

**“The human casket of the precious unborn life”<sup>1</sup>: an examination of the causes of high maternal mortality rates in Wales during the interwar period.**

**By**

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<sup>1</sup> Margery Spring Rice, *Working Class Wives: Their Health and Conditions*, (1939), p.19, Internet Archive, Available at: <https://archive.org/details/390131-working-class-wives-health-survey-1939/page/19/mode/2up> Accessed 16<sup>th</sup> April 2024.

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Word Count – 7266 Words

**Abbreviations**

MOH - Ministry of Health

MOOH - Medical Officer of Health

1937 Report - 1937 Report on Maternal Mortality in Wales

GP - General Practitioner

## Introduction

“‘Oh God, what will become of my children?’  
‘I’ll look after them, Mam, till you’re better.’ I said.  
I don’t know whether she heard me. Grannie led me from the room.  
Our Mam had left us.”<sup>2</sup>

Maggie Pryce Jones’s moving account of her mother’s death seven weeks after giving birth encapsulates the pain behind an issue which haunted Wales during the interwar years. Maternal mortality was a problem throughout Britain, however during the interwar period whilst rates lowered overall, in Wales they rose, with between 1924 and 1933 the puerperal mortality rate being 35 percent higher in Wales than in England.<sup>3</sup> Maternal mortality consists of puerperal mortality rates, which refer to deaths due to illnesses of pregnancy, childbirth and childbearing, and associated deaths which involve childbirth or pregnancy as a contributing factor.<sup>4</sup> In 1932 the Ministry of Health’s appointed committee published their report on maternal mortality<sup>5</sup>, and within this report Wales was highlighted as needing “special consideration” due to its “persistently high maternal mortality rate”.<sup>6</sup> Unlike England, in Wales maternal mortality rates were high not just in industrial areas but across the country.<sup>7</sup> This led to a separate Welsh inquiry by Medical Officers of the Welsh Board of Health, which was published in the 1937 ‘Report on Maternal Mortality in Wales’, hereafter the ‘1937 Report’. The 1937 Report provides vital statistics and evidence, however, critical analysis of the report will show flaws in some of its findings. Reports and press at the time placed blame on midwives, lack of services and even mothers themselves. However, this dissertation will challenge some of these claims, showing that whilst women were being blamed for their own mortality; authorities were ignoring evidence that mothers were starving, doctors were undertrained and protected by health boards, and women were being refused medical care which could give them control over whether they had to face childbirth in the first place. In the 1939 report on “Working Class Wives” health, the author Margery Spring Rice stated how pregnant women were viewed as “the human casket”<sup>8</sup>, as referred to in this dissertations title, with this dehumanising viewpoint just one example of the sexism within medicine which has long impacted women’s health.

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<sup>2</sup> Carol White and Sian Rhiannon Williams, *Struggle or Starve* (Wales, 1998), p.180.

<sup>3</sup> Deirdre Beddoe, *Out of The Shadows: A History of Women in Twentieth-Century Wales* (Cardiff, 2000), p.93.

<sup>4</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, (London, 1937) p.13, U.K. Parliamentary Papers, Available at: <https://parlipapers-proquest-com.libezproxy.open.ac.uk/parlipapers/docview/t70.d75.1936-034746/usgLogRstClick!!?accountid=14697> Accessed 16<sup>th</sup> April 2024.

<sup>5</sup> Elinor Cleghorn, *Unwell Women: A Journey Through Medicine and Myth in a Man-Made World* (London, 2021), p.273.

<sup>6</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.5.

<sup>7</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.5.

<sup>8</sup> Spring Rice, *Working Class Wives*, p.19.

The causes of maternal mortality in interwar Britain have been debated amongst historians, although the lack of focus on Wales is a key reason why this subject area deserves to be researched. One of the only works which focuses on this issue is Mari A. Williams 2006 article which provides context of the situation in Wales, and argues how a combination of causes were to blame, particularly the risk of sepsis in industrial areas and the poor obstetric care in rural areas, with social and economic problems a factor across Wales.<sup>9</sup> Williams references the “authoritative”<sup>10</sup> work of a leading historian in the wider historiography on maternal mortality, Irvine Loudon. Loudon argued in his 1986 article that poverty did not lead to higher maternal mortality in the lower social classes and that “maternal mortality was often higher in the middle and upper classes”.<sup>11</sup> Instead, he believes that there has been a lack of examination on those who deliver babies, arguing that the high death rates amongst doctor led births compared to midwives is a vital factor.<sup>12</sup> This idea was further bolstered by Enid Fox’s 1991 article which argues that medical power “favoured professional interests when they came into conflict with clients’ welfare”<sup>13</sup>. However, Fox highlights how Loudon fails to acknowledge the importance of nutrition.<sup>14</sup> This lack of emphasis by Loudon is further shown in his 1992 work, in which he states that although some may argue high maternal mortality is due to “social and economic differences”, such as malnutrition, he believes the true reason lies in “maternal policies and systems of maternal care”<sup>15</sup>. In contrast, Jane Lewis’ 1980 work *The Politics of Motherhood* states how mother’s needs, including nutrition, were never properly addressed, highlighting contradictions in government policy.<sup>16</sup> Lewis argues how in England the high death rates for middle class women meant that authorities were able to reject the link between maternal mortality and poverty, which subsequently led to officials focusing on maternity services and ignoring factors such as nutrition.<sup>17</sup>

Deirdre Beddoe’s book *Out of The Shadows*<sup>18</sup> provides vital information on maternal mortality in interwar Wales. Beddoe states how multiple causes led to high mortality rates, ranging from a lack of services and high rates of hospital infections to remote areas being difficult for health professionals to attend and women’s general poor health and

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<sup>9</sup> Mari A. Williams, “‘The Growing Toll of Motherhood’: Maternal Mortality in Wales, 1918-1939”, in *Health and Society in Twentieth-Century Wales*, ed. by Pamela Michael and Charles Webster (Cardiff, 2006), p.137.

<sup>10</sup> Williams, “The Growing Toll of Motherhood”, p.123.

<sup>11</sup> Irvine Loudon, “Obstetric care, social class, and maternal mortality”, *British Medical Journal*, 293 (1986) p.606.

<sup>12</sup> Loudon, “Obstetric care”, pp.606-607.

<sup>13</sup> Enid Fox, “Powers of Life and Death: Aspects of Maternal Welfare in England and Wales Between the Wars”, *Medical History*, 35 (1991) p.328.

<sup>14</sup> Fox, “Powers of Life and Death”, p.333.

<sup>15</sup> Irvine Loudon, “The Transformation of Maternal Mortality”, *British Medical Journal*, 305.6868 (1992) p.1557

<sup>16</sup> Jane Lewis, *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939*, (London, 1980), p.219.

<sup>17</sup> Lewis, *The Politics of Motherhood*, p.220.

<sup>18</sup> Beddoe, *Out of The Shadows*.

malnutrition.<sup>19</sup> Beddoe argues, in a similar vein to Lewis, that although women's general ill health was obviously impactful, medical authorities would not acknowledge that poverty and maternal mortality were linked; to do so would "admit that Welsh women were dying of malnutrition"<sup>20</sup>. Steven Thompson dedicates a chapter to nutrition in *Unemployment, Poverty and Health in Interwar South Wales*<sup>21</sup>, utilising gender comparison to argue that women suffered the most from poor nutrition in South Wales, a point Beddoe also highlights. Thompson mentions maternal mortality in his chapter on infant mortality, discussing the discourse around maternal mortality rates as evidence for the impact of the depression in South Wales.<sup>22</sup> Maternal mortality has often been used as a statistical marker of general poverty in a population by economic historians, however this dissertation approaches maternal mortality in Wales as a worthy subject area in its own right to highlight the pain and injustice many women faced. Works by Angela V. John<sup>23</sup> and Rosemary Crook<sup>24</sup> have informed of the difficulties women faced in Wales between the wars, however, although they are useful works which focus on women's experiences, both lack any extensive analysis of maternal mortality.

Chapter One will focus on obstetric care in Wales, applying Loudon and Fox's theories within a Welsh context, with examination of the blame placed onto midwives compared to the role and lack of blame placed on doctors. Criticism of mothers will also be explored, particularly regarding not utilising antenatal clinics and the cause of this. Throughout this work, contemporary opinions will be utilised, ranging from the Ministry of Health, hereafter MOH, the local Medical Officer of Health, hereafter MOOH, Welsh newspapers, medical professionals, activists and crucially mothers themselves. These factors will be particularly important when analysing the 1937 Report, which will recur throughout this work. Chapter two will utilise the findings and debates around nutrition, asking how malnutrition impacted mothers' health in Wales and what efforts were (and were not) made to improve the situation. The work of Lady Williams<sup>25</sup> in the Rhondda will be analysed, utilising differing opinions of her work in Beddoe, Lewis, and Fox's writings. The impact of patriarchy on women's diets will also be examined, making use of work by Beddoe, Thompson and Sue Bruley<sup>26</sup>.

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<sup>19</sup> Beddoe, *Out of The Shadows*, p.94.

<sup>20</sup> Beddoe, *Out of The Shadows*, p.94.

<sup>21</sup> Steven Thompson, *Unemployment, Poverty and Health in Interwar South Wales*, (Cardiff, 2006), pp.77-101.

<sup>22</sup> Thompson, *Unemployment, Poverty and Health*, pp.228-231.

<sup>23</sup> Angela V. John, "A Miner Struggle? Women's Protests in Welsh Mining History", *Llafur*, 4.1 (1984), pp.72-90.

<sup>24</sup> Rosemary Crook, "'Tidy Women': Women in the Rhondda between the Wars", *Oral History Journal*, 10.2 (1982), pp.40-46.

<sup>25</sup> Lady Williams, "Malnutrition as a Cause of Maternal Mortality", *Public Health*, (1936).

<sup>26</sup> Sue Bruley, *The women and men of 1926: a gender and social history of the general strike and miners lockout in South Wales* (Cardiff, 2011).

The final chapter will ask how birth control and abortion impacted maternal mortality in Wales, employing feminist theory to highlight the lack of agency women could exercise over their bodies. Beddoe states how whilst reducing maternal mortality rates had widespread support, “the related issue of birth control was quite a different matter”, remaining a “taboo subject” for many, with some strong opposition.<sup>27</sup> The issues of birth control and abortion in Wales are further discussed in works by Kate Fisher<sup>28</sup>, Julie Grier<sup>29</sup> and Margaret Douglas<sup>30</sup> who all highlight the efforts to improve access to birth control in Wales and the obstacles faced. Stephen Brooke’s work<sup>31</sup> on abortion law reform in interwar Britain highlights links between abortion and maternal mortality, however, there is no specific mention of Wales, even though South Wales had a “marked increase” in abortions “during the Depression”.<sup>32</sup> First-hand accounts of abortion in the community from works such as *Struggle or Starve*<sup>33</sup> show the prevalence and impact of backstreet surgeries. This ‘history from below’ approach will be adopted alongside statistical evidence throughout this dissertation.

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<sup>27</sup> Beddoe, *Out of The Shadows*, p.95.

<sup>28</sup> Kate Fisher, “‘Clearing Up Misconceptions’: The Campaign To Set Up Birth Control Clinics In South Wales Between The Wars”, *Welsh History Review*, 19.1 (1998), pp.103-129.

<sup>29</sup> Julie Grier, “Eugenics and Birth Control: Contraceptive Provision in North Wales, 1918-1939”, *Social History of Medicine*, 11.3 (1998) pp.443-448.

<sup>30</sup> Margaret Douglas, “Women, God and Birth Control: The First Hospital Birth Control Clinic, Abertillery 1925”, *Llafur*, 6.4 (1994) pp.110-122.

<sup>31</sup> Stephen Brooke, “‘A New World for Women’? Abortion Law Reform in Britain during the 1930s”, *The American Historical Review*, 106.2 (2001), pp.431-459.

<sup>32</sup> Beddoe, *Out of The Shadows*, p.95.

<sup>33</sup> White and Williams, *Struggle or Starve*.

**Chapter One:**  
**Doctors, Midwives and Antenatal Clinics**

When facing childbirth, the greatest responsibility lay on the shoulders of those who provided medical care. In interwar Wales most women gave birth at home, with Beddoe stating how in the whole of Wales in 1934 there were only “thirteen maternity homes”.<sup>34</sup> The 1937 Report placed some blame of maternal deaths on independent midwives, however as Loudon, Fox and Lewis have highlighted, doctors were also greatly responsible. Beddoe stated how during the early twentieth century, birth had rapidly relocated to the realm of medical men.<sup>35</sup> However, the superior placing of the doctor as best choice for childbirth may have caused more deaths and will be explored in this chapter. Women themselves were also blamed for not accessing the appropriate care, however the validation of these claims will be examined.

The practice of midwives in Wales was highly criticised, particularly independent midwives. The 1937 Report states that “midwifery, generally speaking, has not attained a high standard of efficiency”, with higher standards found amongst “nurses employed by an institution or association” rather than “independent midwives”.<sup>36</sup> Out of a total of “35,988” childbirths in 1934 in Wales, “28,417” cases were led by midwives, with “21,439” cases led by independent midwives.<sup>37</sup> The report highlights how independent midwives that work part time are the most unsatisfactory, particularly criticising their lack of hygiene, stating their hands were often “not clean or well kept”.<sup>38</sup> Mari A. Williams highlights cases in the mid-1920s in Carmarthenshire, where seven mothers died of puerperal fever, with all cases of infection being traced back to one untrained midwife.<sup>39</sup> The 1937 Report highlights how the “absence of ante-natal clinics in...Wales” means that “the care of the pregnant woman falls chiefly on the midwives” and many of them are “totally unfitted either by training or general education”.<sup>40</sup> However, this lack of training was not always a choice for midwives. Mari A. Williams argues how in rural areas some Welsh authorities did not subsidise midwives who otherwise could not make a living from their small number of cases.<sup>41</sup> Furthermore, no Welsh authorities supported midwives financially to help them attend post-certificate training.<sup>42</sup>

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<sup>34</sup> Beddoe, *Out of The Shadows*, p.94.

<sup>35</sup> Beddoe, *Out of The Shadows*, p.21.

<sup>36</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.118.

<sup>37</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.35.

<sup>38</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.33.

<sup>39</sup> *Quarterly Report of the Carmarthenshire Medical Officer of Health, July 1929* (Llanelly, 1929), p.6, cited in Williams, “The Growing Toll of Motherhood”, p.129.

<sup>40</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.33.

<sup>41</sup> Williams, “The Growing Toll of Motherhood”, p.129.

<sup>42</sup> Williams, “The Growing Toll of Motherhood”, p.129.



This highlights the lack of support for midwives which may have forced them to remain working part-time and not able to seek further education.

Whilst untrained midwives were considered a key cause of high maternal mortality in the 1937 Report, the role of doctors in maternal mortality was understated. The 1937 Report states how 18 percent of total childbirth cases in Wales were “maternity cases”, meaning they were led by a doctor, however 38.6 per cent of investigated deaths were doctor led cases.<sup>43</sup> In comparison, 82 percent of childbirth cases were led by midwives, and 61.4 percent of investigated deaths.<sup>44</sup> These statistics suggest that percentage wise, doctors are more likely to cause deaths. The report acknowledges this, however it argues that “it should be borne in mind” that doctor’s childbirth cases contain a large percentage of first time and troubled births.<sup>45</sup> Due to doctors attending difficult births, the large statistics of women dying when attended by doctors, which Loudon also highlights<sup>46</sup>, is disregarded. The report states that it has become less common for doctors to attend births then previously, informing how doctors often lack “the background of straightforward cases with which to compare the abnormal case”.<sup>47</sup> In interviews with doctors, the report states how many admit midwifery “forms a small” and “least attractive part of their practice”, with many stating “they would not consider it a hardship if they ceased to be concerned with midwifery”.<sup>48</sup> Enid Fox argues how there was a cover up of doctors’ poor standards, stating how the MOH’s investigations into maternal mortality in Britain found that the main recommendation which was discovered but not published was that “some doctors should be barred from midwifery”.<sup>49</sup> Fox states how not publishing individual cases was preferred so mothers would not be alarmed.<sup>50</sup> However, Fox concludes that if this knowledge had been public then pregnant women could have made informed decisions, rather than assuming “a doctors higher fees meant better care than a midwife’s”.<sup>51</sup> The lack of interest from doctors raises serious concerns and questions about the standard of care they provided and how this impacted women’s safety during childbirth.

The poor midwifery provided by some doctors could cause atrocious injuries and subsequent deaths. The neglect of doctors is shown in an account from a woman from Swansea, who details her difficult birth in which she was given anaesthetics and after being

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<sup>43</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.103.

<sup>44</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.103.

<sup>45</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, pp.103-104.

<sup>46</sup> Loudon, “Obstetric care”, pp.606-607.

<sup>47</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.105.

<sup>48</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, pp.105-106.

<sup>49</sup> PRO MH55/681, ‘minute of discussion, 16 December 1936’ (1936), cited in Fox, “Powers of Life and Death”, p.345.

<sup>50</sup> PRO MH55/681, ‘minute of discussion, 16 December 1936’ (1936, cited in Fox, “Powers of Life and Death”, p.345.

<sup>51</sup> Fox, “Powers of Life and Death”, p.350.

“so drugged up” woke up for the midwives to tell her that her baby “was born dead...It was a breech birth, and the doctors had broken its neck and legs during delivery”.<sup>52</sup> Loudon highlights doctors increased intervention and overuse of chloroform and forceps, stating how in 1930 in Carmarthenshire during 55.8% of ordinary GP childbirth cases, forceps were used.<sup>53</sup> Mabel Dobbin Crawford’s documentation of her experience at Liverpool Maternity Hospital, published in 1932, documents the “last 100 patients” who arrived as emergencies, after “attempts at delivery by forceps had failed”.<sup>54</sup> Crawford argued how “in unsuitable cases or at an improper time” forceps are a “lethal weapon whereby...scores of mothers” have been “brought to the door of death”.<sup>55</sup> Fox highlighted Crawford’s work as “exceptional” in its “strong and explicit criticism” of GPs and their education.<sup>56</sup> Gemma McKenzie’s article<sup>57</sup> on obstetric violence also utilises Crawford’s findings to argue how some doctors were not just ignorant, but displayed a form of violence which “demonstrates a misogynistic view of women”.<sup>58</sup> McKenzie highlights how Crawford stated that some doctors misuse of forceps in homebirths, often before full dilation, led to the “cervix, vagina and perineum being extensively torn”.<sup>59</sup> Some women suffered from ruptured wombs, with cases of doctors trying over hours to use forceps successfully, without anaesthesia.<sup>60</sup> McKenzie highlights how Crawford wrote of women and babies suffering terrible deaths by doctors who were required to only have “two weeks of obstetric training” and may have never seen forceps being used in birth.<sup>61</sup> One reason doctors gave for these failings was that they were “pressed by other work”<sup>62</sup> which echoes the lack of interest shown by doctors in the 1937 Report, who stated midwifery was the “least attractive”<sup>63</sup> part of their work, and who also lacked experience.<sup>64</sup> A MOH inquiry on maternal mortality from 1932, including ten Welsh counties, backs up this issue occurring in Wales. Detailed in a 1932 article from the Western Mail, the enquiry is reported to have found that “Doctors, in many cases... show lack of appreciation” of ante-

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<sup>52</sup> Jeffrey Grenfell Hill, *Growing Up in Wales: Collected Memories of Childhood in Wales, 1895-1939*, (Llandysul, 1996), cited in Beddoe, *Out of The Shadows*, p.20.

<sup>53</sup> Dame Janet Campbell, ID Cameron and DM Jones, “High maternal mortality in certain areas” in *Reports on public health and medical subjects*, (London, 1932), cited in Loudon, “Obstetric care”, p.607.

<sup>54</sup> Mabel Dobbin Crawford, “The Obstetric Forceps And Its Use”, *The Lancet*, 219.5676 (1932), p.1239.

<sup>55</sup> Crawford, “The Obstetric Forceps And Its Use”, p.1239.

<sup>56</sup> Fox, “Powers of Life and Death”, p.342.

<sup>57</sup> Gemma McKenzie, “Learning from obstetric violence in UK births at home: reaffirming and challenging current understanding of abuse during the maternity period”, *Journal of Gender-Based Violence*, (2024), pp.1-17.

<sup>58</sup> McKenzie, “Learning from obstetric violence”, p.8.

<sup>59</sup> Crawford, “The Obstetric Forceps And its Use”, p.1241, cited in McKenzie, “Learning from obstetric violence”, pp.7-8.

<sup>60</sup> Crawford, “The Obstetric Forceps And Its Use”, p.1241, cited in McKenzie, “Learning from obstetric violence”, p.8.

<sup>61</sup> Crawford, “The Obstetric Forceps And Its Use”, p.1243, cited in McKenzie, “Learning from obstetric violence”, p.8.

<sup>62</sup> Crawford, “The Obstetric Forceps And Its Use”, p.1243, cited in McKenzie, “Learning from obstetric violence”, p.8.

<sup>63</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.106.

<sup>64</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.105.

natal care, and an “inability to carry it out satisfactorily”.<sup>65</sup> In some instances “serious mismanagement of labour is alleged” with “Forceps...applied unnecessarily frequently...and prematurely” with evidence “that aseptic precautions are neglected”.<sup>66</sup> Amongst some doctors, malpractice was common and lack of appropriate training and interest in women’s health was not only neglectful, but also factored into the high number of avoidable deaths.

Not all doctors were adequately qualified to provide obstetric care, and whilst details of this were being covered up by the MOH, some blame was being placed onto the mothers themselves. The 1937 Report stated how in many cases women are not taking “reasonable steps during the ante-natal period, e.g. consulting a doctor, or...not continuing...care after engaging a doctor or nurse”.<sup>67</sup> These statements however do not acknowledge the cost of obtaining health care. In Maggie Pryce Jones’s account from South Wales, she states how her mother “was suffering from a difficult form of anaemia and really should have had treatment, but it was very expensive”.<sup>68</sup> As was previously shown in the introduction, Maggie’s mother later died after childbirth. The 1937 Report tells women to call for doctors, yet admits that many doctors are undertrained, with evidence showing that in some cases this lack of experience led to abusive treatment. The report does acknowledge the inadequacy of local authorities maternity services, stating that maternity schemes have only developed “in the four county boroughs and in Glamorgan, Monmouthshire and Flintshire” whilst in “the rest of Wales, which is mainly rural” local authorities undertake “very little maternity work”.<sup>69</sup> However the report continues to blame mothers, stating these services cannot work “unless the woman recognises her own individual responsibility for care and attention to the hygiene of pregnancy” claiming many deaths are caused by mothers “ignorance, carelessness or neglect”.<sup>70</sup> Headlines such as “Maternity Mortality Toll In Wales, Mothers Should Make More Use of Clinics”<sup>71</sup> from 1935 in the *Western Mail*, further show the public pressure placed onto mothers. The 1937 Report found it necessary to blame mothers for their own deaths yet did not think detailing the failings of doctors was appropriate, showing a condescending double standard.

Some mothers preferred to follow traditional Welsh methods rather than going to clinics. This is shown in *A Labour of Love*, in which the oral testimony of Olive Morgan from Llanelli is recorded, who had her first baby in 1934. Olive discusses clinics, stating that she:

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<sup>65</sup> Anon, “Alarming Toll Of Motherhood In Welsh Homes”, *Western Mail*, 05 September 1932.

<sup>66</sup> Anon, “Alarming Toll Of Motherhood In Welsh Homes”.

<sup>67</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.100.

<sup>68</sup> Maggie Pryce Jones, *Kingfisher of Hope*, (Llandysul, 1993), cited in White and Williams, *Struggle or Starve*, p.158.

<sup>69</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.119.

<sup>70</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, pp.115-116.

<sup>71</sup> Anon, “Maternity Mortality Toll In Wales, Mothers Should Make More Use of Clinics” *Western Mail*, 14 October 1935, p.6.

“didn’t think much of the clinics. Why walk a mile, with a small baby, undress him down to his nappy, and weigh him in cold scales? I was supposed to keep him warm....Of course, the clinics had their fancy ideas of the way of bringing a baby up, but we had our own way in Wales...”.<sup>72</sup>

Although discussing her infants care, this extract shows the attitude some women in Wales held towards clinics. This could be argued to support claims of mothers’ ignorance; however, it is important to consider why women may have felt uncomfortable attending clinics. The distrust of clinics is referenced by Beddoe, who states that regarding infant clinics mothers attended to get “advice on how best to look after their babies” but were instead “lectured...on personal hygiene” and on how to “eliminate dirt”.<sup>73</sup> This echoes the 1937 Reports advice, showing the condescending criticism of mothers. Furthermore, whilst the government criticised mothers for not attending clinics, many areas were not provided with clinics. The attitude towards working class women was particularly patronising. In the 1939 book *Working Class Wives*, which documented the findings of a report into working class mothers health, Mrs. J. of Llanelly, who is twenty-five with three children, is stated as having a “Bad Chest” which “she says is caused by the dampness of her house” and the doctor recommended to “not...overdo myself with housework”.<sup>74</sup> The author Spring Rice states how this “presumably explains the fact that she gets up at 10am! She also has headache, faintness, and constipation...which she has consulted no-one” with the health visitor writing that Mrs. J. is a “most improvident young woman; - the rare type which *makes* a slum”.<sup>75</sup> This shows how working-class women were looked down upon and their ill-health was not always taken seriously. Mrs. J. is criticised for not seeing a doctor, but when she has seen a doctor, his advice is judged as an excuse to wake up “at 10am!”<sup>76</sup>. The authorities’ approach may in part explain why women distrusted clinics. Whilst women who could afford to hire a doctor may have ultimately suffered from their poor care, for women in poverty their enforced lifestyle greatly impacted their health and mortality. The next chapter will examine the impact in Wales on maternal mortality of an issue which was directly impacted by poverty: nutrition.

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<sup>72</sup> Steve Humphries and Pamela Gordon, *A Labour of Love: The Experience of Parenthood in Britain 1900-1950*, (London, 1993), p.73.

<sup>73</sup> Beddoe, *Out of The Shadows*, p.21.

<sup>74</sup> Spring Rice, *Working Class Wives*, p.84.

<sup>75</sup> Spring Rice, *Working Class Wives*, p.84.

<sup>76</sup> Spring Rice, *Working Class Wives*, p.84.

## Chapter Two: Nutrition

Poverty was prevalent across Wales and highly influenced health; the 1937 Report highlights how in industrial Wales the depression had a strong impact, and in rural Wales “the standard of living” has “always been low”.<sup>77</sup> This chapter asks what impact malnutrition had on pregnant women and maternal mortality, which, as displayed in the introduction, has been debated amongst historians. However, these debates have lacked examination of the situation in Wales, which is the focus of this chapter.

The 1937 Report although references nutrition through stating mothers’ ignorance, refuses to admit that malnutrition impacted maternal mortality. The report acknowledges women’s general ill health, stating that the “question” of improvement “is to some extent an economic one” involving “ways and means of maintaining women of childbearing age in optimum health” with “good nutrition and good sanitary environment”.<sup>78</sup> However, to improve this the report puts responsibility onto women, stating that what is needed is better “education of girls and women” regarding “nutrition, physical fitness and personal and domestic hygiene”.<sup>79</sup> Examining first-hand accounts of women in Wales underlines this statement’s flaws. Maggie Pryce Jones’s account from South Wales states how “the plain food we ate contained little of vitamin value...Our meals were planned to fill us; we were lucky to be eating at all”.<sup>80</sup> Poverty controlled nutrition; whatever the family could afford they would eat. Beatrice Wood recounts how in Dowlais, when money had run out people would go to “the butcher’s for bones for a dog they didn’t have...to make some kind of stew”.<sup>81</sup> The ignorance and inadequacy of advising a mother in this dire situation that she is unaware of how to cook nutritional meals is clear. The 1937 Report does state that if mortality is a marker of general sickness in women, then, among the “women of childbearing age in Wales” cases of “sickness and ill health” would “appear to be...high”.<sup>82</sup> Highlighting the common occurrence of “Anaemia and debility of varying degrees”, the report states how this “may partly be the result of poor nutrition”, however, even with these considerations, the report ascertains that nutrition’s “influence cannot at the moment be accurately assessed”.<sup>83</sup> In Charles Webster’s 1982 article, he references this statement as an example of the MOH’s lack of attention on mothers’ general ill health as a cause of maternal mortality.<sup>84</sup> Webster references a

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<sup>77</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.115.

<sup>78</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.81.

<sup>79</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.115.

<sup>80</sup> Pryce Jones, *Kingfisher of Hope*, cited in White and Williams, *Struggle or Starve*, p.146.

<sup>81</sup> Beatrice Wood, *Wednesday’s Child*, (Wales, 1989), cited in White and Williams, *Struggle or Starve*, p.134.

<sup>82</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.115.

<sup>83</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.115.

<sup>84</sup> Charles Webster, “Healthy or Hungry Thirties?”, *History Workshop*, 13 (1982), p.117.

contemporary editorial from the *The Medical Officer* which reviewed the 1937 Report and stated that “We are left convinced that in this sentence will be found the explanation of the exceptional maternal mortality in Wales”, concluding that “its reduction is more likely to be achieved by a herd of cows than by a herd of specialists”.<sup>85</sup> This shows how nutrition was being acknowledged by contemporary experts as a key reason for high maternal mortality in Wales, but the authorities were ignoring this advice. Mari A. Williams highlights how the writers of this review felt the work of a feeding scheme “for necessitous and expectant mothers” proved the link between nutrition and mothers’ health but was not being utilised.<sup>86</sup>

This feeding scheme was the work of Lady Juliet Rhys Williams and the National Birthday Trust Fund in the Rhondda, which appeared to prove the link between malnutrition and maternal mortality, however as journalists at *The Medical Officer* argued<sup>87</sup>, the Government ignored this experiments findings. Lady Williams’s experiment, which she described in her 1936 journal article in *Public Health*, explained how she had started by increasing “facilities for ante-natal examination”, providing an “obstetrical specialist”, as well as “refresher courses for...half the practising midwives”, and appointing two “District Sister-Super-intendants”.<sup>88</sup> However, Lady Williams highlights how despite these changes, throughout 1934 “the number of puerperal deaths continued to rise” reaching “11.29 per 1,000 total births”.<sup>89</sup> Although when the scheme originated, “no idea was entertained” that “high puerperal mortality” in the Rhondda and local areas was “due to any large extent...malnutrition of expectant mothers”, evidence of “malnutrition was...so striking that...it was decided...to supplement the original scheme during 1935 with a supply of foodstuffs...distributed through the clinics” resulting in “a sharp fall in the puerperal death rate”<sup>90</sup> to “4.77 in 1935”<sup>91</sup>. These results were astounding, with Beddoe arguing that the work of Lady Williams provided the strongest evidence that maternal mortality was closely linked with poverty and malnutrition.<sup>92</sup> However, as Beddoe highlights, despite the impressive results, the MOH refused to take action on what they called “Lady Williams’s speculations”.<sup>93</sup> Fox stresses the flaws of Lady Williams’s work, stating how the experiment “ill-served” those who wanted more official attention on malnutrition, stating it “suffered from a notable disregard of experimental control” which made it “easy” for the MOH “to dismiss”.<sup>94</sup> However, Jane Lewis highlights how Lady Williams explained her lack of scientific control, stating that the MOOH would not cooperate with her “to conduct the experiment on a scientific basis”

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<sup>85</sup> Anon, *The Medical Officer*, 57. (1937), p.215, cited in Webster, “Healthy or Hungry Thirties?”, pp.117-118.

<sup>86</sup> Williams, “The Growing Toll of Motherhood”, p.137.

<sup>87</sup> Anon, *The Medical Officer*, p.215, cited in Webster, “Healthy or Hungry Thirties?”, pp.117-118.

<sup>88</sup> Williams, “Malnutrition as a Cause of Maternal Mortality”, p.1.

<sup>89</sup> Williams, “Malnutrition as a Cause of Maternal Mortality”, p.1.

<sup>90</sup> Williams, “Malnutrition as a Cause of Maternal Mortality”, p.1.

<sup>91</sup> Williams, “Malnutrition as a Cause of Maternal Mortality”, cited in Beddoe, *Out of The Shadows*, p.95.

<sup>92</sup> Beddoe, *Out of The Shadows*, pp.94-95.

<sup>93</sup> Beddoe, *Out of The Shadows*, p.95.

<sup>94</sup> Fox, “Powers of Life and Death”, p.333.

until “they had some evidence that extra feeding could make a substantial difference to the mortality rate”.<sup>95</sup> Therefore, Lady Williams sought scientific control but help was rejected until she collected proof, which after finding said proof was rejected for lack of scientific control. This not only shows the obstacles faced by those, particularly women, who wanted to improve women’s health, but displays a clear resistance by the MOH to acknowledge nutrition’s impact on maternal mortality. This subsequently meant that food support would not be provided to mothers which could have helped prevent further deaths.

Some political figures acknowledged Lady Williams work, however, even when nutrition was discussed, more focus was often placed on children than mothers. In 1939 during a debate on nutrition in the House of Lords, The Lord Bishop of Winchester acknowledged that “maternal mortality is very closely connected with nutrition”, referencing Lady Williams experiment as showing that “this question of malnutrition is a very serious one... I think the causes of malnutrition are...partly ignorance, but...more largely low wages”.<sup>96</sup> This shows some acknowledgement of these findings which further invalidates the MOH’s criticisms. However, in the debate which followed, nutrition’s impact on maternal mortality is scarcely mentioned. The main focus is on children, with socialist Lord Snell stating how feeding hungry children “is not only a right in itself, but...a good national investment”.<sup>97</sup> More importance is placed on children’s health as a ‘national investment’, particularly with the threat of war, with nutrition for the future armed forces being prioritised. This did not only occur in government; the prioritisation of children and men’s nutrition over women was also commonplace in working class Welsh homes. Beddoe stated how “Women were the first to go without”<sup>98</sup>, referencing a health visitors account from 1926, during the general strike, which stated how they often visited miner’s homes and found that “the mother wasn’t able to have anything for dinner...it was very terrible to see the miners’ wives – the anxiety they had” admitting that “it was on the mother that all these problems were put on her shoulders”<sup>99</sup>. A survey led by The Pilgrim Trust also found in depressed areas “men and children suffered the effects of malnutrition far less than women”.<sup>100</sup> Steven Thompson states one reason for this was that culturally it was viewed that maximising the family’s earnings could best occur through providing the breadwinner with the most food.<sup>101</sup> These issues continued throughout the interwar period. In 1936 during a debate on Malnutrition in the House of Commons, an unnamed politician from South Wales stated how “In working-class

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<sup>95</sup> *National Council of Women News*, (1930), p.108, cited in Lewis, *The Politics of Motherhood*, p.182.

<sup>96</sup> House of Lords, “Nutrition”, Wednesday 12 July 1939, Hansard.

<sup>97</sup> House of Lords, “Nutrition”, Wednesday 12 July 1939, Hansard.

<sup>98</sup> Deirdre Beddoe, ‘Munitionettes, Maids and Mams: Women in Wales, 1914-1939’, in *Our Mother’s Land: Chapters in Welsh Women’s History, 1830-1939*, ed. Angela V. John, (Cardiff, 2011), p.202.

<sup>99</sup> Documentary film, *Women of the Rhondda*, (1973), cited in Beddoe, ‘Munitionettes, Maids and Mams’, p.202.

<sup>100</sup> Beddoe, ‘Munitionettes, Maids and Mams: Women in Wales, 1914-1939’, p.202.

<sup>101</sup> Thompson, *Unemployment, Poverty and Health*, p.84.

homes it is the mother who makes the sacrifice. It is she who goes short” and that this is “clearly indicated in the high increase in the maternal mortality rate. It is part of the price that the women are paying for the depression”.<sup>102</sup> The secondary placement of women throughout different factions of society not only had a deadly impact on health through malnutrition, but factored into the mindset that women’s health was not a priority.

Women did not only suffer from malnutrition when they were mothers, in childhood girls often lacked sufficient food. Steven Thompson highlights how young children were protected from the worst impact of malnutrition because of parents and particularly mothers’ sacrifices, however he states that as girls grew up, they also experienced food shortages.<sup>103</sup> Thompson utilises reports from a Rhondda school medical officer in the 1930s, who found girls attending were, in comparison to the boys, “physically inferior”, with poor diet found to be a key factor, which led to “anaemia, blepharitis, defective vision and postural ‘deformities’...”.<sup>104</sup> Sue Bruley also highlights cases of girls malnutrition, stating how in Abertillery girls weight was falling in each age group and investigators in Abergwynfi were in their words “shocked at the condition and clothing of the girls”.<sup>105</sup> Bruley argues how it was normal for “men and boys to be fed first”, utilising the testimony of Gladys Davies, who stated “any meat we had...it was cut for the men... if we had stew (laughs) you’d have to catch the meat going through it”.<sup>106</sup> This is also displayed in Beatrice Wood’s account of her childhood in Dowlais in *Struggle or Starve*, who stated “of course the man always came first with the food”<sup>107</sup>, and that “Too bad if you came when the food was all gone... you would have to do without. Yes, I have been without many a time, not only me but many more like me...”<sup>108</sup>. This displays how deep rooted the prioritisation of men was in society, and the inferior placing of women and girls. This subsequently impacted women’s ill-health and factored into maternal mortality.

The lack of nutritional food for mothers was clearly detrimental to their health and a cause of the high maternal mortality rates. The wider poverty which caused this lack of nutrition ultimately influenced whether women wanted to become pregnant in the first place. Anxiety regarding feeding an extra mouth was a serious reason why women may want to use birth control or obtain an abortion, with the impact of these issues on maternal mortality the focus of the next chapter.

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<sup>102</sup> House of Commons, “Malnutrition”, Wednesday 8 July 1936, Hansard.

<sup>103</sup> Thompson, *Unemployment, Poverty and Health*, p.85.

<sup>104</sup> Rhondda UD, RSMO, (1935), cited in Thompson, *Unemployment, Poverty and Health*, pp.85-86.

<sup>105</sup> Labour Report, *Distress in South Wales*, pp.5-15, cited in Bruley, *The women and men of 1926*, p.134.

<sup>106</sup> Gladys Davies, *Interview with Gladys Davies*, 4 August (Bridgend, 2004), cited in Bruley, *The women and men of 1926*, p.134.

<sup>107</sup> Wood, *Wednesday’s Child*, cited in White and Williams, *Struggle or Starve*, p.151.

<sup>108</sup> Wood, *Wednesday’s Child*, cited in White and Williams, *Struggle or Starve*, p.152.



### **Chapter Three:** **Birth Control and Abortion**

Women faced multiple reasons why they would need birth-control or an abortion, whether they were unmarried, scared of the dangers of pregnancy or could not afford to raise another child.<sup>109</sup> At the start of the interwar period women had little information on birth control, with minimal sex education.<sup>110</sup> Abortion was more prevalent in urban areas of Wales, and in rural areas where abortion rates were lower<sup>111</sup> this led to higher numbers of illegitimate births.<sup>112</sup> Throughout the period activists made some progress in informing of birth control, however abortion remained illegal even with efforts to reform abortion law. This chapter will examine how birth control and abortion, and the restrictions placed around them, impacted maternal mortality in Wales.

Maternal mortality was at higher risk for older women, with the more pregnancies a woman carried increasing her risk.<sup>113</sup> Lack of birth-control meant large families were common, with *Working Class Wives* documenting experiences of women who suffered from repeated pregnancies. A woman in Cardiff stated how she was “Not too well for last six years” from “anaemia and rheumatism”, stating how she believes her anaemia is due to “having last few children rather too quickly”, with the “fourth, fifth, sixth and seventh all born within the space of four years” and sadly all subsequently dying.<sup>114</sup> Mrs Y. of South Wales stated “I have had children too quickly after each other and with young children they take up all my time”<sup>115</sup>, with the Health Visitor stating how Mrs Y. “looks in very poor condition...five pregnancies in five years have drained her vitality”<sup>116</sup>. Not only did childbirth later in life increase the risk of mortality, but the deterioration of health women faced from having continuous pregnancies further increased their risk. These factors were important in the campaign for birth control clinics in Wales. In Kate Fisher’s article on this issue in South Wales she highlights the vital work of activist Joyce Daniel, whose motivation was, according to a contemporary GP, that she was “saddened by the plight of mothers worn out by successive pregnancies, who suffered malnutrition” and “sought to solve their problems” through “back-street abortions”.<sup>117</sup> Fisher also references birth control activist Marie Stopes who stated that in South Wales “we found the most agonizing conditions among the poor women. The midwife nurses concerned were

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<sup>109</sup> White and Williams, *Struggle or Starve*, p.28.

<sup>110</sup> White and Williams, *Struggle or Starve*, p.28.

<sup>111</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.72.

<sup>112</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.117.

<sup>113</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.54.

<sup>114</sup> Spring Rice, *Working Class Wives*, p.36.

<sup>115</sup> Spring Rice, *Working Class Wives*, p.53.

<sup>116</sup> Spring Rice, *Working Class Wives*, p.53.

<sup>117</sup> Fisher, “Clearing Up Misconceptions”, p.127.

more horrified, I think, by the cases there than anywhere else".<sup>118</sup> This displays how women's health in Wales was particularly dire and was causing great suffering. The struggles women faced through endless pregnancies, exacerbated through poverty, were a vital reason why birth control information would have been beneficial.

In 1930, Memorandum 153/MCW was introduced, which stated regarding birth control that "in cases where there are medical grounds for giving advice on the contraceptive methods to married women in attendance at the Centres" then it "may", be given, although this is not enforced and "such advice should be limited to cases where further pregnancy would be detrimental to health".<sup>119</sup> Fisher argues how Memorandum 153/MCW caused the birth control movement to shift focus to local authorities, highlighting how the importance of MOOH to local administrations meant that if they objected to birth control provisions, then there was little activists could do.<sup>120</sup> Julie Grier also highlights this issue in North Wales, stating how in Denbighshire where the maternal mortality rate was particularly high, the views of the County Medical Officer blocked access to advice on contraceptives.<sup>121</sup> Beddoe highlights how in Monmouthshire, because the MOOH Dr Rocyn Jones opposed birth control "no local authority clinic was set up in any of the twenty-three districts under his control" until 1935, when even though Jones said he would designate centres for advice "in cases of dire necessity", in reality women who went to these clinics were "laughed at and turned away".<sup>122</sup> The control a MOOH had over women's health, and the mockery women faced when trying to obtain birth control advice shows a culture where women were not only refused autonomy of their bodies, but they were made to feel ashamed through social pressure. The dismissal of the importance of birth control shown by medical officers is also shown in the 1937 Report which states that there are "no strong grounds" that "extended use of contraceptive" has "significantly influenced maternal mortality".<sup>123</sup> The report acknowledges that the increase in birth control practice may have helped with maternal mortality as less women are having over seven children, however, because birth control leads women to have their first and second pregnancies later, which increases risks, the report considers the two to cancel each other out.<sup>124</sup> However, this approach is flawed, as birth control was not the cause of these deaths. Looking at individual cases, birth control could have made a marked difference for women. Mair Eluned McLellan's account of her mother, in the Rhondda, finding out she was pregnant displays the impact of unwanted pregnancy at an older age. Mair's mother stated on finding herself pregnant she was going to "ask Dr Morgan to give me something to get rid of

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<sup>118</sup> Dr Marie Stopes, "An Address to Members at the Annual Meeting by Dr Marie Stopes", *Birth Control News*, 14.5 (1937), cited in Fisher, "Clearing Up Misconceptions", p.104.

<sup>119</sup> Ministry of Health and Birth Control, "post issue of circular MCW/153", Wellcome Collection, pp.1-2. Available at: <https://wellcomecollection.org/works/rcpfwtvx/items> Accessed 1 May 2024.

<sup>120</sup> Fisher, "Clearing Up Misconceptions", pp.118-119.

<sup>121</sup> Grier, "Eugenics and Birth Control", p.451.

<sup>122</sup> Beddoe, *Out of The Shadows*, p.96.

<sup>123</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.117.

<sup>124</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, pp.58-59.

it...Whatever it is it'll be one more mouth to feed...I don't want another baby, Mair. I'm too old to have another one", with Mair stating her mother then "began to cry".<sup>125</sup> Although Mair's mother was given a bottle of pills, Mair states she realized "it was highly improbable...Dr Morgan would give her anything strong enough to cause a miscarriage", with the pills having no effect and Mair's mother later contemplating suicide.<sup>126</sup> This extract displays the emotional turmoil and isolation many women faced when finding themselves pregnant. The dangers of pregnancy, particularly for older women, shows that authorities' restriction of birth control would have caused maternal deaths which could have been avoided.

Access to birth control could also have prevented women needing abortions, a factor which some activists utilised in their arguments.<sup>127</sup> Abortion was considered a last resort form of birth control by many working-class women in Wales.<sup>128</sup> Abortion was illegal in common law in the UK since *Lord Ellenborough's Act of 1803*, with the *Offences Against the Person Act 1861*<sup>129</sup> stating that "the intention of a woman to deliberately induce her own miscarriage is a crime"<sup>130</sup> with life imprisonment. In 1929 the *Infant Life (Preservation) Act* made it a criminal offense to kill a "viable foetus" unless the pregnancy risked the mother's life.<sup>131</sup> However, this did not stop women seeking treatment, with Lewis arguing how some working-class women "did not believe self-abortion to be illegal or immoral" if "done before 'quickenings'"<sup>132</sup>, which was when the mother could feel the foetus move.<sup>133</sup> An estimated 14-25% of pregnancies in Wales ended in abortion.<sup>134</sup> The 1937 Report records that between 1924-33 the number of deaths from abortions, was "336, or 12.8 per cent of the total puerperal deaths", although this excludes deaths from "criminal abortion" which is defined as only "inquest cases".<sup>135</sup> The statistics around abortion, however, were underrepresented, with the report stating how "there would always be a certain number of successful...abortions" which are only revealed "to the woman's intimate friends"<sup>136</sup>, therefore they could not ascertain the risks by percentage. Inquests into death were also not always accurate. It is stated that there is evidence that "many abortion deaths have occurred which were returned as...natural causes" when in reality there has been "very strong suspicion" abortion was the cause.<sup>137</sup> Questioning nurses and doctors, the report finds that "the number of abortions which they see in their practices has greatly increased in recent years", and that the cases are "usually septic and

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<sup>125</sup> Mair Eluned McLellan, *Shadows On The Wall*, (2004), cited in White and Williams, *Struggle or Starve*, p.227.

<sup>126</sup> McLellan, *Shadows On The Wall*, cited in White and Williams, *Struggle or Starve*, pp.228-229.

<sup>127</sup> Cleghorn, *Unwell Women*, p.276.

<sup>128</sup> Beddoe, *Out of The Shadows*, p.95.

<sup>129</sup> Cooper, *Regulating Women*, p.23.

<sup>130</sup> Cooper, *Regulating Women*, p.27.

<sup>131</sup> Cleghorn, *Unwell Women*, p.276.

<sup>132</sup> Lewis, *The Politics of Motherhood*, p.199.

<sup>133</sup> Sarah Cooper, *Regulating Women: Policymaking and Practice in the UK* (London, 2016), p.27.

<sup>134</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.68.

<sup>135</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.68.

<sup>136</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.70.

<sup>137</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, p.74.

gravely ill”.<sup>138</sup> Mari A. Williams highlighted how in Wales there was a “dramatic increase in the number of deaths from puerperal sepsis” and that although there were multiple possible causes “it was widely acknowledged that deaths due to abortion were of considerable importance in the increase...”.<sup>139</sup> This is shown in Beatrice Wood’s account from Dowlais, who stated how “Many young women lost their lives and bled to death” from abortions, with Beatrice stating how she “used to hear people saying what a painful death someone had had because the abortion had gone wrong and turned septic”.<sup>140</sup> The increase of abortions correlated with the depression, which emphasises the influence of poverty. Clearly for some women the need to end their pregnancies was so great that it overrode the deadly risks associated with abortion.

Criminality did not stop abortions occurring, as the 1937 Report shows, but instead meant women, particularly working-class, had to rely on unsafe treatment. Abortion rights, as Elinor Cleghorn stated in *Unwell Women*, were “a class issue”.<sup>141</sup> Those who could afford it would pay “physicians who performed...abortions under the legal radar”<sup>142</sup>, whereas working-class women had to turn to abortionists “doing a roaring trade in a dirty back room of their house”<sup>143</sup>. Poverty was a driving factor in abortion.<sup>144</sup> Beatrice Wood’s account states how women “were seeking illegal abortions because they couldn’t afford another mouth to feed”<sup>145</sup>. Beatrice stated how these women “would go anywhere to get rid of the baby they were having...They didn’t care about the risks to their own lives” with many leaving “three or four children behind”.<sup>146</sup> This echoes the secondary placement of women discussed in chapter two, with some risking their lives in order to prioritise their living children’s welfare, even though in some cases this left children without their mother. Beatrice also highlights a case she had heard of where a twenty-eight year old woman with five children already, had, upon finding herself pregnant, “asked her doctor to give her something to get rid of It” and in response the doctor told her having more children was “good for the country”.<sup>147</sup> This harks back to McLellan’s account of her mother being given pills which did nothing<sup>148</sup>, showing how working-class women were not provided with medical care, which subsequently made them resort to dangerous procedures. Margaret Douglas displays women’s desperation in her reference of the account of Dr. Evelyne Fisher who worked in the Valleys and stated, “There was a great deal of self-induced abortion going on” and details a common method which

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<sup>138</sup> Ministry Of Health, *Report on Maternal Mortality in Wales*, pp.70-71.

<sup>139</sup> Williams, “The Growing Toll of Motherhood”, pp.131-132.

<sup>140</sup> Wood, *Wednesday’s Child*, cited in White and Williams, *Struggle or Starve*, pp.152-153.

<sup>141</sup> Cleghorn, *Unwell Women*, p.277.

<sup>142</sup> Cleghorn, *Unwell Women*, p.277.

<sup>143</sup> Wood, *Wednesdays Child*, cited in White and Williams, *Struggle or Starve*, p.153.

<sup>144</sup> Douglas, “Women, God and Birth Control”, p.115.

<sup>145</sup> Wood, *Wednesdays Child*, cited in White and Williams, *Struggle or Starve*, p.152.

<sup>146</sup> Wood, *Wednesdays Child*, cited in White and Williams, *Struggle or Starve*, p.153.

<sup>147</sup> Wood, *Wednesdays Child*, cited in White and Williams, *Struggle or Starve*, p.153.

<sup>148</sup> McLellan, *Shadows On The Wall*, cited in White and Williams, *Struggle or Starve*, pp.227-228.

involved using “small thin candles” pushed “up through the cervix”.<sup>149</sup> Dr. Fisher explains how “the women would bleed so badly” that she sometimes had to “clear out the uterus”.<sup>150</sup> This harrowing account shows how women attempted to take back some autonomy of their bodies. However, the reality of women’s horrifying deaths from abortion was placed second by authorities to the importance of unborn life.

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<sup>149</sup> Dr. Evelyne Fisher interview in Alan S. Parks and Dee King, “The Mothers’ Clinic”, *Journal of Biosocial Science*, 6.2 (1974), cited in Douglas, “Women, God and Birth Control”, p.115.

<sup>150</sup> Parkes and King, “The Mothers Clinic”, cited in Douglas, “Women, God and Birth Control”, p.115.

## Conclusion

The high maternal mortality rates in Wales during the interwar years were devastating and the impact on communities of so many women dying was traumatising. However, this loss of life was not an accident. The cover up of doctor's inadequacy and the resistance to improving nutrition and birth control access were all purposefully made decisions, which were scandalous in their impact on women's lives.

Whilst improvements in midwifery could benefit women's safety in childbirth, local authorities did not provide enough support to help train midwives. The role of doctors was understated, and although the cover up of their malpractice was stated to be for mothers' own benefit, as Fox argued mothers may have benefitted more by being given agency over decisions regarding their own health.<sup>151</sup> Authorities criticised women for not using clinics, whilst simultaneously admitting the lack of clinics, particularly in rural areas. Furthermore, prejudices displayed against working-class women may have discouraged them from attending government run clinics. Poor nutrition clearly impacted women's health and factored into high maternal mortality rates. However, criticism also occurred when discussing malnutrition, with women being condemned for lacking nutritional knowledge, when in reality they could not afford to buy food in the first place. The MOH again covered up their failings, refusing to admit the impact of nutrition on mothers, thereby avoiding responsibility. Evidence was ignored, such as Lady Williams's work in the Rhondda, and it was made impossible for her to gain the MOOH's scientific support. In politics and in the home, women and girls were placed second to men, which led to not being prioritised regarding food. These considerations factor into why women may have sought to avoid pregnancy, however there was little help they could obtain, and birth control activists struggled to provide information due to the MOOH's objections. Birth control services could prevent unwanted pregnancies later in life, or out of wedlock, but the lack of provision meant that many women, particularly in industrial South Wales, turned to abortion. However, the laws against abortion rather than stopping the procedure only made it more dangerous for women. As Cleghorn highlighted<sup>152</sup>, this weighed unfairly on working-class women, with the lack of funds to pay professionals leading to more deaths. The desperate measures some women resorted to, exemplify the need for better provisions, but those in power prioritised the lives of unborn babies over the deaths of women, who often already had vast families to look after.

The causes of maternal mortality all work in relation to one another. The benefits of good nutrition are lost if the medical professional helping a woman give birth is undertrained

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<sup>151</sup> Fox, "Powers of Life and Death", p.350.

<sup>152</sup> Cleghorn, *Unwell Women*, p.277.

and causes fatal injuries. Adequate help in childbirth is not helpful if a woman does not want to give birth in the first place because of the dire poverty she lives in, and therefore turns to a backstreet abortion which turns septic. There are continuing threads which link the causes; for working-class women poverty was the underlining factor to high maternal mortality, whether regarding malnutrition, abortion or housing, an issue which this work has not examined but which future works may want to explore. However, poverty is not the only cause, for women who could afford to pay for a doctor may have unwittingly raised their risk of death. Repeatedly women were not given autonomy over their own bodies, whether this is being uninformed on the malpractice of doctors, or not being educated on birth control methods or allowed to have legal abortions. This dissertation hopes to contribute to holding the MOH and medical professionals responsible for their failings and help bolster further research into a neglected subject area. Examination of authorities' opinion, combined with a 'history from below' approach, displaying the voices of those women who were central to the 1937 Report, has helped provide a wider and more accurate picture of the causes of high maternal mortality. Many women had their lives cut short due to factors which could have been avoided. Research into this subject area not only sheds light on why women died in Wales during the interwar years, but it can contribute to a wider discussion of the causes of maternal mortality still relevant for many women across the globe.

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