway, 23 October 1660, Hutton and Nicolson, *The Conway Letters*, 69.

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gestured to her 'desperate sickness' as well as 'a griefe proportionable to so great a losse' that she was not so well able 'to overcome'.[100]

Emotional distress or even madness was another affliction that women might suffer from after childbirth that was rarely represented as being particularly common after birth in childbearing guides. Despite this, it not only hampered recovery but could mean that women harmed themselves and their babies beyond possible repair. Mercy Fish of Bigglesworth consulted Napier a month after giving birth because she 'rageth sorely & talketh more idlely then before & waxeth worse & worse & will hardly be kept in her bed'.[101] She was as 'Sick as life will hold', could not sleep, and was hot and sweaty. Three weeks later, she still 'lyeth in' and was 'frentick', 'mad & distracted'.[102] Sibil Fisher was light-headed, 'settes her teeth' and 'one night did nothing but swear and curse'. She had to have her hands and feet bound because she was 'so strong that they cannot Deale with her'. She was 'well laid', despite a first unskillful midwife, but a week afterwards, accused her second midwife of being a witch.[103] Sibil never returned to herself. Fifteen years later, Napier simply called her 'Goody Fisher of Cocknoll lunatick'.[104]

Similarly, Mistress Kent of Beckley, a quarter of a year after she 'lay in in childbed', was tormented by her own thoughts, in this case visions of crimes she may have committed, like sleeping with her brother-in-law's son. Medical intervention, including blood-letting, had not helped.[105] Agnes Olny of Tebworth was 'hot in her body' and 'full of aches' as a result of a 'bad midwife' who had been too hasty and used an iron hook to deliver her baby when she saw Napier in 1600. Agnes was now incontinent.[106] Two years later, she was still not better but was 'worse and worse'. She was now a 'frentick woman', 'furious' and had 'no use of her wits'. Napier hoped that this 'sick little woman' would be 'freed from this distraction of mind and also be greatly and powerfully consoled, and with compassion and blessing'.[107] 'Ever uppon childbearing' Anne Syred had fallen 'into her mad fit tearing & breaking & burning things'. Napier noted in 1617, three years after she had given birth, that she 'defile herself', bit and scratched people.[108] At times, these torments could threaten the health of newborn babies both as a result of neglect or maternal violence. Mistress Mary Crowly, who had given birth three months previously, and had three other children, was unable to suckle because of a 'disquiet of the mind' and had 'No joy for anything.'[109] Alice Goodcheape became 'light headed' a week after giving birth, and the next day 'put her fingers into the child's mouth & tore it'. The next night, 'she smothered it with

[100] *Ibid*., Anne Conway to Henry More, 28 November 1660, 180–181. [101] CASE66223.
[102] CASE66253, CB. [103] CASE15411, CB. [104] CASE49971, CB.
[105] CASE48121, CB. [106] CASE11071, CB. [107] CASE16959, CB.
[108] CASE44800, CB. See also: CASE23730, CASE23753, CB. [109] CASE35006, CB.

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her hand'. The record in Forman and Napier's casebooks added that she was found guilty of infanticide. The practitioner prescribed her an unguent and a syrup.[110] Temperance Negoose wanted to drown herself in 1619 because of 'Grief touching' the death of her child, a month after giving birth.[111] Mistress Joan Plot consulted Richard Napier in 1629 because five weeks after birth she was 'mopish' and cared 'not for her husband nor child but goes into a corner to weep'. The cause was because she was still 'sorely tormented about her child that died a year since'.[112]

Childbirth could leave women 'out of frame' or 'order' for the rest of their lives. Anne Dormer, a Buckinghamshire woman who wrote over 50,000 words in letters to her younger sister (Elizabeth Trumbull or Katherine) between 1685 and 1691 about her unhappy marriage and consistently poor health, noted that her 'childing' had contributed to her difficulties. Anne described how she did not have 'great paines only a languishing kind of unaccountable illness which keepes me pale and leane'. She compared her body to a horse 'to tug through all I haue endured of illness and childing'.[113] She could not eat, had difficulty moving and was unable to sleep properly: 'if I get but one good [night of sleep] me thinks I am so well I can complain of nothing'.[114] Anne gestured to the torments of her husband, Robert, who teased and humiliated her regularly to explain her continual poor health. Childbirth played a role in her continuing poor health.[115]

Although sore or inflamed breasts hampered women's ability to return to their normal activities, it was represented by childbearing guides as largely ancillary to the larger process of recovery from childbirth. Pechey instructed women to leave swellings in the breast 'if no other Symptom attend them', as they were the cause of 'the over eagerness of the milky Ferment'.[116] Breast milk was understood as blood from pregnancy purified in the breasts, and therefore, it was perceived by medical writers as not needing to be excreted in the same way as lochia that was not concocted. But the diaries and letters of women indicated that sore breasts could be a major and painful condition that left them affected for months or even years after birth. Florence Smyth, for example, was 'still much tormented w[it]th payne under her breast, & be very weake' months after giving birth in 1637.[117] Likewise, Hannah Woodford, wife of Robert, continued to suffer with sore breasts for three months after

[110] CASE713441, CB. [111] CASE48556, CB. [112] CASE68796, CB.
[113] Anne Dormer to Elizabeth Trumbull (or Katherine), 9 August c. 1685, Add MS 72515, fol. 157v.
[114] Dormer to Trumbull, 10 September c. 1685–1691, fol. 167v.
[115] Leah Astbury, 'When a Woman Hates Her Husband: Love, Sex and Fruitful Marriages in Early Modern England', *Gender & History* 32, no. 3 (2020): 523–541.
[116] Pechey, *A General Treatises of the Diseases of Maids*, 175.
[117] Thomas Smithe to Thomas Smyth, 28 March 1637, Bristol Record Office, Bristol, AC/C 55/2.

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birth. Shortly after the delivery of the Woodford's second child in 1637, Robert recorded in his diary 'Litle John sucks well blessed be the Lord and is mending thanks be to god.' His wife, however, was 'troubld with sore & tender breasts'. Over these months, Robert wrote almost daily in his diary about his wife's breasts and prayed to God 'heale them and make her a Joyfull mother'. Such problems, although not perceived as life-threatening, could persist and prevent the return to normal life, and even meant that Hannah had to be churched at home on 3 September 1637.[118] On 31 August, the family asked Mrs Rushworth, a friend and former servant, to suckle the child.[119] Despite sending 'Nurse Woodnot', presumably Hannah's nurse, away on 11 September, she continued to ail.[120] Finally, on 2 October, Robert recorded that the people caring for his wife predicted that her breasts would split or 'break' with inflammation. It is unclear whether these people were midwives, family friends, unlicensed healers, physicians or a mixture.[121] Robert continued to comment on the condition of Hannah's breasts throughout the year and on 10 December remarked that she was too unwell to attend church.[122] Clearly, the bodily changes brought about by pregnancy, birth and caring for a newborn could continue to condition women's lives long after their lying-in month was up.

Grace Wallington, Nehemiah's wife, similarly suffered from sore and inflamed breasts for a full six weeks after delivery. A month after birth, she was unable to suckle because of pain and hardness, and as a result they considered getting a 'norse into the country' because she was 'in such paine' that 'she coulde take no rest for many days and nights together and was in great paine for sixe weeks together'. Eventually, with the help of medicines, her breasts were 'healed'.[123] Recipe books are similarly littered with remedies for breast injuries like one for 'Soar nipples' in an anonymous commonplace book.[124] An anonymous recipe book compiled between 1675 and c.1800 included a recipe 'For sore or chapt nipples', taking a piece of chalk, shaping it like a nipple, dipping it in tar and then putting them onto the breasts after the child 'hath dun sucking'. A concoction with quince seeds boiled in plantain water could be added. Not only would it provide relief for new mothers but could be kept a 'good many years' and would do the infant's 'mouth good'.[125] Jackson included a remedy 'For the rankling of a womans brest by ouer much milke' that involved soaking a plaster in vinegar and laying 'it thereto', and

[118] Woodford, 3 September 1637, *The Diary of Robert Woodford*, 107.
[119] *Ibid*., 31 August 1637 and 1 September 1637, 104. [120] *Ibid*., 11 September 1637, 111.
[121] *Ibid*., 2 October 1637, 120. [122] *Ibid*., 10 December 1637, 150.
[123] December 1624; Wallington, *The Notebooks of Nehemiah Wallington*, 412.
[124] 'Commonplace book, ca. 1713–1740', Clark Library, UCLA, MS.1982.001, unfoliated.
[125] 'English Recipe Book, c.1675–c.1800', WL, MS 7721, 247.

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another for a breast that was 'cankled'.[126] The Godfrey-Faussett family receipt book contained a 'Salve for a sore Breast' that involved clarifying mutton in a quarter pint of rape seed oil and white wine. A cloth dipped in the concoction was laid to the breast hot.[127] Elizabeth Egerton included a remedy 'for a sore breast' that demanded linseed be tempered with milk, unleavened white bread and butter and then laid to the breasts. Another 'For heate or swelling' asked for new laid eggs be broken and placed onto violet leaves before application.[128] Lady Brilliana Harley's recipe book also had a remedy for a sore breast and 'For heate or Swellinge in a womans breast'.[129] One remedy for sore breasts in an anonymous book recommended letting the child 'suck ye mother quickly after they are brought to bed', which would prevent the milk curdling.[130] This was in contrast to the unequivocal stance of childbearing guides that women ought to wait days or even weeks after birth to breastfeed and that the first milk should be drawn out. *Aristotle's Master-piece* was unusual in suggesting that this early milk might be 'drawn off' by the baby. Importantly, this was not the beginning of feeding but an initial purge.[131]

The disconnect between the concern hinted at by women in family paperwork and the dismissal of the seriousness of sore and inflamed breasts in printed medical literature carried over into the discussion of tears and prolapses too. Daniel Sennert explained that if not treated quickly, a prolapse would become 'hard' and difficult to remove but it was 'not deadly'. If it was present without a fever and convulsive fits, which would suggest the ailment was the result of humoral imbalance, it was '*only* it is troublesome and nasty'.[132] Sharp concurred, reinforcing that 'it is not mortal, though it be filthy and troublesome'. Recipes for 'pain', or in one instance, 'greevance' after childbirth in domestic collections are further evidence to suggest that these were more than simply troubling symptoms for women.[133] We see from the casebooks, however, that tears and fistulas could leave women incontinent for life, and was even explained as contributing to their madness. Injuries sustained in delivery could be life-changing and serve to torment women months and even years hence.

One cannot help but wonder about the myriad of ways that early modern women's bodies were altered by childbearing that did not affect their health in

[126] Jackson, 'A very shorte and compendius Methode of Phisicke and Chirurgery', fols 60r and 102r.
[127] 'Receipt book, late 17th century–mid 18th century', WL, MS 7997, unfoliated.
[128] Harley, 'Medical recipes', fol. 132. [129] *Ibid*., 132.
[130] 'English Recipe Book, c.1675–c.1800', 176. [131] *Aristotle's Master-piece*, 159.
[132] Daniel Sennert, *Practical Physick the Fourth Book Three Parts* (London, 1664), 51. My emphasis.
[133] Jackson, 'A very shorte and compendius Methode of Phisicke and Chirurgery', fol. 83v. One remedy is for 'soreness of ye womb after child bed', 'English Recipe Book, 17th–18th', MS 7721, 220.

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an externally measurable way. Jackson included a remedy for 'swelling in the feete after labour'.[134] In a letter to a correspondent known only as 'Pens', Margaret Hamilton imparted her experiential advice about how to make a protruding navel go back in. Her own 'was a letel so' a 'long tyme befor[e] I left of beiring of childrene' but she had never used anything to try and cure it. But she thought it could be cured soaking a plaster in castel soap, crushed capons and placed on to leather.[135] Childbearing guides too often contained recipes for ointments for the belly 'least it become wrinkled or deformed' but this was expressly not cosmetic but to strengthen it and help it to 'return to the old form'.[136] Sharp explained how women's 'bellies' would be 'plaighted, and full of wrinkles ever after' childbearing, but this might be altered by anointing the stomach with oil of sweet almonds, lillies, goat suet and sheep suet.[137] In the early modern period, anti-cosmetic tracts often warned that altering the body for aesthetic reasons was a crime against God.[138] Removing sagging skin or dropping breasts clearly fell under this latter category, whereas removing wrinkles in the belly to facilitate the ability for a woman to conceive again was a more acceptable intervention.

Reading against the grain in family paperwork reveals that elite individuals were very much aware of medical and religious expectations of recovery, and sought treatment and intervention when their bodies and minds did not behave in expected ways. Underlying much of the advice and the stories that women told about themselves, being able to conceive again promptly was a recurring signifier of recovery from childbirth. This imperative dovetailed with the emphasis on humoral imbalance as the cause of disease and ill health, causing the authors of childbearing guides, and sometimes medical professionals, to be not overly interested in whether women felt well a month after birth. Emotional distress compounded by grief and even madness could continue to define women's lives long after delivery. Breast problems might scar women permanently. Whilst Newton has called for a more positive turn in medical history, it also appears as crucial that we do not assume the idealised vision expressed by medical and religious authorities to map on to experience.[139] In unpicking the normative frameworks that underpinned prescriptive print, we can also start to be critical of individual and familial accounts of birth. Families fashioned narratives of recovery in ways that complied with

[134] *Ibid*., fol. 102v.
[135] Unknown note, Papers of the Oglivy family, Earls of Seafield, National Records of Scotland, Edinburgh, GD248/566/84.
[136] *Every Woman Her Own Midwife,* 14
[137] Sharp, *The Midwives Book Or the Whole Art of Midwifry Discovered,* 312.
[138] Farah Karim-Cooper, *Cosmetics in Shakespearean and Renaissance Drama* (Edinburgh: Edinburgh University Press, 2006), 34.
[139] Newton, *Misery to Mirth*, 4.

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these expectations. This is especially important to bear in mind given prescriptive accounts were framed in relation to redemptive and martyry understandings of sacrificial motherhood. Inconvenience or discomfort was part of the course of bearing and raising a child.

A Good Death

Nowhere is the desire to shape an appropriate and favourable birth story more apparent than in the work that families did to eulogise women who died in childbirth. In doing so, they created a 'lasting image' of their family member as chaste, silent and compliant.[140] This in turn redounded to the family's piety and orderliness. Thornton devoted several pages of her meditations to examining the conduct of her sister during her arduous and ultimately fatal birth in 1645. 'She had bin very ill a long time before her delivery, and much altered in the heate of her bodie being feavorish.' Her labour was long and she was 'exceedingly tormented with paines' so that she could not sleep or eat for two weeks. She eventually gave birth to a baby boy, named Francis (who died when he was several months old from smallpox). Her condition deteriorated after the birth and she and those around her became increasingly aware that her life was slipping away. She spent her time in 'discourse of goodnesse excellently pieous, godly and religious instructing her children and servants, preparing her soule for her deare Redeemer, as it was her saing she should not be long for Him [God]'. Neither was she concerned about the prospect of leaving her husband or children, such was her commitment to God. According to Thornton, she whispered 'Lord Jesus, receive my spirit' before taking her last breath. Accounts of deaths in childbirth like Danby's often emphasised the pain that these women endured with unfathomable forbearance whilst submitting wholly to God.[141]

When Frances Tufton Drax died in childbirth in 1665, her sister-in-law Elizabeth Tufton was asked to write a 'full' and detailed account of the labour and birth for Frances' sister, Cicely Hatton. Elizabeth promised to 'relate to you as many perticulars of it as I can'. On Monday, Frances sent for Elizabeth, one of her gossips, since she had 'had paines' over the weekend. 'Mis Baker', either a friend or maid, 'beleeued it was not her labor, and soe made nothing of it'. When Elizabeth arrived, she found Frances 'in greate paine' and at night 'her water broke'. When the midwife arrived, she decided that the 'Child came wrong'. Elizabeth had 'preuailed with' Frances' husband to get Dr Peters from Canterbury, who was 'very famous for his skill' in the house for the delivery,

[140] Lucinda M. Becker, *Death and the Early Modern Englishwoman* (London: Routledge, 2003), 177–199.
[141] Thornton, 'Meditations', 86–91.

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but 'wee were desirous' to wait to call him until they were sure the infant's life could not be saved. We have heard in Chapter 4 how male surgeons and man-midwives were often associated with butchery and poor procreative outcomes in this period. Male surgeons were often called in if a labour was protracted to dismember the child and save the mother's life. The pains continued and the midwife, 'finding by some tokens that the Child was deade', asked Dr Peters to use his skill 'for it was past hers' to extract the baby. She noted that Frances was 'uery discouraged' and just hoped the doctor would inflict 'little paine'. While the doctor made 'use of his meanes', Elizabeth and others 'prayed either in the same roome, or the next to it all the while'. The procedure took hours and 'wee were forced to giue her Cordialls euery minuit'. Peters protested that he had tried 'all ye ways hee could imagine', and Frances, growing 'faint and light headed, begd of the Docter for Christs sake, to let her dye at rest'. Elizabeth and others took her to her bed where she suffered for three days before dying surrounded by the women invited to the birth, including Elizabeth, her husband and brother. Evocatively, Elizabeth describes the 'flood of those things that came from her', robbing her of her spirits and energy, and eventually life.

After she died, she was 'opened' and the baby found 'right at the birth', or in other words right at the mouth of the womb and ready to be born. Peters claimed that it was his hard work that had 'forced it to that place' and without his skill she would have died much sooner. On closer inspection, however, it appeared that 'her bones within especially her Back bone was soe bowed as he said it was impossible to make passage so much as for a limbe of the Child'. For Elizabeth, this was proof both of Frances' strength and forbearance through her torturous pains, and of Dr Peters lack of intuition. There are several telling moments that this description of labour was more than simply an account for a grieving sister but rather served a larger purpose within the family. Elizabeth apologised to Cecilia's pardon if the story was in any way 'imperfect'. Indeed, she noted she would have been very 'unwilling' to have been the first to set this 'malancholy story' down, indicating another family member had already written about the birth and death.[142] Birthing and dying in an exemplary fashion was important in being seen as a godly family.

Elizabeth's account of birth was unusual in its length and detail. It provides the historian a glimpse at all the hidden work that individuals did during labour that are regrettably impossible to recover because they were deemed largely

[142] Elizabeth Tufton to Cecily Hatton, November 1665, Northamptonshire Record Office, Northampton, MS FH 4412. Anne Clifford wrote about the death of Frances Drax, who was her granddaughter, in her diary too. See: Anne Clifford, 22 November 1665, *Anne Clifford's Autobiographical Writing, 1590–1676*, ed. Jessica L. Malay (Manchester: Manchester University Press, 2018), 140.

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ancillary to the broader narratives about fruitful families. There was a constant stream of visitors coming in and out of the birthing chamber notably Frances' husband and her brother, as well as the women who over the course of days cheered her, gave her cordials and ministered to her. The negotiations and conflict between the midwife, Dr Peters, her gossips and family members reveal a birthing chamber that was busy, tense and constantly shifting, far from the dark, peaceful, warm and quiet environment that was supposedly ideal.

Sir John Clerk, the Scottish politician, lawyer and composer, was similarly concerned to write a detailed account of his wife's death in childbirth in 1700. In the account, Margaret had been unwell for more than a month when she went into labour at midnight on 20 December. He departed her side as husbands were not routinely present in the chamber for birth. Towards the morning, she 'felt her pains coming fast upon her' and requested John's father travel from Edinburgh to be in the house and pray for her since she was convinced that she was dying. Although those around her reassured her that she 'had not one bad symptom about her', John noted that it later became apparent that she had felt some of the 'symptoms, in child bearing' that her mother had had when she died in childbirth with Margaret. She gave birth a day later to a little boy, but when 'every body had run into my Room to carry me the good news, she fell into fainting Fits'. John himself was ill and incapacitated and was helped by the women attending Margaret and 'staggered into my dear Wife's Room' to make a 'last Visite'. Margaret told him that she was happy and hopeful to die. Other family members, including her brother and 'her Friends', came to visit and be with her. They called a doctor and two surgeons to assist her, but they were 'too hasty in their operations' and used too much force to extract the placenta, which meant she lost a lot of blood. A minister was called, and although she was told not to speak, 'expressed great fervency in prayer by her eyes and hands lifted up to heaven'. Although in the last hours of her life she screamed in agony, just before death, she turned in the bed and called on 'God to receive her soul'.[143] This wholly redemptive narrative cemented Margaret as one of the elect for posterity.

This tradition of creating accounts of death in childbirth was no doubt encouraged by the popular genre of printed legacies published by pregnant women anticipating their demise and seeking to instruct their children in godly conduct.[144] Elizabeth Jocelin died nine days after giving birth to a daughter,

[143] John Clerk, *Memoirs of the Life of Sir John Clerk of Penicuik, Baronet*, ed. John M. Gray, vol. 13, Scottish Historical Society (Edinburgh: Edinburgh University Press, 1892), 39–42.

[144] Teresa Feroli, '"Infelix Simulacrum": The Rewriting of Loss in Elizabeth Jocelin's *The Mother's Legacie*', *English Literary History* 61, no. 1 (1994): 89–102; Jennifer Louise Heller, *The Mother's Legacy in Early Modern England*, Women and Gender in the Early

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Theodora, in October 1622. Her handwritten directions to her husband and children in the eventuality of her death were transcribed and published by the theologian Thomas Goad, as *The Mothers Legacie, to her Unborne Childe*, 1624.[145] Jocelin's preparations to meet her maker were so extensive and thorough that she even bought her own winding sheet when she felt the baby quicken many months before she delivered and actually died. Dorothy Leigh, a puritan woman from Cheshire, penned a similar text in 1616 titled *Mothers Blessing*. In it she professed to be 'trobled and wearied with feare, lest my children should not find the right way to heauen' and therefore sought to provide them with guidance in her absence.[146] In these texts, women never recovered from pregnancy and birth but they submitted to meeting God meekly. These stories of submission and sacrifice were additionally beneficial for the maintenance of familial authority and godliness within wider communities.

Whilst these women died expressly in labour and delivery, other women might perish days, weeks or even months after birth from related injuries and complications. The haberdasher and early demographer John Grant distinguished between deaths in childbirth and those within a month of delivery in his 1662 *Bills of Mortality*. He points to the complexity of the category of recovering when he explains that formerly 'Accompts' or accounts point to 3 in 200 women dying in 'Child-bed' a year, but that these statiticians were only considering those who passed away from the 'harndess of her Labour' and not those who had retained lochia and placenta and died within a month of birth.[147] Judging whether a woman has died from childbirth or from unrelated causes is something that bothers contemporary demographers too. B. M. Willmott Dobbie estimates that between 24.4 and 29.4 women died in childbirth per thousand baptisms between 1583 and 1758 in England, but reflects on the difficulty of 'for how long after childbirth may death of the mother be of consequence?'[148] Dobbie decides that any death before the baptism of the child counts as a maternal death because this was a reliable date that parish registers might provide. Most infants were baptised within a week or two of birth, suggesting this date is wholly inadequate even by early modern medical expectations that women would be incapacitated for a month after delivery.

Modern World (Farnham: Ashgate, 2011); Wendy Wall, 'Isabella Whitney and the Female Legacy', *English Literary History* 58, no. 1 (1991): 35–62.

145 Elizabeth Joscelin, *The Mothers Legacie, to Her Unborne Childe* (London: 1624).

146 Dorothy Leigh, *Mothers Blessing, or the Godly Counsel of a Gentlewoman Not Long Deceased Left Behind for Her Children* (Essex: 1616), sig. A2r–v.

147 John Graunt, *Natural and Political Observations Mentioned in a following Index, and Made upon the Bills of Mortality* (London: 1662).

148 B. M. Willmott Dobbie, 'An Attempt to Estimate the True Rate of Maternal Mortality, Sixteenth to Eighteenth Centuries', *Medical History* 26 (1982): 79–90.

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More recently, Chris Galley and Alice Reid of the Cambridge Population Group have drawn on current World Health Organization guidelines that see any death while a woman is pregnant or within forty-two days of the end of pregnancy as a maternal death, but rely on burial and baptism records to estimate numbers.[149] Judith Lewis suggests six weeks as an appropriate time frame to expect the body to still be affected by birth, but draws attention to records of aristocratic women dying between 1603 and 1938 six to four years after delivery from causes clearly related to childbearing.[150] These demographic studies, however, do not access how and when women felt the experience of bearing babies was over. A death a year after delivery from madness brought about by a difficult labour and grief might have been considered very much a death related to generation.

Conclusion

The host of ways that childbirth changed the bodies and minds of women point to the difficulties of talking about complicated versus uncomplicated birth in early modern England or relying on the frameworks espoused in printed medical guides. Indeed, postpartum health has become a substantial focus in recent years, with some medical professionals calling for this period to be considered the 'fourth trimester'. More than half of pregnancy-related deaths occur at least seven days after delivery, and most of these deaths are attributed to what would now be considered preventable causes. This period is even more dangerous for people of colour in the United States and the UK.[151]

Early modern women expected to be incapacitated for a month after childbirth in which they would bleed steadily and eventually feel well before being churched. But this did not always match up with experience. Some women recovered far quicker, others languished for months and years after bearing children. This too was commented on in family correspondence. When Thomas Smyth wrote to Edward Phelips in 1641, he relayed that his wife, Florence, was so well a week after birth that they 'dispatch[ed] away her midwife'. This was cause for celebration and news he hoped that would 'setle my cousens mynde'. He thanked God for his wife's 'easy partinge with her fruit when tis ripe'. She had recovered so quickly he joked that he would be

[149] Chris Galley and Alice Reid, 'Sources and Methods: Maternal Mortality', *Local Population Studies* 93, no. 1 (2014): 68–78.

[150] Judith Lewis, '"Tis a Misfortune to Be a Great Ladie": Maternal Mortality in the British Aristocracy, 1558–1959', *Journal of British Studies* 37, no. 1 (1998): 26–53.

[151] Sara E. K. Phillips, Ann C. Celi, Alexandra Wehbe, Jasmine Kaduthodil and Chloe A. Zera, 'Mobilizing the Fourth Trimester to Improve Population Health: Interventions for Postpartum Transitions of Care', *American Journal of Obsetrics and Gynecology* 229, no. 1 (2023): 33–38.

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'trying my skill for another boy'.[152] By 1641, it had become a running joke that Florence and Thomas were doomed to only ever produce girls. When Thomas Smith, another male relative, wrote to Smyth in 1637, he toyed 'if you hold one [on]' in his current efforts, 'you'll be able to people a whole country out of your daughters'.[153] Mary Hatton wrote to her brother Christopher in 1676 explaining that her 'sister comes so quick' that she would probably have another child within a year.[154] When women recovered within the expected time frames from delivery and got pregnant again, men and families took this as evidence of their own virility and ascendancy, in ways that reinforce that maternal effort was often subsumed within expectations of everyday domestic labour.

[152] Thomas Smyth to Edward Phelips, October 1641, Somerset Heritage Centre, Somerset, DD/PH/224133.
[153] Thomas Smithe to Thomas Smyth, 28 March 1637, Bristol Record Office, Bristol, AC/c54/5.
[154] Mary Hatton to Christopher Hatton, 1678, BL, Add MS 29571, fol. 341.

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