

## Midwifery as an Exception to the Idea That Women's Work Was Unskilled in Early Modern Europe

In early modern Europe, women played a vital role in supporting their families, yet their labour was often dismissed as domestic and unskilled. Despite the necessity of both husbands' and wives' contributions - whether in farming, artisanal trades, or household economies - women's work was not considered productive and was rarely compensated on the same level as men's. Midwifery, however, stood apart. Midwives possessed specialized knowledge that regularly saved the lives of mothers and infants, making childbirth one of the few domains where women's expertise was both recognized and relied upon.

For centuries, childbirth was a female-centered event, with midwives passing down their skills through apprenticeships, ensuring women were never alone during one of life's most perilous moments. Their ability to navigate complex labours demonstrated not only experience but also medical proficiency. However, by the mid-18th century, the rise of male midwives began to challenge traditional midwifery. As male practitioners gained influence, midwives increasingly found their authority and practices questioned, shifting childbirth from a female-led practice to one increasingly dominated by men. Despite these changes, early modern midwives played an indispensable role in maternal care, proving that women's work could be highly skilled and essential, even in a society that often failed to acknowledge it.

Women's work in early modern Europe centered around the household, children, and childbirth. Even when performed for wages, it was still considered domestic rather than an occupation or form of production like men's work. As a result, it was often dismissed as unskilled, despite requiring dexterity and precision. When women did earn wages, they were

paid less than men for the same work.<sup>1</sup> A vineyard regulation document from Germany in 1550 reveals this disparity, showing that male and female vineyard workers not only received different wages but were also given unequal food and drink rations during the workday.<sup>2</sup>

Bearing children was seen as a woman's most important duty and a defining aspect of her identity. Continuing the family line was of utmost importance, and it was considered unnatural - even sinful - to avoid childbirth or seek pain relief during labour. Since motherhood was regarded as a woman's divine role, refusing to give birth was labeled as ungodly, suicidal, or even a sign of demonic possession. Both male physicians and female midwives upheld these beliefs, reinforcing rigid gender norms. Women who resisted the rigors of labour often miscarried and, in some cases in Germany, faced criminal charges, reported to the ducal supreme council for defying societal expectations of motherhood.<sup>3</sup> In difficult childbirths, midwives' expertise often meant the difference between life and death.<sup>4</sup> Their skills were essential in helping women fulfill their familial duty of bearing children and ensuring the continuation of the family line.

Up until the eighteenth century, childbirth was exclusively a female event, attended by neighborhood "gossips" (close female friends and neighbours who assisted during childbirth) and midwives who assisted in the delivery.<sup>5</sup> Only women were allowed in the birthing and lying-

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<sup>1</sup> Merry E. Wiesner-Hanks, "Women's Economic Role." In *Women and Gender in Early Modern Europe*, 4<sup>th</sup> ed. (Cambridge: Cambridge University Press, 2019), 115-17.

<sup>2</sup> "Regulations for vineyard workers in Germany, 1550." In *Early Modern Europe, 1450-1789*. Ed. Merry E. Wiesner-Hanks. [www.cambridge.org/features/wiesnerhanks/primary\\_sources.html](http://www.cambridge.org/features/wiesnerhanks/primary_sources.html). n.p.

<sup>3</sup> Ulinka Rublack, "Pregnancy, Childbirth and the Female Body in Early Modern Germany," *Past and Present* 150 (February 1996): 90, 92.

<sup>4</sup> Jacques Gélis, "The Child: From Anonymity to Individuality," In *A History of Private Life*, vol. 3: *Passions of the Renaissance*, ed. Roger Chartier (Cambridge: Harvard University Press, 1989), 309.

<sup>5</sup> Joanne M Ferraro, "Childhood in Medieval and Early Modern Times," in *The Routledge History of Childhood in the Western World*, ed. Paula S. Fass (London: Routledge, 2013), 67.

in chambers, where the new mother and child would spend several weeks recovering.<sup>6</sup> While no law required midwives to be present during childbirth, women sought them out, trusting in their expertise and skill. Midwives existed because there was a genuine demand for their expertise, as childbirth and its associated rituals were central to women's lives. Their role in the birthing process, particularly among the elite, underscored their importance and challenged the notion that women's work was unskilled.<sup>7</sup>

Women from all social classes depended on midwives to bring new life into the world, from the poorest to the most privileged.<sup>8</sup> A fisherman's wife from Constance, Germany, had two midwives available to her,<sup>9</sup> while Louis Bourgeois, a renowned midwife, assisted the Queen of France in six of her deliveries.<sup>10</sup> The 1522 Nuremberg ordinance regulating midwives reflected a commitment to ensuring every expectant mother - regardless of wealth or status - received care, requiring licensed midwives to swear an oath annually.<sup>11</sup> Dutch midwife Catharina Schrader exemplified this dedication. Her journals record the vast number of births she attended throughout her career, often traveling long distances in harsh weather while leaving her six children at home. Many of her patients were unable to pay in coin, offering goods instead, yet this never deterred her from assisting those in need.<sup>12</sup>

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<sup>6</sup> Adrian Wilson, *The making of man-midwifery: childbirth in England, 1660-1770* (Harvard University Press, 1995), 1.

<sup>7</sup> Wilson, *The making of man-midwifery*, 33, 38.

<sup>8</sup> Ferraro, "Childhood," 65.

<sup>9</sup> Rublack, "Pregnancy, Childbirth and the Female Body," 101.

<sup>10</sup> Gélis, "The Child," 320; G. J. Kloosterman, "Some Obstetric Remarks on Vrouw Schrader's Notebook and Memoirs," in *Mother and child were saved: the memoirs (1693-1740) of the Frisian midwife Catharina Schrader* (Rodopi, 1987), 29.

<sup>11</sup> "Ordinance regulating midwives, Nuremberg (Germany), 1522 and 1579," in *Early Modern Europe, 1450-1789*, ed. Merry E. Wiesner-Hanks, <[www.cambridge.org/features/wiesnerhanks/primary\\_sources.html](http://www.cambridge.org/features/wiesnerhanks/primary_sources.html)>, 2.

<sup>12</sup> M. J. van Leiburg, "Catharina Schrader (1656-1746) and Her Notebook," in *Mother and child were saved: the memoirs (1693-1740) of the Frisian midwife Catharina Schrader* (Rodopi, 1987), 8, 9, 14.

During labour and delivery, the midwife was in charge. Even when attending a woman of higher social standing, she held authority in the birthing chamber, underscoring the deep trust expectant mothers placed in their midwives. It can be assumed that midwives were typically bold, confident, and strong-willed to perform their work effectively. Their expertise was recognized through payment - whether a small fee from a noblewoman, compensation from the parish office for delivering a pauper, or even one hundred pounds for delivering the Queen of England.<sup>13</sup> Before medical interventions became common, midwives were indispensable in childbirth, and the fact that they were paid further highlights the skilled nature of their work.

Experienced midwives passed down their knowledge and skills to trainees through apprenticeships. In England, this system was known as being a "deputy" - a practice midwives themselves developed.<sup>14</sup> Experienced midwives, often mothers, sometimes trained their own daughters, preparing them to eventually join and take over their practice. Ordinances stated that apprentices should remain with the midwife who initially trained them, and a justifiable reason was required to leave. If a midwife was deemed unfair or unreasonable enough that an apprentice requested to leave, she would be prohibited from taking on another trainee for a set period - emphasizing the importance of quality training.<sup>15</sup>

The 1522 ordinance regulating midwives in Nuremberg recommended that apprentices ideally be single or widowed, free from the distractions of family life, so they could better dedicate themselves to assisting others. Maturity was also considered an important trait for those undergoing such significant training.<sup>16</sup> However, in England, fully trained and licensed midwives

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<sup>13</sup> Wilson, *The making of man-midwifery*, 26, 30.

<sup>14</sup> Wilson, *The making of man-midwifery*, 33.

<sup>15</sup> "Ordinance regulating midwives," 2.

<sup>16</sup> "Ordinance regulating midwives," 3, 4.

varied in marital status, age, wealth, education, and literacy.<sup>17</sup> This suggests that while formal education and literacy were beneficial, they were not essential for passing down midwifery knowledge, skills, and expertise through apprenticeships and informal training.

Women in early modern Europe relied on experience-based knowledge rather than university education to master the skilled art of midwifery. However, strict regulations were still in place to prevent mistakes and ensure the safety of expectant mothers, as outlined in the 1522 Nuremberg ordinances for midwives. These regulations required trainee midwives to complete at least one year of training before assisting a birth independently, and even then, they were to be supervised during their first delivery. Strict penalties were enforced to ensure compliance, safeguarding both mothers and infants.<sup>18</sup>

Dutch midwife Catharina Schrader meticulously documented her experiences and the births she attended, suggesting she intended her journal to serve as an educational tool for future midwives. Schrader's exceptional knowledge and skill made her the midwife of choice for particularly difficult cases. Her first husband was a surgeon, giving her access to medical books and literature, which distinguished her from many of her peers.<sup>19</sup> It was not uncommon for doctors' wives to assist in medical procedures, much like how master craftsmen in other trades depended on their wives to help manage their workshops. Surgeons, too, were expected to be married to successfully run their practices - a requirement mirrored in the brewing industry in

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<sup>17</sup> Wilson, *The making of man-midwifery*, 30.

<sup>18</sup> "Ordinance regulating midwives," 4.

<sup>19</sup> van Leiburg, "Catharina Schrader (1656–1746) and Her Notebook," 11, 18.

Augsburg 1648, where a brewmaster was forbidden from operating his brewery without the support and involvement of his wife.<sup>20</sup>

Midwives in many European countries were subject to licensing and regulations, as seen in the 1522 and 1579 Nuremberg ordinances.<sup>21</sup> These ordinances set professional standards, while midwifery manuals helped establish credibility and legitimacy for the profession.<sup>22</sup> In seventeenth-century England, various attempts were made to regulate midwives, but none were successful. As a result, regulation fell to the Church of England, where bishops issued licenses to midwives who could provide testimonials of successful deliveries, pay a fee, and swear an oath. However, this system was inconsistent - the church did not control entry into midwifery but merely acknowledged those already practicing. Some midwives were licensed after 20 or 30 years of experience, while others with only a handful of positive testimonials could also obtain a license, making church oversight an unreliable measure of a midwife's skill.<sup>23</sup>

Because midwives were supervised by both church and state, they were often called upon to testify in legal matters concerning female sexuality, childbirth, and infant death - demonstrating the level of trust placed in them.<sup>24</sup> For instance, a midwife was summoned to assess the condition of a single mother and her child after she gave birth on the streets of London.<sup>25</sup> In another case, a midwife testified that an imprisoned expectant mother suffered a

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<sup>20</sup> "Rules Governing the Brewing Craft, Augsburg, 1568-1648," in *Augsburg during the Reformation Era: An Anthology of Sources*, ed. Ann Tlusty (Indianapolis: Hackett, 2012), 144; Wiesner-Hanks, "Women's Economic Role," 188; van Leiburg, "Catharina Schrader (1656-1746) and Her Notebook," 18.

<sup>21</sup> "Ordinance regulating midwives," 1-5.

<sup>22</sup> Ferraro, "Childhood," 65.

<sup>23</sup> Wilson, *The making of man-midwifery*, 32-3.

<sup>24</sup> Ferraro, "Childhood," 67.

<sup>25</sup> "Trials for infanticide, London, 1677 and 1679," in *Lives Uncovered: A Sourcebook of Early Modern Europe*, ed. Nicholas Terpstra (Toronto: University of Toronto Press, 2019), 48.

stillbirth due to “anxiety, anger, and coldness,” placing the blame squarely on the mayor for allowing her to be incarcerated.<sup>26</sup> Her statement carried significant weight in court. Similarly, Catharina Schrader was called as an expert witness in a case and testified against a mother who had drowned her child.<sup>27</sup>

Beyond their regulation by the church in some regions, midwives also had strong ties to religious practices, particularly concerning infant baptism. In Nuremberg, Germany, midwives - not strangers - were required to carry newborns to church for baptism, reflecting the deep trust placed in them by the community.<sup>28</sup> During the Protestant Reformation, midwives were instructed not to perform baptisms unless it was an emergency; instead, the child was to be brought to the church for the ceremony.<sup>29</sup> Midwives often attended these baptisms, where the child’s godparents frequently tipped them for a job well done.<sup>30</sup>

Midwives possessed extensive knowledge and a deep concern for the health and well-being of both mothers and infants, making every effort to ensure a safe delivery and full recovery.<sup>31</sup> The diary of Dutch midwife Catharina Schrader details numerous complex procedures she performed, including manual maneuvers and both internal and external interventions, showcasing her remarkable skill and expertise. The low incidence of uterine ruptures recorded in her journals, along with her many successful breech deliveries, highlights her dexterity and experience.<sup>32</sup> In one instance, a mother endured eight days of labour before

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<sup>26</sup> Rublack, “Pregnancy, Childbirth and the Female Body,” 106.

<sup>27</sup> van Leiburg, “Catharina Schrader (1656–1746) and Her Notebook,” 15.

<sup>28</sup> “Ordinance regulating midwives,” 4.

<sup>29</sup> “Supressing Catholic Church Ritual during Reformation, Augsburg, 1537-1539,” in *Augsburg during the Reformation Era: An Anthology of Sources*, ed. Ann Tlusty (Indianapolis: Hackett, 2012), 219.

<sup>30</sup> Wilson, *The making of man-midwifery*, 28.

<sup>31</sup> Ferraro, “Childhood,” 67.

<sup>32</sup> Kloosterman, “Some Obstetric Remarks on Vrouw Schrader's Notebook and Memoirs,” 34, 37.

Catharina arrived and discovered the baby positioned with its back against the birth canal. Using an internal maneuver, she repositioned the infant, and the baby was delivered instantly. Both mother and child fully recovered, demonstrating Catharina's keen instincts and ability to recognize and manage complications.<sup>33</sup>

As previously noted, being married to a surgeon granted Catharina superior pharmaceutical knowledge and access to surgical instruments. Typically, such tools were only used by male surgeons to deliver stillborn infants, but Catharina successfully employed them in various cases - though unfortunately, none of the babies survived. Her pharmaceutical expertise allowed her to stimulate labour, assist with the delivery of the afterbirth, control excessive bleeding, and alleviate pain. Due to her many years of service and extensive patient roster, Catharina had ample opportunities to refine her skills.<sup>34</sup>

Midwives in smaller villages, with fewer deliveries per year, had fewer opportunities to develop advanced techniques for handling complicated births. In contrast, midwives in larger urban areas attended more births annually, further honing their expertise. Seventeenth-century London likely had two tiers of midwives: a majority who were adequately skilled but managed lower caseloads, and a smaller group of elite midwives with extensive experience. Even midwives with fewer deliveries remained busy, as their responsibilities extended beyond labour and delivery to include pregnancy management, overseeing the lying-in period, attending baptisms and church services, and participating in related social events.<sup>35</sup>

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<sup>33</sup> "Diary of a Dutch Midwife: Catharina Schrader, 1693-1702," in *Lives Uncovered: A Sourcebook of Early Modern Europe*, ed. Nicholas Terpstra (Toronto: University of Toronto Press, 2019), 40.

<sup>34</sup> van Leiburg, "Catharina Schrader (1656-1746) and Her Notebook," 20.

<sup>35</sup> Wilson, *The making of man-midwifery*, 34, 35, 38.

Much credit is due to midwives for ensuring the survival of mothers during difficult pregnancies and childbirth. Englishwoman Alice Thornton, for example, endured several challenging deliveries, including a breech birth and severe bleeding. While several of her children did not survive, she lived for another 30 years - likely benefiting from the skill and knowledge of her midwives.<sup>36</sup> Midwives understood how to give expectant mothers and their infants the best possible chance of survival. This included practices such as darkening the birth chamber and lighting it only with candles, a technique that was later found in the eighteenth century to help prevent eclampsia - proving that women had long known what was best for their own care.<sup>37</sup>

Midwives had a variety of remedies at their disposal to treat complications during pregnancy and childbirth. An 18th-century Württemberg midwifery manual describes the use of saffron and wine - or wine boiled with cinnamon and sugar - to treat shock in pregnant women, recognizing that shock could negatively impact both mother and infant.<sup>38</sup> Similarly, Catharina Schrader relied on various treatments, including fomentation, poultices, and poultices infused with tinctures of myrrh and aloes, to aid in recovery and manage pain.<sup>39</sup> These treatments demonstrate the depth of midwives' medical knowledge and their ability to care for expectant mothers with the resources available to them.

A midwife's responsibilities did not end once the infant was delivered, although evidence for formal postnatal care is limited. However, it is reasonable to assume that midwives checked in on both mother and baby during the lying-in period, which typically lasted four weeks. Since

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<sup>36</sup> "Diary of an English Mother: Alice Thornton, 1648-1668," in *Lives Uncovered: A Sourcebook of Early Modern Europe*, ed. Nicholas Terpstra (Toronto: University of Toronto Press, 2019), 44.

<sup>37</sup> Wilson, *The making of man-midwifery*, 29.

<sup>38</sup> Rublack, "Pregnancy, Childbirth and the Female Body," 96.

<sup>39</sup> van Leiburg, "Catharina Schrader (1656-1746) and Her Notebook," 20.

midwives were often present at baptisms, it suggests they remained involved in the early weeks of an infant's life.<sup>40</sup> The 1522 Nuremberg ordinances required midwives to report illegitimate births to single mothers, emphasizing the value placed on children in early modern Europe and serving as a measure to prevent infanticide. In some cases, when parents could not afford to raise their child, they sought to place them in foundling homes. Although midwives were expected to report such cases, some assisted families in ensuring the child were placed in a foundling home or hospital - an act that not only saved the child's life but, more importantly, ensured their soul was admitted into the Church.<sup>41</sup> Midwives also provided postnatal support to single mothers.<sup>42</sup> Catharina Schrader's journals frequently note the physical condition of both mother and infant, suggesting that she followed up with them to some extent after birth.<sup>43</sup>

The role of midwives shifted with the rise of male midwives in the eighteenth century. Traditionally, male physicians or surgeons were only called in for the most difficult births - when female midwives needed their assistance. Their role was mainly to remove a dead child using surgical instruments like the sharp hook or crochet, with their priority being to save the mother. It was rare for a woman to be delivered by a man alone; male practitioners were always seen as assistants to midwives, even in royal births. Because of this, the arrival of a male surgeon was often met with fear and reluctance. Women were not necessarily afraid of childbirth itself, but rather of what it meant when a male practitioner was called. Alice Thornton, for example, mentioned fear in only two of her seven pregnancies, showing that women generally had trust and confidence in their midwives.<sup>44</sup> Similarly, Catharina Schrader's journals suggest she only

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<sup>40</sup> Wilson, *The making of man-midwifery*, 4, 37.

<sup>41</sup> "Ordinance regulating midwives," 2; Brian Pullan, "Catholics, Protestants and the poor in early Modern Europe," *Journal of Interdisciplinary History* 35, no. 3 (Winter 2005): 455.

<sup>42</sup> Ferraro, "Childhood," 68.

<sup>43</sup> "Diary of a Dutch Midwife," 40.

<sup>44</sup> Wilson, *The making of man-midwifery*, 5, 47, 50, 51.

sought help from a physician when things were already going badly. However, unlike most midwives, Catharina had the skill and confidence to use surgical instruments herself, rather than relying on a male practitioner.<sup>45</sup>

Catharina lived through a time when childbirth - traditionally a woman's domain - was increasingly taken over by male midwives. The idea that women had a natural ability to assist in childbirth was challenged, and midwives became scapegoats when deliveries went wrong. They were accused of ignorance, impatience, aggression, and procrastination - traits that were likely exaggerated to justify the growing presence of men in the field.<sup>46</sup> Meanwhile, midwifery institutions began appearing in cities like London, Manchester, and Newcastle, offering formal instruction, lying-in hospitals, and charitable maternity care. In the 1740s, over 900 male students trained in England, traveling across the country armed with new knowledge, tools, and techniques. This allowed them to criticize female midwives and their handling of childbirth, positioning themselves as the superior choice. At the same time, male midwives faced their own backlash - some viewed them as immodest, overly interventionist, and intruding on women's work. But by the late eighteenth century, male midwives had cemented their place in the profession, especially among the wealthy, where it became fashionable to have a man-midwife.<sup>47</sup>

By the 1750s, a new culture of wealthy, literate women had emerged across England. These women could hire servants to handle many aspects of their lives, but childbirth was inescapable - it was the great equalizer. However, hiring a male midwife, who required payment, became a way to set themselves apart from lower-class women. The rise of male midwifery was

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<sup>45</sup> "Diary of a Dutch Midwife," 41; van Leiburg, "Catharina Schrader (1656–1746) and Her Notebook," 19.

<sup>46</sup> Kloosterman, "Some Obstetric Remarks on Vrouw Schrader's Notebook and Memoirs," 29; van Leiburg, "Catharina Schrader (1656–1746) and Her Notebook," 18.

<sup>47</sup> Wilson, *The making of man-midwifery*, 2, 3.

closely tied to the introduction of forceps. The Chamberlen family, who had kept their forceps design secret for years, finally made them available, allowing male midwives to deliver live babies rather than just removing dead ones. This was a turning point - now, male midwives were not only assisting in childbirth but actively managing it. By the late 1740s and early 1750s, they were being summoned as soon as labour pains began, sometimes replacing female midwives altogether. Among the wealthy, they were even booked in advance. The popularity of male midwives wasn't driven by men pushing into the profession - it was the women who chose them. As their presence became more common, leading physicians in London began rationalizing it as the natural order of things.<sup>48</sup>

The rise of male midwives also brought increased criticism of traditional childbirth rituals, such as darkening the birth chamber, the presence of gossips, and infant swaddling. Their techniques were often rushed, prioritising speed over caution, which ultimately reduced infants' chances of survival. Traditionally, the female midwife acted as a protective barrier between the mother and any male practitioner, preventing unnecessary interventions. However, with male midwives taking a more dominant role, this safeguard was lost. Even in straightforward, uncomplicated births, they often employed unnecessary techniques, eager to build a reputation for quick deliveries.<sup>49</sup>

With the rise of male midwives came a shift in thinking - traditional midwifery knowledge was increasingly criticized in favour of academic medicine. However, experienced female midwives had long understood the complexities of childbirth. Louise Bourgeois, midwife to the Queen of France, Maria de' Medici, wrote extensively on transverse positions, placenta

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<sup>48</sup> Wilson, *The making of man-midwifery*, 54, 161, 164, 191, 192.

<sup>49</sup> Wilson, *The making of man-midwifery*, 165-7.

praevia, and face presentations. She advised both midwives and doctors to be patient with face presentations - a recommendation largely ignored for nearly two centuries, until Johannes Boër (1789–1835) revived the idea.<sup>50</sup>

Seventeenth- and eighteenth-century male midwives believed that the placenta should be aggressively removed after birth, fearing that the womb would close once the baby was delivered. This belief stemmed from their experience in emergency situations, where they were often called in to manually remove a placenta that had failed to deliver naturally or was retained, causing severe bleeding.<sup>51</sup> In contrast, Catharina Schrader and other female midwives took a more patient approach, allowing the placenta to be expelled naturally.<sup>52</sup>

A similar debate existed over the delivery of twins. Male midwives insisted that the second twin should be forcibly pulled out by the feet immediately after the first was born. Female midwives, on the other hand, believed that if left alone, the second twin would follow naturally. Both views held some truth - when the first twin was delivered without issue, the second typically followed without intervention. However, if the first delivery was prolonged and exhausting for the mother, the second was also likely to be delayed. Male midwives, drawing from their experience in difficult cases, assumed that taking control of the situation would prevent complications. Over time, some began to see the benefits of allowing labour to progress naturally, as female midwives had always known, while others continued to favour intervention and control.<sup>53</sup>

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<sup>50</sup> Kloosterman, "Some Obstetric Remarks on Vrouw Schrader's Notebook and Memoirs," 29.

<sup>51</sup> Wilson, *The making of man-midwifery*, 162.

<sup>52</sup> Kloosterman, "Some Obstetric Remarks on Vrouw Schrader's Notebook and Memoirs," 38.

<sup>53</sup> Wilson, *The making of man-midwifery*, 163, 168.

As male midwives gained prominence, some female midwives adapted by incorporating surgical techniques and distancing themselves from traditional childbirth practices. Sarah Stone, for example, aligned herself more closely with male surgeons, rejecting swaddling and upright birthing positions, and writing reports that resembled medical case studies rather than midwifery records. Despite her criticism of fellow midwives, she was successful in delivering live births using instruments.<sup>54</sup> Meanwhile, the demand for midwives to be formally trained grew, with institutions in London offering limited education based on male practitioners' standards. Some resisted the dominance of man-midwives, like Dr. Frank Nicholls, who advocated for childbirth to remain a female practice and sought to fund education for women - though his proposal was rejected by the College of Physicians in 1752. In 1757, a small group established the Lying-in Charity, a pro-midwife initiative that provided free training and services for poor married women, later evolving into the Royal Maternity Charity. Despite these changes, female midwives remained essential, particularly in rural areas and among lower-class families who could not afford the fashionable (and costly) services of male midwives. In these communities, traditional midwives continued to care for working-class mothers, ensuring that childbirth remained, at least in part, in the hands of women.<sup>55</sup>

Early modern midwives stood at the crossroads of tradition and change, embodying both the resilience and expertise of women in a society that often undervalued their labour. While the rise of male midwives challenged their authority and reshaped the landscape of childbirth, midwives continued to provide essential care, particularly for those who could not afford the services of man-midwives. Their ability to adapt, resist, and persist in the face of medical and

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<sup>54</sup> Wilson, *The making of man-midwifery*, 58.

<sup>55</sup> Wilson, *The making of man-midwifery*, 166, 191, 197, 198, 201, 202.

social shifts highlights the enduring importance of women's knowledge in maternal health.

Though childbirth gradually transitioned into a male-dominated field, the legacy of early modern midwives remains a testament to the vital and skilled role women played in safeguarding the lives of mothers and infants.

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