

Marie-France Morel

## Death in Childbirth

### History and Representations<sup>1</sup>

Universität Wien | marie-france.morel@orange.fr

Since Antiquity, childbirth with its pains and fears, is considered as a war, “women’s war”. A woman in labour is said to be fighting against the pains of childbirth, like soldiers showing courage and valour in battle. Women who died in childbirth would be honoured like soldiers who died in battle. Both trials involved a potential death, which was considered the most beautiful death. In Greek sculpture, the only representations of childbirth are the funerary stelae of women who died in childbirth. «In Athens, warriors who died in battle and women who died in childbirth shared the same distinction: their funerary reliefs portrayed their deaths, whereas the practice was to represent scenes from the life of the deceased».<sup>2</sup>

In the 18<sup>th</sup> and 19<sup>th</sup> centuries, the same comparison between parturients and soldiers was used. Thomas Jefferson, writer of the Declaration of Independence of the United States (1776), lost his wife in 1782, following her sixth childbirth. Of all his children, only two daughters, Martha and Maria, survived the dangers of early childhood. Maria married at 19 in 1797; in 1804, on the eve of her third childbirth,

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2 N. M. FILIPPINI, quoting Nicole Loraux, *Pregnancy, Delivery, Childbirth. A Gender and Cultural History from Antiquity to the Test Tube in Europe*, London, Routledge, 2021, p. 24.

she shared her anguish with her father, who wrote to her: «Have good spirits and know that courage is as essential to triumph in your case as in that of a soldier.» Like a good little soldier, Maria died after the childbirth.<sup>3</sup>

In the Christian world until the 20<sup>th</sup> century, death in childbirth of young women was a tragic reality for many families, both rich and poor. The pains of childbirth and the possibility of death were considered as God's purpose and accepted by pregnant women as the result of the divine sanction after Eve's sin: «In sorrow thou shall bring forth children» (Genesis, 3, 16). Every woman in labour knew she was in mortal danger, as an Alsatian saying in use until the 20<sup>th</sup> century goes: «Each parturient has one foot in the grave». Birth was a perilous moment, full of sinister premonitions, where the gift of life was accompanied by the threat of death, as mentioned in a 1646 French prayer for pregnant women «If it be your will that I die in my confinement, may I adore it, bless it and submit to it.»<sup>4</sup>

In England a heavy price was paid at childbirth by the women of the family of the novelist Jane Austen at the turn of the 18<sup>th</sup> century. The family was far from being poor, since it belonged to the gentry; she herself and her sister Cassandra never married, but their six brothers, squires or naval officers, generated a numerous offspring. Three of Jane Austen's sisters-in-law died prematurely in childbirth; in the next generation, in the 1830s, two nieces by marriage of Jane Austen also died giving birth respectively to their seventh and eighth child. In the absence of any form of contraception, these young women had a high fertility (one child every year or two), further reinforced by the practice of having the baby breastfed by a nurse who deprived them of the contraceptive effects of breastfeeding. It is likely that most of these deaths were due to the fragility of their uterus after repeated pregnancies. The frequency of death in childbirth inspired Jane Austen with an ironic remark, when, in 1799, at the beginning of her novel *Northanger Abbey*, she introduces her heroine's mother, Catherine Morland: «Her mother was a woman of useful, plain sense, with a good temper, and, what is more remarkable, with a good constitution. She had three sons before Catherine was born; and instead of dying in bringing the latter into the world, as anybody might expect, she still lived on, - lived to have six children more, to see them growing up around her, and to enjoy excellent health herself.»

How many mothers died in childbirth? The 18<sup>th</sup> and 19<sup>th</sup> centuries are the first when demographical statistics are reliable because parish registers began to be well maintained. In France and England 1% to 3% women died in childbed (according to contemporary statistics, it means 1,000 to 3,000 deaths for 100,000 births). As the

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3 S. H. RANDOLPH, *The Domestic Life of Thomas Jefferson*, Charlottesville, University of Virginia Press, 1985, p. 254.

4 J. GÉLIS, *L'Arbre et le fruit. La naissance dans l'Occident moderne (XVI<sup>e</sup>-XIX<sup>e</sup> siècles)*, Paris, Fayard, 1984, p. 237-238.

risk was renewed for every new birth and as women would have 5 to 10 pregnancies, maternal mortality rate would be around 5 to 15% of women of reproductive age. In a village with around a thousand people, one woman would die in childbirth every year.<sup>5</sup>

### Pregnancy portraits and mother's legacy texts

More than anywhere else, pregnancy portraits were quite common in England in the 16<sup>th</sup> and 17<sup>th</sup> centuries. «They would act as a record of a beloved woman (often dynastically significant) who might shortly be dead. It would then become a lasting monument, which would be hanged in the long gallery, retaining her place in the family tree after she herself might be gone.»<sup>6</sup> For instance in 1659, John Michael Wright (1617-1694), painted a portrait of Lady Katherine Dormer.



John Michael Wright (1617-1694), *Lady Katherine Dormer*, The Rycote Estate, Oxfordshire <sup>7</sup>

5 J. DUPÂQUIER (ed.), *Histoire de la population française*, Paris, Seuil, 1988, p. 238-239.

6 K. HEARN, *Portraying Pregnancy from Holbein to Social Media*, London, The Foundling Museum, 2020, p. 46-48.

7 *ibid.* p. 63.

Katherine is represented as pregnant, as she holds the fabric of her skirt over the lower part of her body. Born in 1628, she gave birth to her son on 7<sup>th</sup> May 1659, died a month later, and was buried on 9<sup>th</sup> June 1659 at the age of 31. The portrait was probably painted posthumously, because she points her right hand towards a small vase which is supposed to capture the tears and acts as symbol of grief.

In the English gentry, it was also quite common for a pregnant woman to prepare written advice addressed to her unborn child or to her husband in case she would not survive giving birth. This was done whether or not the writer did in fact soon die after writing. For instance, Elizabeth Joscelyn, born in 1595 or 1596, married in 1616 and was childless for the first six years of her marriage, and first became pregnant in 1622. As a well-educated gentle woman, she wrote a “letter” to her husband, with quotations from the Old and New Testaments. Her daughter Theodora was born on 12<sup>th</sup> October 1622 and Elizabeth died nine days later after a “violent fever”.

To my truly louinge and  
most Dearly loued husband  
Tarrrell Joscelyn. ¶

Myne own cleare loue I no  
sooner conceived a hope that I  
should bee made a mother by thee  
but w<sup>th</sup> it entered the considera-  
tion of a mothers duty, and shortly  
after followed the apprehension of  
danger that might prevent me  
for executinge that care, I so ex-  
ceedingly desired. I mean in reli-  
gious trayninge our childe, and  
in vnthe death appearinge in  
this shape was doubly terrible  
vnto mee first in respect of the  
payntfullnes of that kinde of death  
and next the losse my littell one  
should haue in wantinge mee  
but I thanke god these fears wear  
cured w<sup>th</sup> the remembrance that  
all things worke together for the  
best to those that loue god.

Elizabeth Joscelyn, autograph manuscript (1622)

The Approbation.

any disease, or danger, o-  
ther than the common lot  
of child-birth, within some  
moneths approaching. Ac-  
cordingly when she first felt  
herselte quicke with childe  
( as then traouling with  
death it selfe ) shee secretly  
tooke order for the buying  
a new winding sheet : thus  
preparing and consecra-  
ting herselfe to him, who  
rested in a new Sepulcher  
wherein was neuer man yet  
layd. And about that time  
vndauntedly looking death  
in the face, priuately in her  
Closet betweene God and  
her, shee wrote these pious  
Medita-

publication of her manuscript in 1624<sup>8</sup>

Her advice was not addressed to her unborn child, but to her «truly living and

<sup>8</sup> *Ibid.*, p. 47

most dearly loved husband ...» She feared the «painfulness of that kind of death» (death in childbirth) and «the loss my little one should have wanting me.» «These fears were cured with the remembrance that all things work together for the best to those that love God».

The manuscript of her advice was discovered after her death in her writing desk. Her editor in 1624 commented her pious attitude: «And about that time undauntedly looking death in the face, privately in her closet between God and her, she wrote these pious Meditations».

Published in 1624, this *Advice* was enormously popular and was reprinted seven times in the eleven years after it first appeared, and it was published again several times until the 19<sup>th</sup> century (the last in 1894). About twenty early modern documents of this kind have survived today.<sup>9</sup>

Elsewhere, as in Venice in the 17<sup>th</sup> and 18<sup>th</sup> centuries, pregnant women took more profane precautions, such as the habit of making a will in the last months of pregnancy. Notary records express the women's awareness of the risk they faced: «I, Lucetta, daughter of the nobleman Schiavon [...] wife of Piero Greco, from San Nicolò del Lido, healthy in mind and body, being pregnant and approaching childbirth, went personally to the house of F. Primadico, notary in the San Fantino district [...] should my death occur.»<sup>10</sup>

Similarly, in the 19<sup>th</sup> century, well-to-do women in the United States who kept diaries, often emphasized their fear of dying in childbirth and the need to put their affairs in order before this occurrence. Pious women also put their spiritual affairs in order by going to confession.

### Deaths in childbirth at court

If ordinary deaths in childbirth were only briefly mentioned in parish or civil status registers, when a death in childbirth occurred at court, the circumstances of the fatal outcome were well documented. In a recent book, historian Pascale Mormiche studied 29 royal couples at the French court from 1600 to 1789; 22 of them had problems with pregnancy and childbirth: prematurity after seven months, maternal mortality, mortality at birth, mortality of children under one year. No case of caesarean is mentioned. Breech or feet presentations were often delivered by a king's midwifery surgeon and did not result in neonatal mortality. Four princesses died in childbirth, three of them in the second half of the 18<sup>th</sup> century. At court maternal mortality rate in childbirth was around 14%, rather high.<sup>11</sup>

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9 K. HEARN, *op.cit.*, p. 47.

10 N. M. FILIPPINI, *op. cit.*, p. 78.

11 P. MORMICHE, *Donner vie au royaume. Grossesses et maternités à la cour, XVII<sup>e</sup>-XVIII<sup>e</sup> siècle*, Paris, CNRS, 2022, p. 351-354.

On 4<sup>th</sup> June 1627, Marie-Henriette de Bourbon, Duchess of Orléans, wife of Gaston, brother of Louis XIII (who was still childless after ten years of marriage), died giving birth to a daughter who would become the Grande Mademoiselle. Since her marriage in 1626, Marie had been subject to very strong cabals. The royal family was devastated by the marriage negotiations and by a conflict between courtesan factions to control power. She was expecting a baby a year after her marriage, at 21, and she terminated her pregnancy fearing for her life during the winter of 1627. Louise Bourgeois the famous queen's midwife, who assisted her, described a nervously weakened princess, subject to fevers, agitations, malaise, «great heat, nosebleeds and coughs», which did not bring a state of serenity for childbirth. In Paris, on 29<sup>th</sup> May 1627, she was delivered of her daughter. Six days after the Duchess died of a fever which broke out immediately after her delivery.<sup>12</sup>

This tragic death caused an obstetrical controversy. On 5<sup>th</sup> June 1627, the queen mother Marie de' Medici ordered the autopsy of the princess which was conducted by ten court physicians and surgeons. They revealed gangrenous lesions of the matrix and a small piece of retained placenta on the right side of the matrix. The autopsy was soon published everywhere in a three pages Report (*Rapport de l'ouverture du corps de feu Madame*).

On 8<sup>th</sup> June the midwife Louise Bourgeois responded with an 18 pages *Apology* (*Fidelle relation de l'accouchement, maladie et ouverture du corps de feu Madame*), where she insisted on the poor state of health of Marie (the princess was ill with fever, cough and belly flow), while freeing herself from any professional fault. The afterbirth was in one full piece, as was certified by the surgeon and the six court physicians who were around her during the birth.<sup>13</sup> Immediately, the royal surgeon Charles Guillemeau replied to her. In a 14-pages anonymous *Remonstrance à Madame Bourcier*, he criticized the repeated introduction of the midwife's hand to remove a *placenta accreta*. The doctor therefore clearly places the responsibility on the gestures of the midwife, refusing to comment on the state of health of the princess or even on anything else, a lesion of the uterus or a hemorrhage (or may be a peritonitis, as suggested by Bourgeois ...). It is one of the earliest known controversies in obstetrical literature. Surprisingly, *Le Mercure François*, first periodical to be published in French since 1605, gave a long account of about fifteen pages of the death and funeral of the princess, with the publication of the autopsy compiled by the doctors, as if to calm public opinion. *Le Mercure* had a wider circulation than the writings of Louise Bourgeois and Guillemeau.

The publishing, the organized account of the death in French (and not in Latin) accompanied by the result of the autopsy of the princess, indicates a political choice to propagate to the wider public a specific version of the facts. It was also an answer

12 A. KLAIRMONT LINGO, *Midwife to the Queen of France: Diverse Observations*, Toronto, 2017, p. 44-47.

13 *Faithful Account of the Delivery, Illness, and Autopsy of the Body of Late Madame*.

to the significant reprobation that appeared in Paris at the announcement of the death of the princess, and it appears like an attempt of the court to abdicate all responsibility for what happened. Many questions rise from this exchange between a rare midwife's writing, the brutal criticism of a surgeon like Guillemeau, who was usually rather conciliatory, and a writing intended for the public on a subject that was hardly matter of debate. This death at court in 1627 was a real state affair and also « a gender battle».<sup>14</sup>

In 1746, in Versailles, the daughter-in-law of Louis XV, Marie-Thérèse-Raphaëlle of Spain, daughter of Philip V and first wife of the Dauphin Louis who did not reign, died during her first childbirth, three days after giving birth to a girl. She was twenty years old. She was cared not by a female midwife, but by the *accoucheur* Henri Peyrat. Despite having been Queen Marie Leczinska's *accoucheur* since 1727 (she had ten children), his skills quickly turn out to be questionable. The pains of the Dauphine began in the evening of 18<sup>th</sup> July 1746, and continued at night. The Dauphine was bled twice at 5 o'clock and at 9 o'clock; she gave birth on 19<sup>th</sup> July and fell unconscious shortly after 10:30 a.m. She remained in this state for an hour and a half. Until 3 p.m., the doctors gave her glasses of water to bring her back to consciousness and relieve her. The next day, she had a fever and asked for her confessor. She was bled four times in four days because it was believed that she was «choked by the milk coming in», since she was not breastfeeding. On 22<sup>nd</sup> July she died, three days after the birth of her daughter, who survived her by two years. She presumably died of puerperal fever, yet very rare at court due to etiquette: only authorized persons may touch the linen, or the royals, isolation and hygiene precautions were imposed on all those who served the Dauphine. Soiled linens were quickly removed and washed in boiled water. There was no obstetrical controversy about the death of the Dauphine. Peyrat died quietly in his bed one year after the princess.<sup>15</sup>

Another tragic and well-documented death was that of Princess Charlotte Augusta of Wales in Claremont near London in 1817. She was the only child of the Prince Regent (later King George IV) and, as George III's only legitimate grandchild, she was supposed to become queen of Great Britain after the deaths of her father and her uncle. On 2<sup>nd</sup> May 1816, she married Leopold of Saxe-Coburg and suffered a miscarriage that summer but was again pregnant in April 1817. Her delivery was supervised by an *accoucheur* or “man-midwife” Sir Richard Croft, by a physician Matthew Baillie and another *accoucheur* John Sims. Her contractions began on the evening of 3<sup>rd</sup> November and her labour was painful and protracted. The foetus was in transverse position and Croft and his confreres refused to use forceps, as they had fallen into disfavour in the British medical community. Under the pervasive doctrine of non-interference, she was left suffering for fifty hours, being only bled, purged and

14 W. PERKINS, “Midwives versus Doctors: the Case of Louise Bourgeois” *The Seventeenth Century* 3 (1988), p. 135-57.

15 P. MORMICHE, *op. cit.* p. 360-362.

kept on a diet. After two days, on 5<sup>th</sup> November at 9 p.m., she gave birth to a stillborn son. Shortly after midnight, she began to bleed heavily and died shortly afterwards. She was 21. «Upon analysis of the case, it became clear that a timely application of forceps could have saved the mother and child, but neither birth attendant appears to have even taken a forceps with them.»<sup>16</sup> Three months later, Sir Robert Croft committed suicide.

Reading these accounts of deaths in childbirth at court, one must wonder about the deleterious effects of too many bloodlettings recommended by court doctors during labor. Sometimes, in the 17th and 18th centuries, it was probably better to give birth in the countryside with a village midwife who would “let nature take its course”.

### The main causes of death in childbirth

In 1986, the English historical demographer Roger Schofield has made a plausible list of various causes of death in childbirth in the past : «A whole variety of conditions, such as haemorrhage, pelvic deformity, disproportion between the sizes of the child's head and the pelvis, severe abnormal presentations such as transverse lies, eclampsia and uterine inertia early in the labour, are likely to have posed problems, which were beyond the capacity of those attending the birth to alleviate... Furthermore, attempts to remove a dead child, especially by the old fashioned hooks and crotchets in general use before the 18<sup>th</sup> century, probably threatened the mother's life.»<sup>17</sup>

Maternal deaths observed in the past fall into two main categories: immediate pathologies linked to childbirth itself and its manoeuvres; delayed pathologies following childbirth, essentially puerperal infection.

Abnormal presentations created obstetrical problems which were aggravated by the fact that some women were stunted, with a very narrow pelvis, due to poor nutrition. These difficult births sometimes lasted several days: the woman exhausted herself in vain and the foetus died before being born. Here, for example, is the story told by a Languedoc doctor, Goulard, called in 1734 to the bedside of a woman who had been in labour for six days : «I found her expiring, cold as ice, and absolutely without a pulse; the child's arm had come out of the womb, his sad state did not allow me to make any attempt to free him, I begged the priest to administer the sacraments of extreme unction to her and I was going to leave again, not wanting to see this woman expire in my hands, when the parents and some charitable people begged me to deliver her from her fruit to give it baptism, if there still remained some spark of life in him. I returned to the patient, and after assuring the parents that

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16 A. LEROY, *Histoire de naître. De l'enfantement primitif à l'accouchement médicalisé*, Bruxelles, De Boeck, 2002, p. 241 (my translation). See also K. HEARN, *op.cit.*, p. 99-101.

17 L. BONFIELD, R. M. SMITH, K. WRIGHTSON (ed.), *The World We Have Gained. Histories of Population and Social Structure. Essays Presented to Peter Laslett on his Seventieth Birthday*, Oxford, Basil Blackwell, 1986, p. 235.



this woman was dying, I put myself in a suitable position to deliver her; the child's arm was double in the vagina, so that he presented only the elbow; I delivered her, however, in a very short time, without the aid of any instrument; the child was found dead and my aid was useless to both of them.»<sup>18</sup>

Unnatural positions are reviewed by all treatises on childbirth since the Middle Ages, as in the *Abrégé de l'art des accouchements...*, first published in 1759 by Marguerite Le Boursier du Coudray, the famous 18<sup>th</sup> century French midwife. She was always very careful to prevent her students and readers from making bad decisions in front of unnatural presentations. For instance, she insisted on the so-called «Mauriceau manoeuvre» to finish a breech birth by preventing the head of the foetus from being suffocated when leaving the pelvis. When the foetus was in transverse position with the arm hanging down, the midwife should never pull the arm, but reposition it in the womb and try to reach the feet to perform a podalic version, which was considered as the best manoeuvre to save the mother.<sup>19</sup>

Should the mother or the child be saved? Until the 20<sup>th</sup> century, the primary focus of obstetrics was the care of the mother rather than the child. In his *Treatise on the Theory and Practice of Midwifery* (1752), the famous English man-midwife William Smellie noted: «The mother's life is always to be more regarded than the safety of the child»<sup>20</sup>. When the birth feet forward was impossible, the mother should be saved at the expense of the foetus: a surgeon would be called to dismember the little body inside the womb.

In the event of a difficult “unnatural” presentation, there was no possibility of extracting the foetus by caesarean section as today, because under the surgical conditions of the past until the end of the 19<sup>th</sup> century, it was an operation that was equivalent to the killing of the mother. It was only attempted as a last resort on a woman who had just died, with the hope that the foetus would survive a few minutes after the death of its mother, enough to be baptized.

Eclampsia was another cause of maternal death: after the birth, the parturient has convulsions, accompanied by coma, she seems to be inhabited by a diabolical possession. It leads to an impressive death: her face is dull, her eyes rolled back, she bites her tongue, she gnashes her teeth, her limbs are semi-paralyzed, she has hallucinations, loss of consciousness, and death occurs suddenly from asphyxiation. Attributed to the excess of pain and the length of labour, this pathology, which has become rare today, left doctors completely powerless.

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18 M. LAGET, *L'accouchement avant l'âge de la clinique*, Paris, Seuil, 1982, p. 231.

19 J. VAN WIJLAND, « Enluminer les accouchements, éclairer l'enseignement. Les planches de l'Abbrégé de l'art des accouchemens de Madame du Coudray » in M.-F. Morel (ed.), *Accompagner l'accouchement d'hier à aujourd'hui*, Toulouse, Erès, 2022, p. 119-148.

20 W. SMELLIE, *A Treatise on the Theory and Practice of Midwifery*, London, London, 1752, p. 280.



Ein fraw zu Pehamthirchen/an dem kindpet erthumpet/an henden  
vnd fuessen / zehen wochen. Als pald sy sich gen Zell versprach / wardt  
sy gesundt.

Print from the miracle book of the Marian shrine of Mariazell in Austria  
(*Heilung einer im Kindbett an Händen und Füßen erkrankten Frau in Die Wunder von Mariazell*), 1520

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<https://www.graphikportal.org/document/gpo00335230> [10.1.2024].

Postpartum haemorrhages, after rupture of the womb, could also be fatal, against which the only remedy were compresses soaked in vinegar or in another astringent substance. Here is an example, told by a famous Norman obstetrician, Mauquest de la Motte. In 1704, he accompanied the childbirth of the wife of a glove-maker from Valognes. Then he left her on the little delivery bed in the care of a nurse to perform two bloodlettings in a neighbouring house. He was recalled hastily, because the parturient was heavily bleeding, after having made the effort to get back up in bed: «[...] the stream of blood flowed through the floor and fell into the room below, after having penetrated the sheets, bed, mattress, with clots of extraordinary size. It was in vain that I tried to give her some help [...]»<sup>21</sup>

Postpartum infections were very dreaded, even if childbirth was fortunately over. As an Alsatian proverb goes: «For a woman in childbirth the sky remains open for nine days». When the mother died, it was difficult for the baby to survive. In Alsace, until the 19<sup>th</sup> century, the dead mother had to be buried with her shoes, so that she could come back at night to breastfeed the new born for six weeks, that is the time between childbirth and the churching ceremony<sup>22</sup>.

The most serious of the post-partum infections was puerperal fever, of which numerous epidemics in hospitals were already known. This “fever” came (as we know it today) from the poor hygiene of the hands of midwives or from a piece of placenta left in the uterus. It was attributed to the upheaval of bodily fluids which occurred after the childbirth and particularly to the “spread milk”. It was called “milk fever” because during the autopsy a whitish milk-like humour was seen on all the organs; in fact, it was pus and the parturient died of sepsis. In France, it was treated like an affection of the lower abdomen, with the help of bloodlettings, blisters, poultices, and emetics. English doctors, better clinicians than their confreres on the continent, knew as early as 1750 that “milk fever” was contagious and they recommended cleanliness and isolation measures for patients to limit it. In 1795, the Scottish Alexander Gordon wrote *A Treatise on the Epidemic Puerperal Fever of Aberdeen*, in which he methodically demonstrated how contagion began: he understood that the «venom» was spread by accoucheurs and midwives, when their hands were not clean. He was not listened to<sup>23</sup>. For almost a century, women continued to die of puerperal fever in front of ignorant and helpless doctors, despite medical warnings coming from Semmelweis in Vienna (1847), as well as Tarnier (1870) and Pasteur (1878) in Paris. It was not until the second half of the 20<sup>th</sup> century, with the use of antibiotics, that the danger of puerperal fever was averted.

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21 J. GÉLIS, *Accoucheur de campagne sous le Roi-Soleil : le traité d'accouchement de Guillaume Mauquest de la Motte*, Toulouse, Privat, 1979 & Imago, 1989, p.97-98.

22 J. GÉLIS, *L'Arbre et le fruit*, *op. cit.*, p. 350. Around four to six weeks after having her baby, a mother would have to go to the church for a ceremony of purification and thanks for the safe delivery of her child.

23 A. LEROY, *op. cit.*, p. 336-339.

## Funerary monuments

Since Antiquity, the oldest monuments specifically dedicated to women who died in childbirth were built during the Italian Renaissance. In Lucca cathedral a magnificent marble sarcophagus was sculpted around 1406-1408 by Jacopo della Quercia for Ilaria del Carretto who died on 8<sup>th</sup> December 1405, at the age of 26, in the aftermath of her second childbirth. In line with the medieval tradition, she is represented as a recumbent figure with a peaceful face, her hands crossed and accompanied by a dog at her feet as a symbol of fidelity. The sides of the sarcophagus are decorated with putti and garlands, in accordance with the Roman custom.



Jacopo della Quercia, sarcophagus for Ilaria del Carretto (1406), Lucca cathedral (Wikimedia)

In 1477 Firenze, Giovanni Tornabuoni, a wealthy Florentine merchant and husband of Francesca di Luca Pitti, commissioned an antique marble sarcophagus from Verrocchio, after the death of his young wife in childbirth. The parturient is represented in a very realistic way expiring in the midst of a chorus of mourners, with two Maenads expressing an excruciating level of grief by tearing their hair. It is «a near transgressive eruption of unmitigated pain», which was common around a Crucifixion, but very rarely used to mourn a woman's death in childbed.<sup>24</sup> On the other side of the sarcophagus, the child is presented to the father by the grieving midwife. In fact, the baby was stillborn after a caesarean delivery on his dead mother.

<sup>24</sup> R. MILLARD, « Death and the Maenad », *I Tati Studies in the Italian Renaissance*, volume 23, n° 1., Harvard, 2020.



Sarcophagus for Francesca di Luca Pitti, by Verrocchio in 1477 (Firenze, Bargello)

In England «although it has always been common that women and their children died in childbirth, it was not until the late sixteenth and early seventeenth century that this cause of death was made the focus of the imagery on their tombs.»<sup>25</sup> In 1622, Elizabeth Williams died in childbed at the age of seventeen. Her tomb in Gloucester Cathedral shows her lying not as a recumbent medieval figure, but as if she were alive on her bed, fashionably dressed, holding her prayer book, with her infant at her side. The concern with the perils of childbirth expressed in these new tombs is paralleled in several contemporary paintings, and is echoed in poetry, prayer books, women's memoirs, and obstetrical treatises and can be related to the changing structure of the family and particularly to new attitudes towards the woman as wife and mother.

In the 18<sup>th</sup> and 19<sup>th</sup> centuries, all over Europe the graves became more expressive. On Easter night 1751, Maria Langhans, wife of the minister of Hindelbank, near Bern, died in childbed with her stillborn child. She was 28 years old. Her grave in the parish church was carved by Johann August Nahl. On the Day of Last Judgment, the dead mother rises out of her split grave with her baby, saying: «Lord, here I am with the infant you gave me». This very original grave was famous in the 18<sup>th</sup> century and often visited and copied. Twenty to thirty years later, miniature copies of the sandstone monument were produced in several versions, made of wax, terracotta or biscuit ware. These replicas, which were distributed as far as in England, not only served as souvenirs for travellers, but were also used for the consolation of the bereaved. One of these terracotta models carved by Valentin Sonnenschein after Johann August Nahl, is on display at Historisches Museum Basel<sup>26</sup>; another one belongs to the Louvre collections.

25 K. HEARN, *op.cit.*, p. 48.

26 <https://www.hmb.ch/en/museums/objects-in-the-collection/details/s/memorial-to-maria-magdalena-langhans-copy-of-the-gravestone-in-the-parish-church-of-hindelbank-near/> [10.01.2024]

In 1773 Paris, Claude Michel, dit Clodion (1738–1814), sculpted a small terracotta bas-relief (24 x 40 cm), entitled *A woman who, as she expires, shows her husband the son she leaves him* (Louvre). It is a sketch for a bas-relief to adorn the tomb of Countess Marie-Louise-Albertine-Amélie d'Orsay who died in childbirth, which was intended to be erected in a funerary chapel behind the altar of the parish church of Orsay. As on Greek tombs, the sculptor has represented the moment when the young woman, overhung by an allegory of Death, has just expired, to the great despair of her husband who tries to stop the death sentence. The new-born is alive.



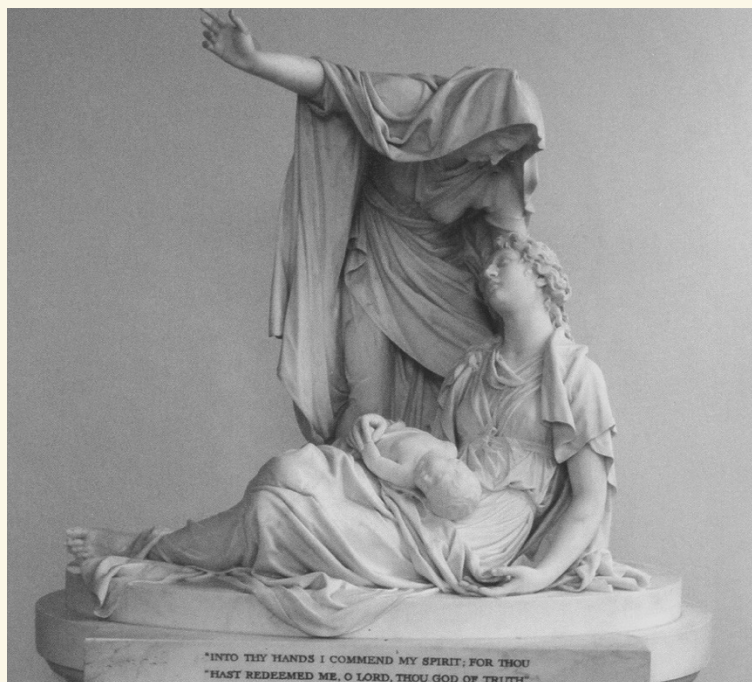
Claude Michel dit Clodion, sketch for a bas-relief for the tomb of Countess d'Orsay in 1773 (Louvre)

In XVIII<sup>th</sup> century Europe, allegorical figures became more frequent in the tombs of women who died in childbirth. In 1789, Maria Howard, aged 23 and wife of Henry Howard of Corby Castle in Cumberland, died in childbed, leaving a daughter. Her husband remarried in 1793, after commissioning Joseph Nollekins for a funerary monument dedicated to his first wife. The monument was erected in Wetheral Church, Cumberland in 1803. With her baby on her lap, Maria is represented dying, supported by an allegorical figure of the Catholic Church. The text on the base reads:

«INTO THY HANDS I COMMEND MY SPIRIT;  
FOR THOU HAST REDEEMED ME, O LORD, THOU GOD OF TRUTH»

With a strong parallelism, the dying mother takes up the words of the Christ dying on the cross.<sup>27</sup> As deaths in childbed became rarer, they were represented as more tragic or theatrical and less familiar.

<sup>27</sup> K. HEARN, *op.cit.*, p. 97.



Joseph Nollekins, monument for Maria Howard, Wetheral Church, Cumberland (1803)

## Conclusion

According to a report by several UN agencies published on 23<sup>rd</sup> February 2023, 287,000 women died in the world in 2020 being pregnant, giving birth or shortly after the birth. Thus, a woman died every two minutes from an affection connected with her pregnancy, which means a rate of around 225 maternal deaths per 100,000 births. In Sub-Saharan Africa the rate is even higher: 545 maternal deaths per 100,000 births (which is half the rate of 18<sup>th</sup> century France). Globally today, the leading causes of maternal death are haemorrhage, high blood pressure, pregnancy-related infections, complications of unsafe abortion and underlying conditions that may be aggravated by pregnancy, such as AIDS or malaria. The UN aims to reduce the maternal mortality rate to less than 70 deaths per 100,000 births.<sup>28</sup>

Historically, what has mainly reduced maternal mortality was the increase in the number of births supervised by well-trained midwives. In the West today, most of the dangers of childbirth are now foreseen and taken care of. The monitoring of pregnancies and the use of caesarean section allow effective prevention of most accidents which formerly led to death during parturition. Nevertheless, in today's maternities, despite considerable medical advances in the management of hospital births, there still remains among physicians and women the ancestral fear of death in childbirth, which legitimizes strict control measures which turn the woman giving birth into a patient at risk.

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<sup>28</sup> <https://www.who.int/fr/news/item/23-02-2023-a-woman-dies-every-two-minutes-due-to-pregnancy-or-childbirth--un-agencies>