

## **C4. Institutions of Maternity Care**

**C4:1** Hilary Marland, *'Enlarging her capacity as a mother': Mother and Baby Units and Maternal Mental Illness in Postwar Britain*

In 1994 a BBC TV Panorama documentary reported on an acute shortfall in specialized psychiatric Mother and Baby Units (MBUs), regarded as the gold standard for treating women experiencing postpartum psychosis. Emphasizing the impact of mental illness on new mothers and their newborns, it was also pointed out that many women experiencing maternal mental illness would fail to bond with their babies. 'Flat faced' mothers 'absorbed in their own feelings and illnesses' were likely to ignore signals about the cognitive and emotional impact of their mental disturbance on their infants.

This presentation explores the origins and early years of MBUs in Britain against the backdrop of the postwar emphasis on the emotional dynamics of the mother-child relationship as the foundation of responsible citizenship, stable family life and democratic culture, sparked largely by John Bowlby's influential publications on maternal attachment. Early MBUs set up after 1948 admitted women experiencing 'puerperal upsets', anxiety, depression, neurosis, and, in some cases, hostility towards their babies or infanticidal desires. Admitting babies with their mothers, MBUs urged keeping mothers in touch with 'their jobs'; therapy was based on the ability to learn how to be 'a good mother'. Innovative and experimental, MBUs emphasized the importance of psychiatrists, nurses and patients working together, creating models of social democracy and shared agency. Recruiting the right kind of nurse was also critical to their success.

Drawing on publications in psychiatric and nursing journals, and under-utilised archival sources, the presentation suggests that, while MBUs remained small in number and scale, they illuminate broader and apparently enduring tensions in responses to maternal mental illness, between the needs of mothers and their babies. Advocated by health professionals and childbirth charities, MBUs liberated women from psychiatric wards or situations where their illness was neglected and ignored. Some mothers, however, objected to being admitted with their infants, asserting their need for 'a rest'. They were likely to be labelled as inadequate or immature, a risk to their infants. Though good rates of cure or improvement were reported, the measure of success would largely be based on 'the patient's competence as mother and housewife'.

### Learning Outcomes

- Deepen their knowledge of challenges in the care and treatment of postpartum mental illness in the second half of the twentieth century.
- Explore tensions between the needs of mothers and their infants in developing new approaches to treating maternal mental illness.
- Examine the impact of theories of child development on health professionals in psychiatry, obstetrics and nursing in the postwar period, and the implications for patients and health providers.

**C4:2** Corey Schultz, *Debating Juice: The Controversial History of Fruit Juice in WIC food packages*

In 1990, New York State Senator, William Stachowski, learned of attempts to remove 46 oz. Welch's Grape Juice from the approved food list for the state's Women, Infants, and Children (WIC) program. "This move...flies in the face of the effort that the State Legislature has achieved in promoting New York State grapes and grape products," he warned the state health commissioner. Stachowski's letter was joined by numerous pleas from senators, food brokers, and Welch's executives. Pushing back, WIC claimed this move would save enough money to cover an additional 500 participants each year.

Since the initial implementation of the WIC program in the 1970s, 100% fruit juice has been included in its food packages as part of an effort to combat anemia in participants. However, many contemporary experts pointed to rising rates of childhood obesity and diabetes as reasons to remove juice from WIC food packages entirely. Despite substantial research on juice's health and economic effects, the historical evolution of this debate has been underexplored.

Starting with the 1970s, this paper traces the historical justifications for inclusion of fruit juice in WIC food packages, analyzing medical literature and dietary guidelines. I continue into the 1990s with a conflict between Welch's and the NYS Department of Health to highlight the clash between the government's economic interests and those of a private corporation. Finally, I analyze the landmark 2009 revision to WIC food packages, which cut the maximum monthly allowance in half. This paper argues that changes to fruit juice allowances in WIC food packages were predicated not only on the nutritional needs of participants, but subject to the influence of changing scientific research and corporate interests.

Learning Outcomes

- Acquire a historically nuanced understanding of the organization of the U.S. healthcare system, and of other national health care systems.
- Recognize the dynamic interrelationship between medicine and society through history.
- Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.

**C4:3** Janet Greenlees, *'The subject of heated controversy': maternity care and the unmarried mother in post-World War 1 United States*

Poor women receive the healthcare that society chooses for them, especially unmarried mothers. Frequently dependent on whatever healthcare services are locally available to them, these women deliver their babies in public hospitals or, sometimes, at home. In the early decades of the twentieth century, social reformers and social workers considered unmarried motherhood 'the subject of heated controversy.' Yet the rise and professionalization of benevolence towards these women did not consider maternal agency or stigma. Public maternity hospitals provided valuable services for poor women who could not afford a midwife, including medical care, food, and rest. Using the only surviving patient register from Philadelphia during World War 1 and the immediate postwar era as a lens, that of the public Maternity Hospital associated with Pennsylvania Hospital, alongside hospital reports, community nurses' records, and Children's Bureau publications, this paper analyzes the ethnic and racial composition of patients and, where possible, the unmarried mothers' engagement with services and their postnatal destinations. In so doing, it sheds light on the pregnancy journeys of poor unmarried mothers, the limits of medicalization, and maternal agency. By contextualizing these experiences of maternity, this paper lends nuance to existing histories of the medicalization of childbirth and maternal agency.

Learning Outcomes

- The learner will develop the capacity for critical thinking about the nature, intent, and limits of medicine.
- The learner will increase their recognition of the dynamic interrelationship between medicine, society and stigma through history.
- Develop an historically informed sensitivity to the diversity of experiences of maternity.