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Of Sacrament and Safety: How Two 1970s Home Birth Services Magnified the Power and the Limits of Women's Voices

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Introduction

“The trip seemed very precious, very spiritual, sacred in fact, and I can dig it that we want to do it at home when we can, but it doesn’t make much difference really – anywhere is stoned.”

-Carolyn Hunt, *Hey Beatnik!*

Carolyn Hunt spent much of her labor in a Tennessee hospital waiting room, surrounded by an entourage of long-haired hippie supporters.¹ It was 1972, and they provided physical and spiritual comfort as she gave birth away from the commune where the group’s babies usually arrived. Her baby was breech, and after consultation with an obstetrician, the Farm Midwifery Center midwives decided the hospital was the safest place for the birthing.² Some 500 miles away, in the middle of urban Chicago, Misarai Lozano labored in her small apartment, surrounded by family, friends, and care providers from the Chicago Maternity Center.³ Home delivery allowed childbirth to be the supportive community event she hoped for.

Birthing options in the early 1970s were limited.⁴ Most women gave birth in the hospital under conditions carefully controlled by obstetricians and with a minimal say in their experience. However, mothers who could travel to Chicago or The Farm in Summertown, Tennessee, could have their babies at home for little to no cost with providers willing to attend home births. Women birthing with the Chicago Maternity Center (CMC) were typically from minority groups with few financial resources.⁵ Women birthing with the Farm Midwifery Center (FMC) generally had little money because the commune held assets in common and eschewed debt, welfare, or charging for services.⁶ Most of The Farm women were white and came from middle-class backgrounds, reflecting the prevailing counterculture demographic. Historians have struggled with serious inquiry into both the counterculture and the 1970s, and women are marginalized even in

¹Stephen Gaskin, *Hey Beatnik!: This Is The Farm Book*, Book Pub Co, 1974, sec. "Spiritual Midwifery."

²Gaskin, *Hey Beatnik!*, sec. "Spiritual Midwifery."

³"Birth on the Kitchen Table: At-Home Delivery - a New Trend to an Old Idea," *LIFE Magazine*, August 18, 1972, 54.

⁴Wendy Kline, "Communicating a New Consciousness: Countercultural Print and the Home Birth Movement in the 1970s," *Bulletin of the History of Medicine* 89, no. 3 (2015): pp. 527-556, <https://doi.org/10.1353/bhm.2015.0065>, 530.

⁵Welfare Council of Metropolitan Chicago: Health Division, "The Chicago Maternity Center Study," 26 January 1962, Chicago Maternity Center Collection, Northwestern Memorial Hospital Archives at Chicago, IL, appendix d, question #17.

⁶Ina May Gaskin, *Spiritual Midwifery* (Summertown: Book Publishing Company, 2002), 15.

existing scholarship on the period.⁷ The low socio-economic minority women using The Chicago Maternity Center also largely escape historical inquiry. The maternity services themselves, and to some extent, the women using them, have been explored by historians. Leavitt posits that the progressive shift from home to hospital across the first half of the twentieth century was definitive for women, resulting in a loss of power and control over their experience.⁸ As Kline explores, physicians trained in the CMC home delivery model contributed to the growth of home birth services for parents who could afford to pay for them. Kline has also analyzed the impact of The Farm on midwifery and women's history.⁹ Lewis has explored how women using the CMC and feminist advocates in Chicago came together to try to save the center and assert their voices.¹⁰ Focusing on the two services together reveals mothers' strikingly similar needs and desires across diverse backgrounds. This lens builds on Leavitt's assertions and demonstrates how home versus hospital birth continued to define a woman's power beyond the mid-century period. Despite drastic differences in style and the demographics served, the Farm Midwifery Center and the Chicago Maternity Center provide a compelling picture of women's desire for modern safety, meaningful family experiences, and agency as they birthed their babies, the growth of one service and the closure of another magnified women's power and limits in obtaining care that met those needs.

The Sacrament of Birth: A Brief History of the Farm Midwifery Center

The Farm was an intentional community formed around the teachings of its leader, Stephen Gaskin.¹¹ Birth was one of its primary sacraments.¹² Gaskin gained a following while teaching classes at an experimental college in San Francisco, eventually taking a core group of followers on a teaching tour around the United States.¹³ This tour called The Caravan, became a foundation for The Farm Midwifery Center (FMC) and shaped the group's perspective of childbirth.

⁷Wendy Kline, "Psychedelic Birth: Bodies, Boundaries and the Perception of Pain in the 1970s," *Gender & History* 32, no. 1 (2020): pp. 70-85, <https://doi.org/10.1111/1468-0424.12471>, 70; Gretchen Lemke-Santangelo, *Daughters of Aquarius: Women of the Sixties Counterculture* (Lawrence, Kan.: University Press of Kansas, 2009), 181.

⁸Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750 to 1950* (New York, NY: Oxford University Press, 2016), 206; *Ibid.*, 200.

⁹Kline, "Communicating a New Consciousness."

¹⁰Carolyn Herbst Lewis, "At Home, You're the Most Important Thing: The Chicago Maternity Center and Medical Home Birth, 1932–1973," *Journal of Women's History* 30, no. 4 (2018): pp. 35-59, <https://doi.org/10.1353/jowh.2018.0041>.

¹¹Gaskin, *Hey Beatnik!*, sec. "Farm History."

¹²Gaskin, *Hey Beatnik!*, sec. "Spiritual Midwifery."

¹³Gaskin, *Hey Beatnik!*, sec. "Farm History."

Senior midwife Ina May Gaskin relates, “it was obvious after Anne’s birth [on the Caravan] that it was time to study everything I could about midwifery.”¹⁴ From that point forward, Gaskin and her assistants sought all the information they could find on maternity care. A Rhode Island obstetrician, trained in Europe and possibly sympathetic to midwives from that experience, offered the women hands-on training.¹⁵ Eventually, the group headed for Tennessee, where they purchased a 1000-acre farm.¹⁶ The Farm’s establishment as a religious community with Stephen Gaskin as its head had a powerful influence on how the group functioned. Childbirth became part of the religious culture of the group.¹⁷ Home birth gave women control over their experience, while motherhood and birth rendered social status in the hierarchy of The Farm’s women.¹⁸

The Fight for Life: A Brief History of the Chicago Maternity Center

Dr. Joseph B. DeLee founded the Maxwell Street Dispensary 75 years before the Caravan began its trip across the United States.¹⁹ His dispensary grew into two lying-in hospitals, one of which became the Chicago Maternity Center (CMC) in 1932. Like the Farm, the CMC grew out of one man’s dream. DeLee’s dream was for the growth of his profession: obstetrics.²⁰ DeLee’s prophylactic use of maternal sedation and forceps to extract babies from mothers would ironically become one of the rallying cries for the FMC practice of leaving labor and birth relatively undisturbed.²¹ For DeLee, however, forceps moved women toward his goal of obstetrician-managed birth in the hospital. The doctor had to reckon with his profession’s sobering statistics following the implementation of

¹⁴Gaskin, *Hey Beatnik!*, sec. "Spiritual Midwifery."

¹⁵Wendy Kline, “The Little Manual That Started a Revolution: How Hippie Midwifery Became Mainstream,” in *Groovy Science: Knowledge, Innovation, and American Counterculture*, ed. David Kaiser and Patrick McCray (Chicago: University of Chicago Press, 2016), 190.

¹⁶Gaskin, *Hey Beatnik!*, sec. "Farm History."

¹⁷Louis J. Kern. “Pronatalism, Midwifery, and Synergistic Marriage: Spiritual Enlightenment and Sexual Ideology on The Farm (Tennessee),” in *Women in Spiritual and Communitarian Societies in the United States*, ed. Wendy E. Chmielewski (Syracuse: Syracuse University Press, 1993), 201.

¹⁸Louis J. Kern. “Pronatalism, Midwifery, and Synergistic Marriage,” 212.

¹⁹“General Information,” Chicago Maternity Center Collection, Northwestern Memorial Hospital Archives at Chicago, IL.

²⁰Wendy Kline, “Back to Bed: From Hospital to Home Obstetrics in the City of Chicago,” *Journal of the History of Medicine and Allied Sciences* 73, no. 1 (November 2017): pp. 29-51, <https://doi.org/10.1093/jhmas/jrx055>, 51.

²¹Leavitt, *Brought to Bed*, 179; *Birth Story: Ina May Gaskin and the Farm Midwives* (Ghost Robot/Reckon So Productions, 2012), 1:23:00. <https://video.alexanderstreet.com/watch/birth-story-ina-may-gaskin-the-farm-midwives/>.

his theories; women had a higher chance of dying in the hospital than at home.²² DeLee founded the Chicago Maternity Center to save the lives of Chicago's poorest women and to train competent obstetricians; his effort to fight the city's appalling maternal and infant mortality rates immediately succeeded.²³ DeLee's hospital-centered vision influenced mothers' treatment at the CMC, where home *delivery* was offered over home *birth*. Even with a medical focus, maternal satisfaction was high, and births were among the safest in Chicago.²⁴

Safety: A Woman's First Concern

Women feared pregnancy and birth because the risk to their lives was real.²⁵ The need for safety in childbirth led women to seek medical help and eventually hospital birth. The Chicago Maternity Center and The Farm Midwifery Center both began with a strong emphasis on maternal and infant safety. Chicago women were given a guidebook on healthy pregnancy and encouraged to attend regular prenatal appointments.²⁶ CMC statistics show that around 10,000 appointments were given for the 1034 home deliveries attended in 1971.²⁷ *Chicago Maternity Center Story*, a 1976 documentary film on the CMC, shows many women waiting eagerly for prenatal checkups.²⁸ When Gaskin's group purchased their land, one room of the existing farmhouse became the prenatal clinic.²⁹ Mothers came to the clinic regularly throughout pregnancy.³⁰

The CMC gave nurses and residents in-depth instruction on creating a clean environment for birth in potentially dirty housing - bringing a hospital environment home.³¹ In the documentary *Birth Matters*, FMC midwife Sharon Wells relates, "it's more like we bring the hospital to you."³² Though Wells speaks of present-day FMC births, the founding midwives outlined sanitary birth procedures and obtained supplies for safe delivery.³³ The focus on creating an

²²Leavitt, *Brought to Bed*, 185.

²³Leavitt, *Brought to Bed*, 189.

²⁴Welfare Council of Metropolitan Chicago: Health Division, "The Chicago Maternity Center Study."

²⁵Leavitt, *Brought to Bed*, 181.

²⁶Lewis, "At Home, You're the Most Important Thing," 38.

²⁷"Chicago Maternity Center Statistics: 1971," Chicago Maternity Center Collection, Northwestern Memorial Hospital Archives at Chicago, IL.

²⁸*The Chicago Maternity Center Story* (Kartemquin Films Ltd., 1977), 0:06:30.

<https://www.amazon.com/Chicago-Maternity-Center-Story-Blumenthal/dp/B01M2VKUV0/>

²⁹Gaskin, *Spiritual Midwifery*, 26.

³⁰Gaskin, *Hey Beatnik!*, sec. "Spiritual Midwifery."

³¹Jacqueline H. Wolf, *Deliver Me from Pain: Anesthesia and Birth in America* (Baltimore: Johns Hopkins University Press, 2012), 101; Kline, "Back to Bed," 37

³²*Birth Story*, 0:22:35.

³³*Birth Story*, 0:39:40.

environment as clean and well-equipped as a hospital is a recurring theme with both services.³⁴ The FMC midwives felt no need to lay out a newspaper, but they insisted on sterile packs for each birth, and each service kept multiple sterile packs and sterile sheets ready for delivery calls.³⁵ Both services routinely used enemas early in labor and shaved or used betadine on the mons pubis, believing it kept conditions cleaner.³⁶ These measures created a clean environment for childbirth and made birth at home a safe choice.

Trained attendants increased birth safety, and each service focused on teaching. The Chicago Maternity Center's objective was "to deliver a healthy baby to a healthy mother" and "give resident physicians, interns, medical students, and nurses the best possible training in obstetrics and gynecology."³⁷ By 1971, the CMC had trained 15,000 medical students.³⁸ Training and education were also vital to the FMC, and the midwives accepted training when given, building rapport with local practitioners.³⁹ They sought the advice of these allies when they felt unsure, such as with Carolyn's breech baby. These doctors, in turn, helped them grow their confidence and build relationships with the local hospital.⁴⁰ As the midwifery movement grew nationwide, The FMC midwives attended conferences to teach and learn.⁴¹

Both services used technology to aid in keeping mothers safe. Reliable vehicles were essential; FMC midwives were prioritized for vehicles and vehicle repair.⁴² The CMC's head doctor, Beatrice Tucker, commented on the importance of her vehicle to safe maternity care.⁴³ Farm midwives did not use forceps as did CMC doctors, but both services used sterile scissors for episiotomy and carried Pitocin, a synthetic oxytocin injection used to stop postpartum hemorrhage.⁴⁴ The use of technology was characteristic of the Farm and of Stephen Gaskin's belief that science and technology could be used for the good of mankind.⁴⁵ Stephen suggested that the midwives write about what they do at birth so that others could

³⁴Kline, "Back to Bed," 37.

³⁵*Birth Story*, 0:38:45; *The Chicago Maternity Center Story*, 0:12:20; Gaskin, *Hey Beatnik*, sec. "Equipment and Supplies."

³⁶Gaskin, *Hey Beatnik!*, sec. "How to Deliver a Baby."

³⁷"Functional Service Report - 1971," October 1970, Chicago Maternity Center Collection, Northwestern Memorial Hospital Archives at Chicago, IL, 13, 22.

³⁸"Functional Service Report - 1971," 22.

³⁹Gaskin, *Hey Beatnik!*, sec. "Spiritual Midwifery;" Kline, "The Little Manual," 190.

⁴⁰Gaskin, *Hey Beatnik!*, sec. "Spiritual Midwifery."

⁴¹*Birth Story*, 1:09:00.

⁴²Gaskin, *Spiritual Midwifery*, 31.

⁴³Van Gordon Sauter, "They deliver," *Chicago Tribune Magazine*, November 21, 1971, 28.

⁴⁴Gaskin, *Hey Beatnik!*, sec. "Equipment and Supplies."

⁴⁵Kline, "The Little Manual," 185.

access safety information.⁴⁶ Both services were willing to transport complicated cases to the hospital for care, contributing to favorable safety rates. Practices that increased safety gave women the confidence that they could return to home birth without endangering themselves and their babies. Many women using the services had experienced both home and hospital births.⁴⁷ When the option to give birth at home safely was offered, they chose it, demonstrating wants and needs beyond safety.

Birth as a Social and Family Experience

Women began going to hospitals because they believed the experience would be safer and, in some instances, more comfortable than birthing in their homes.⁴⁸ They did not realize they would lose control over their experience, often ultimately, when they did so. Losses included the social aspect of birth, something women using both the CMC and the FMC wanted to reclaim and expand. Women wanted their traditional female supporters back and increasingly desired husbands and children.⁴⁹ For women on The Farm, birth had an additional religious role.⁵⁰ Perceiving that birth was a sacrament to the Church of The Farm is essential to understanding what happened with the FMC. Midwives on the farm wielded much power; they were crucial decision-makers at the pinnacle of the social hierarchy. They were, in a sense, high priestesses carrying out a sacrament.⁵¹ Their role as shepherds of relationships and personal growth is seen in many birth stories, particularly in the original pages of *Hey Beatnik!*⁵² Childbirth was a community experience before an individual one; mothers who got too involved in their emotions were told to stop whining, and fathers who impeded the room's energy were sent away.⁵³ The CMC also served populations, such as Latin-American mothers, with community birth traditions.⁵⁴ Mothers also emphasized the importance of family, particularly fathers' involvement in the birth and desire to be there.⁵⁵ Clifford recalled, "this was my kid getting born, too, and my lady in

⁴⁶*Birth Story*, 0:47:00.

⁴⁷*Birth Story; The Chicago Maternity Center Story*.

⁴⁸Leavitt, *Brought to Bed*, 206.

⁴⁹Gaskin, *Hey Beatnik!*, sec. "Spiritual Midwifery;" Sauter, "They deliver," 26; *The Chicago Maternity Center Story*, 0:48:20.

⁵⁰Louis J. Kern. "Pronatalism, Midwifery, and Synergistic Marriage," 208-10.

⁵¹Louis J. Kern. "Pronatalism, Midwifery, and Synergistic Marriage," 208.

⁵²Gaskin, *Hey Beatnik!*; Louis J. Kern. "Pronatalism, Midwifery, and Synergistic Marriage," 210.

⁵³Kline, "Psychedelic Birth," 77; "Birth on the Kitchen Table," 55.

⁵⁴"Birth on the Kitchen Table," 55.

⁵⁵Gaskin, *Spiritual Midwifery*, 15.

labor and my universe, so I had to cop to the responsibility.”⁵⁶ *LIFE Magazine* photographers captured a similar sentiment on the face of Epifanio, a Latin-American father comforting his wife during her labor. He stayed close to his wife, with his hands and body gentle and protective around her as the baby’s arrival was imminent.⁵⁷ Mothers choosing both services repeatedly cited wanting their husbands present.⁵⁸

Women also reported keeping family life stable and upholding routines as reasons to choose the CMC.⁵⁹ Leaving disrupted life for the family and could mean leaving children without a caregiver. While the communal nature of The Farm made childcare less of an issue, women wanted to be in their homes and communities.⁶⁰ Mothers using both services wanted to include children. Many CMC and FMC clients talked about having their children there, and neighbor children occasionally watched the birthings.⁶¹ “They saw the baby being born, the stork didn’t bring the baby ... they saw it, they enjoyed it, and they can tell you every word.”⁶²

Money played a social role in women’s birth choices at the FMC and CMC. In both cases, poverty aided these women, at least initially, in getting the care they wanted and came to believe they deserved. With the intent on starting families, home birth made sense not just as a religious sacrament but from a financial perspective for families on The Farm.⁶³ The mothers using the CMC paid for their services on a sliding scale based on what they could afford; some mothers had to pay nothing for their care.⁶⁴ While safety, social, and family concerns greatly motivated mothers, as Lewis discusses, it would be a mistake to reduce the choice to give birth at home to these factors.⁶⁵ Mothers still wanted the power they had traditionally held in the delivery room, and that power went deeper than safety and community.

⁵⁶Gaskin, *Hey Beatnik!*, sec. "Spiritual Midwifery."

⁵⁷"Birth on the Kitchen Table," 55.

⁵⁸Gaskin, *Hey Beatnik!*, sec. "Spiritual Midwifery;" Sauter, "They deliver," 26; *The Chicago Maternity Center Story*, 0:48:20.

⁵⁹Sauter, "They deliver," 27.

⁶⁰Gaskin, *Hey Beatnik!*, sec. "Spiritual Midwifery."

⁶¹*The Chicago Maternity Center Story*, 0:13:00; "Birth on the Kitchen Table," 56.

⁶²*The Chicago Maternity Center Story*, 0:13:00; *The Chicago Maternity Center Story*, 0:13:06.

⁶³Gaskin, *Spiritual Midwifery*, 15.

⁶⁴Welfare Council of Metropolitan Chicago: Health Division, "The Chicago Maternity Center Study," appendix d, question #17.

⁶⁵Lewis, "At Home, You're the Most Important Thing," 39.

Agency in Pregnancy and Childbirth

Reassured by safety and buoyed by the opportunity for family participation, women raised their voices and advocated for respectful maternity care. Women sought out what The Chicago Maternity Center and The Farm Midwifery Center could offer. The 1970s demographics of the CMC included more university-age women who wanted a home birth.⁶⁶ As Kline notes, women in suburban Chicago and beyond began to seek out CMC-trained doctors open to attending home births, stretching the reach of the service beyond inner-city Chicago.⁶⁷ The Farm midwives saw women come from all over the country to have their babies, swelling the number of deliveries up to thirty in some months.⁶⁸ They also reached women across the United States and eventually worldwide via the publication of *Hey Beatnik!* and *Spiritual Midwifery*.

Both the FMC and the CMC brought women back a level of agency and control lost to the hospital experience. Leavitt notes that women at home “negotiated procedures with their medical attendants from a position of strength originating from their historic dominance over confinement room practices.”⁶⁹ Women using the CMC and the FMC chose support persons and had their children present. Women had power in their own homes, and providers respected their choices. In her historical analysis, Leavitt found that women of all socio-economic classes wielded some control over their births, even if it was simply to invite their chosen attendants.⁷⁰ The women of The Farm grasped this while still traveling with the Caravan. After the first birth attracted an audience, the women determined to limit who was there to midwives and those the mother wanted present.⁷¹ Women from the Chicago Maternity Center were also emphatic about choosing who would support them. The importance of this for a woman’s dignity is underscored by one mother for whom language barriers resulted in poor hospital treatment; at home, she was surrounded by supporters who spoke her native language.⁷² At the FMC, the birth experience took on an additional facet: the opportunity for transcendence.⁷³ The women of the Chicago Women’s Liberation Union, some of whom used the CMC services, wrote of a beautiful birth experiences in their newsletter, “Womankind.”⁷⁴ Mothers at The Farm

⁶⁶“Chicago Maternity Center Statistics: 1971,” Chicago Maternity Center Collection, Northwestern Memorial Hospital Archives at Chicago, IL.

⁶⁷Lewis, “At Home, You’re the Most Important Thing,” 50.

⁶⁸*Birth Story*, 0:50:25.

⁶⁹Leavitt, *Brought to Bed*, 209.

⁷⁰Leavitt, *Brought to Bed*, 206.

⁷¹Gaskin, *Hey Beatnik!*, sec. “Spiritual Midwifery.”

⁷²*The Chicago Maternity Center Story*, 0:44:45.

⁷³Kline, “Psychedelic Birth,” 73.

⁷⁴Judy, “Who’ having this baby, anyhow?!” *Womankind*, November 1972.

related joyful experiences repeatedly in their birth stories. Labor and delivery were not just about getting a baby. They were “a holy, heavy and joyful and fun happening,” as one mother wrote.⁷⁵

Dignity and respect were core reasons for choosing both services.⁷⁶ Women using the CMC filled out surveys that reflected the quality of care and good treatment, which were vital in their decision to use the service.⁷⁷ One mother related, “At home you’re treated like an individual and you’re the most important thing there, you know, you feel this.”⁷⁸ Another noted, “At the maternity center, they treat you much better, you know ... you have everything you want.”⁷⁹ Women noticed the difference in treatment and spoke up about it.⁸⁰ While The Farm community saw birth as part of its religious practice, there was an element of women’s agency in choosing home birth with the FMC. Many women had already had a child in the hospital. A primary complaint was the use of forceps and sedation, ironically the procedure Dr. DeLee had championed in his initial drive to increase the standing of the obstetric profession.⁸¹ Forceps remained a visible part of the Chicago Maternity Center’s practice, though Dr. Tucker reported that, by the 1970s, they were used in only 1% of CMC deliveries.⁸² Farm women spoke out vehemently about forceps and other practices done for doctors’ convenience. Preventing the dehumanizing experience of the hospital was just as important as keeping birth as a sacrament. Mothers using the CMC were joined by advocates from the Chicago Women’s Liberation Union (CWLU), who viewed the CMC as a model of equitable maternity care and wanted to keep the center open when closure threatened.⁸³ They saw and emphasized the dignity and respect given to women by the center’s team. Advocates asserted that natural childbirth restored women’s agency in motherhood; they believed this agency directly threatened profit-hungry care providers, hospitals, and medical supply companies that made less from CMC deliveries.⁸⁴ Though women on The Farm were not battling to keep the FMC open, they reflected this skepticism about profit motives. They claimed that doctors lost some of their ability to care for women with dignity when providers charged for their services.⁸⁵ Women wanted

⁷⁵Gaskin, *Hey Beatnik!*, sec. "Spiritual Midwifery."

⁷⁶Lewis, “At Home, You’re the Most Important Thing,” 39.

⁷⁷Welfare Council of Metropolitan Chicago: Health Division, “The Chicago Maternity Center Study,” appendix c, question #13.

⁷⁸*The Chicago Maternity Center Story*, 0:13:00.

⁷⁹*The Chicago Maternity Center Story*, 0:03:35.

⁸⁰Lewis, “At Home, You’re the Most Important Thing,” 37.

⁸¹*Birth Story*, 1:23:00.

⁸²*The Chicago Maternity Center Story*, 0:22:45.

⁸³Lewis, “At Home, You’re the Most Important Thing,” 37.

⁸⁴Judy, “Who’ having this baby, anyhow?!”

⁸⁵Gaskin, *Hey Beatnik!*, sec. "To Prospective Midwives."

care motivated by an interest in their highest good and respect for their inherent dignity. When asked if they would still choose home birth if money and childcare were not an issue, 74% of CMC mothers said they would.⁸⁶ The campaign to save the Chicago Maternity Center was unsuccessful, and the center closed in 1974, leaving women in urban Chicago without an affordable home birth service.⁸⁷ Home birth flourished on a small scale in the suburbs of Chicago through physicians trained by the CMC.⁸⁸ As The Farm community matured, it shifted from a commune to a cooperative model, and the midwives there began to charge for services in the early 1980s.⁸⁹ The FMC had an undeniable impact through its book, *Spiritual Midwifery*, and through the continued advocacy for midwifery care by Ina May Gaskin and other FMC midwives.

Conclusion

Safety was a primary concern for pregnant women and their families, driving the shift from home to hospital, but it was not the only concern. When women found services that offered a safe home birth, they chose them because they valued childbirth's social and family aspects. For women giving birth on The Farm and for some Chicago Maternity Center clients, childbirth was a community and cultural event that belonged at home. The family experience and having husbands present was critical for all women choosing home birth. Women also wanted agency at birth. They wanted to choose their attendants, and they wanted dignity and respect from their care providers. Women with choices, dignity, and respect were happy with their births, even when more medical intervention was needed. The Chicago Maternity Center and The Farm Midwifery Center brought a watershed moment to maternity care in the United States as the first shuttered and the second flourished within the midwifery movement. Women advocated for both experiences and services. Ultimately, however, profit-oriented hospitals and doctors have maintained control over birth. The voices of white, middle-class women were strong enough to sustain The Farm Midwifery Center and to expand its reach through books and support for midwifery. But the voices of poorer women who could not afford to travel or pay for services were lost when the Chicago Maternity Center closed. Both services offered a track record of safe home delivery, appropriate use of medical technology, and willingness to work together with hospital systems for women needing hospital care. Yet that reality seems lost in today's consistent polarization of home and hospital. As Kline

⁸⁶Welfare Council of Metropolitan Chicago: Health Division, "The Chicago Maternity Center Study," appendix c, question #13.

⁸⁷Lewis, "At Home, You're the Most Important Thing," 49.

⁸⁸Lewis, "At Home, You're the Most Important Thing," 50.

⁸⁹Gaskin, *Spiritual Midwifery*, 15.

argues, “home birth continues to be positioned by its opponents as a rejection of technology and medicine.”⁹⁰ Today’s debate, perhaps more than home versus hospital, is over which profession has the right to control childbirth. As Lewis argues, women’s needs, stories, and voices have been relegated to the sidelines.⁹¹

The Farm and The Chicago Maternity Center offered their services to vastly different groups of women. Each had a different model of care, but each focused on safety, training, and the dignity of the mothers and families served. Women appreciated this care, advocated for it, and worked to advance it. To them, quality care *at home* created a synergistic experience of safety, family, and agency during their profound experience of bringing forth new life.

⁹⁰Kline, “Back to Bed,” 30.

⁹¹Lewis, “At Home, You’re the Most Important Thing,” 50.

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