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## Chapter One: Knocked Up

“and than, what for labowr sche had in chyldyng and for sekenesse goyng befor, sche dyspered of  
hyr lyfe, wenyng sche mygth not levyn”<sup>1</sup>

Margery Kempe, *The Book of Margery Kempe*

At just twenty years old, Margery Kempe lay on a bed in indescribable agony surrounded by women from her family. She was in the throes of an extremely challenging birth, and the medieval birthing room was no place for men. Since conceiving her first child, shortly after getting married, Margery had suffered relentless waves of fever and sickness. Now, these symptoms were all coming to a head. She was in so much pain she wondered if she would survive it.

After several gruelling hours, each of which stretched out for an eternity, Margery’s child was delivered safe and well. But her torment was far from over. For half a year, eight weeks and odd days afterwards, Margery remained traumatised by the birth, plagued by visions of demons, their mouths open and full of vicious flames, ready to swallow her up. They grabbed at her night and day without relief. In her agony, Margery threatened and attacked her family, her friends, herself. She tore at her skin so viciously that her husband was forced to restrain her. She bit herself on the hand so savagely that she would bear the scar for the rest of her life. Her suffering was so great, Margery tells us, it drove her “out of her mind.”

Margery was one of the first women in England to describe her experience of childbirth. It is, perhaps more remarkably, the story with which she opens her autobiography, even though for the rest of her *Book* she is much more interested in her religious endeavours, rather than day-to-day family life. It might be that Margery saw resonances between the birth of her first child and the lives of key figures in the Christian story: the Virgin Mary (a mother) and Jesus Christ, whose pains during the Crucifixion were comparable with the labours of childbirth. It was the first of fourteen such labours that she would endure over the course of her life. As far as we can tell, none of the subsequent births were quite so difficult, but this number is still high, especially bearing in the mind the stress and physical demands that pregnancy can put on the female body, not to mention what we know about childbirth in the Middle Ages. No painkillers, save natural

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<sup>1</sup> NB I think with all this epigraphs we’ll want a translation as a footnote on the page, but otherwise we should do endnotes?

ones – St John's Wort, an amulet, alcohol – would have been available to a woman like Margery, and there was no real knowledge of mental illness or conditions like postnatal psychosis, to help her cope with the trauma that continued after her baby had been delivered.

It's hard to know how representative Margery's experience was as evidence surrounding medieval childbirth remains scarce. Births were not regularly or systematically recorded during the Middle Ages and other factors also contribute to a maddeningly fragmentary picture. Childbirth was an experience so common and ordinary that, unless it heralded the arrival of a long-awaited heir, or something went wrong, it didn't invite much discourse. The enclosed, even secretive nature of the medieval birthing room makes it difficult for us to peer inside, and the fact that this was an experience that affected women rather than men means that it rarely attracted the notice of the predominantly male writers of the time. However, it is possible to uncover a better idea of medieval childbirth if we pay attention to the glimpses offered by legal documents, letters, medical treatises, and the rare first-hand accounts by women writers such as Margery Kempe.

We know that it was profoundly dangerous. European women in the 1300s had more children, due to societal pressures, religion and a lack of robust contraception, and less access to the kind of medical care and understanding of the female body many of us enjoy today. They died more often during labour and, tragically, lost more of their children. But there are some experiences that endure, despite the intervening years. The agony and trauma that can attend a birth; the frustrations and complexities of bringing a child into the world; the devastation of the loss of a child – certainly. But, also, and as importantly, the joy of holding a newborn baby for the first time – and watching them grow up – is something that resonates across time.

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According to the Church, having children was one of the primary goals of marriage. But even though it was prescribed by God, childbirth was also associated with women's sin. It was taught that labour would have been painless for women if it weren't for Eve. As punishment for eating the fruit of the Tree of Knowledge, God bestowed upon both Adam and Eve a unique, gendered punishment. A life of hard, back-breaking work now lay before Adam and his sons, whereas Eve and her daughters would now give birth to their children in pain. The Bible places equal blame on Adam and Eve, and God punishes them both for what is often referred to as the

Fall of Man. But it was not unusual for theologians to save their most furious ire for Eve. Tertullian, an early Christian author whose books were highly influential in the Middle Ages, writes to all women: “Do you not realize that Eve is you? The curse that God pronounced on your sex weighs still on the world. Guilty, you must bear its hardships. You are the devil’s gateway, you desecrated the fatal tree, you first betrayed the law of God, you softened up with your cajoling words the man against whom the devil could not prevail by force.” Eve – and therefore all women – were thought to act as an agent of the devil himself, using their arts of persuasion to do his dirty work. Because blame for the Fall was so often placed on Eve’s shoulders, any pain that a woman felt in childbirth was considered well deserved, something she should submit to as a justified punishment from God.

But, according to the same theology, childbirth was also associated with the most perfect of all women: the mother of God, the immaculate Mary, whose son would undo the damage done by Adam and Eve and allow, through his sacrifice, the re-entry of humanity into paradise. Medieval images of her, which still grace churches and Christmas cards today, usually present a pale, serene, chaste-looking woman, dressed in blue, either holding the baby Jesus in her arms or grieving his death at the Crucifixion. In the former, she may be wearing a slight smile as she gazes out at the viewer, or down at her infant son. She may even be breastfeeding. In the latter, she weeps, or reaches towards her dying boy. Whilst Mary was a popular figurehead throughout much of the medieval era, the fifteenth century witnessed an unprecedented explosion of Marian devotion. She became synonymous with compassion, a kindly and maternal intercessor who could act as a go-between on behalf of anxious Christian souls to a fearsome. Three-dimensional statues called “cupboard Madonnas” or “Shrine Madonnas”, which opened up to reveal the Trinity inside her womb, could be found in houses and churches across Europe. John Lydgate, a Benedictine monk and contemporary of Chaucer, wrote countless meditations on the life of the Blessed Virgin. In his poem “A Ballad in Commendation of Our Lady”, he describes her in as the “well and spring” of mercy, the starriest of all stars, a fountain yielding pure, “clear streams”, the “original beginning of all grace and goodness.” Mary was the perfect mother. But, as if this wasn’t miraculous enough, she was also the perfect virgin.

This contradiction wasn’t lost on medieval theologians. Whilst they accepted the premise (it was in the Bible, and so the word of God), they fiercely debated the nitty gritty details of the virgin birth. Anselm of Canterbury believed that Mary had been born with the stain of original sin, but that God cleansed her of that taint as soon as Jesus was conceived (a miracle referred to as the Annunciation) since it would not have been appropriate for the son of God to be incubated in a vessel of sin. Exempt from the curse of Eve, Mary was able to give birth

painlessly. Most theologians agreed with Anselm, but there was some discord over Mary's involvement in the Annunciation. Whilst some insisted that Mary had been a passive and insensible recipient of this miracle, others suggested that she had, in accordance with Galenic reproductive theory, orgasmed.

To explain this suggestion, we need to take a brief detour into the medieval understanding of conception. There were two leading figures who dominated medieval Western medicine: Galen and Aristotle, both Ancient Greek physicians whose writings made their way to Britain via Arabic translations in the early Middle Ages. Both agreed that, during conception, the woman provided the *materia* – the matter, or flesh – to the embryo, whilst the man provided something far more important: the embryo's form. This is how *Women's Secrets* describes conception:

When a woman is having sexual intercourse with a man she releases her menses at the same time that the man releases sperm, and both seeds enter the vulva (vagina) simultaneously and are mixed together, and then the woman conceives. [And after these seeds are received in the womb] the womb closes up like a purse on every side, so that nothing can fall out of it.

We should take *Women's Secrets* with a pinch of salt. It is so full of misogynistic rhetoric that in later years it was quoted authoritatively at witch trials as evidence of women's nefarious natures, and Christine de Pizan includes it in her list of books that spread slander about women, because "it states that the female body is inherently flawed and defective in many of its functions." However, its description of conception is standard for the time. Male sperm provided shape, motion and life to raw matter. The (feminine) *materia* was therefore characterised by its nurturing properties – the *materia* which feeds the developing embryo – but also by its passivity, whilst the (male) form was marked by its active nature and its strength. Think of the woman as wax, and the man as a wax seal, imprinting and forming her raw *materia*. Women, who carry the baby in their own body for nine months, and who suffer the pains of giving birth, are nothing more than a vessel in this model. Men and their sperm are doing all the hard work.

Whilst Galen and Aristotle agreed on how the embryo was formed, they differed in their explanations of how the embryo originated. According to Aristotle, the woman did not submit any sperm to conception, her only contribution was *materia*. Galen, however, argued that, for a baby to be conceived, women had to submit sperm (or "menses") as well as *materia*. This sperm might be colder, wetter, and scantier than the man's, unable to impress a form all on its own. But

it was a contributing factor nonetheless and essential for success, which meant that, in order to conceive, a woman needed to orgasm. Galen's version of events, which by the later Middle Ages had won consensus amongst natural philosophers, therefore places a real and surprising emphasis on female pleasure. Despite the misogyny that underscored medieval medical understanding of women's health, Galen's theory still gained traction within scientific discourse around conception. And this discussion made its way into discourse about the Virgin Mother, one of the most venerated figures in Christendom.

It's hard to imagine twenty-first century Christian theologians arguing about whether or not God had made her come. But argue they did. Hugh of St Victor, a contemporary of Anselm, argued for the Galenic model in all cases of reproduction including the conception of Christ. The idea that Mary must have orgasmed for the Annunciation to be successful clearly made its way into the mainstream. In pageant plays, which tell the story of Christian history from creation to Judgement Day and were performed all over England as part of religious festivals, the Virgin Mother experiences what sounds suspiciously like orgasmic ecstasy during the Annunciation: "I cannot tell what joy, what bliss/Now I feel in my body." And the angel who delivers the news tells the audience that "Her body shall be so fulfilled with bliss/That she shall soon believe my story." The Virgin Mother's augmented orgasmic experience served to elevate her experience of conception above all others; hers was an exceptionally powerful orgasm, because it was, quite literally, heaven sent.

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So went the theology. Beyond the binaries of curse (Eve) and miracle (Mary), many medieval women, regardless of their status, spent a huge span of their adult lives pregnant. And whilst medieval women could look to Mary as a model of motherhood, in terms of childbirth (the pains of which Mary herself mercifully escaped), they were in it alone. But not all women who wanted to have children were easily able to conceive – many struggled. IVF might have been hundreds of years away from invention, but that's not to say that authors of medieval medical texts didn't offer their own fertility treatments.

Medieval medical and scientific writers viewed women's menstruation either with ambivalence (a necessary evil required for a woman to purge her excess moisture) or outright hostility. *Women's Secrets* labels menstruation as "impure", and John Trevisa, the author of a popular encyclopedia, calls the blood "vile and unstable". However, despite this rhetoric, periods were widely understood as being instrumental in conception, and medicines like water of

plaintain were prescribed if a woman needed to regulate her cycle in order to get pregnant. If the issue laid elsewhere and not with menstruation, then there were various things a couple could try. The biggest authority on this matter by far was a collection of three texts dedicated to the health and wellbeing of women, which became known as the *Trotula*. All three were composed in the twelfth century, in the Italian town of Salerno and, in the earliest manuscripts one of them is attributed to a woman, a healer from the area named Trota; because of this, it was assumed in the Middle Ages that all three texts came from Trota's quill. Sadly, we know next to nothing about Trota, except that she lived in Salerno and, based on the knowledge gathered together in the *Trotula*, it is likely that she was a general practitioner of medicine. Her texts, which give substantial space to fertility treatments, became the equivalent of bestsellers throughout Europe. One of the books suggests that women could test the hospitality of their womb by soaking a small cloth attached to a string in pennyroyal, laurel, or another hot oil, inserting it into their vagina, tying the string around their leg and then going to sleep. If the patient woke up to find that the cloth had fallen out, it meant that her body was too hot for conception. If it was still inside her, it meant she was too cold. She could then improve her chance of conception by fumigating herself with herbs of the opposite temperature and rebalancing her humours. If this failed, she should turn her attention to her sex life. Too much sex, or, even worse, sex outside of marriage, could make a woman infertile, because the more sexual partners she enjoyed, it was believed, the more slippery her womb became. And if she cut back on sex and was still not getting pregnant then both the husband and wife were instructed to look to their weight, which, medieval medicine believed, could affect fertility. Sweating off any excess fat with hot baths or the application of hot sand might just do the trick for a struggling couple. For those who did manage to conceive, new anxieties quickly took the place of fertility worries. According to *Women's Secrets*, women who had sex whilst on their period could give birth to babies who suffered from leprosy or epilepsy – devastatingly, such children were often considered to be monstrous by medieval society. And in the Middle Ages, just as today, not all women managed to carry their children to term. Until she held the baby in her arms, there was a lot for an expectant mother to worry about.

There is evidence to suggest that male infertility was at least recognized. The *Trotula*, for example, prescribes a urine test to determine whether the husband or wife (or both) was the source of a couple's fertility troubles. In two separate pots, each partner should mix their urine with wheat bran. If, after ten days had passed, one of the pots was smelly and full of worms, then something might be awry for whoever that urine belonged to. However, most medical advice, when it came to fertility, was targeted towards the woman. She was to blame for being



sexually promiscuous, for being the wrong temperature, or for having sex whilst menstruating. Even the works of the female-authored *Trotula* devote far more space to the infertility of women than they do to the infertility of men. Women who never managed to conceive not only had to deal with their own grief and loss but also with the stigma of having failed their husbands, and themselves. Medical books like the *Trotula* and *Women's Secrets* are weighty tomes and, whilst their advice is applicable to the general public, it's difficult to know how much the average medieval woman would have been aware of them. However, the apothecary bills of , from the last year of her life, suggest that wealthier women may well have kept abreast of medical information about their fertility.

Anne of Bohemia was queen of England in the fourteenth century. Her marriage to King Richard II was by all accounts a very happy one, and Anne herself was beloved throughout the land. However, she was never able to conceive an heir. Whilst historical chroniclers of the period do not blame her for her childlessness, they do all comment on it. The Kirkstall Abbey Chronicle tells us that Anne, “after thirteen years of marriage enriched by no offspring gave up her soul to God”, and Welsh historian Adam Usk calls Anne the “most gracious queen of England” but caveats his praise with “even though she died childless.” We know that Anne and Richard visited the shrine of Our Lady of Walsingham together, a holy site dedicated to the Virgin Mary renowned for its powers of fertility, and the receipt from Anne's apothecary purchases also indicate that her childlessness was on her mind up until her death. Included on the list are various herbs and compound medicines that, according to medical treatises of the time, could help a couple have a baby. Trisandali and diapienidion are on the list, medicines which, according to a recipe in an early fifteenth-century medical manuscript, could improve a woman's chances of conception when taken together with honey every day. *Trifera magna*, which Anne purchased for the expensive sum of two shillings and sixpence, was prescribed in the *Trotula* on a number of occasions to aid conception – according to *Antidotarium Nicholai*, another pharmaceutical guidebook from twelfth-century Salerno, *trifera magna* was so called because “it confers great utility to women and makes them fruitful.” Because herbs and medicines often had multiple usages in the medieval period, we cannot say for sure that Anne was buying these products to aid conception. However, bearing in mind she was a childless queen, and that a significant number of the purchases are linked with fertility, it seems likely that her intention was to use them to produce an heir.

Sadly for Anne, these treatments never worked. But for those women who *did* manage to get positive results, whether through home remedies, pilgrimages to the shrines of saints devoted to fertility, or sheer luck, the experience of pregnancy could feel more of a trial than a blessing.

The Hali Meidhad – which translates into modern English as *Holy Virginity* – is a thirteenth-century Christian treatise which encourages young women to turn to a life of religion. It survives, alongside several other religious texts, in two manuscripts, the earliest of which was simple, unadorned, and small enough to be held in the hand. It was probably put together as a private book of devotion, designed to be used rather than admired, and wear and tear on the folios suggests that readers did indeed pour over its contents. In its mission to persuade readers into a life of celibacy, the treatise paints an especially off-putting description of pregnancy:

your rosy face will grow thin, and turn green as grass, your eyes will grow dulled, and shadowed underneath, and because of your dizziness your head will ache cruelly. Inside, in your belly, a swelling in your womb which bulges you out like a water-skin, discomfort in your bowels and stitches in your side, and often painful backache; heaviness in every limb, the dragging weight of your two breasts, and the streams of milk that run from them. Your beauty is all destroyed by pallor; there is a bitter taste in your mouth, and everything that you eat makes you feel sick; and whatever food your stomach disdainfully receives it throws it up again [...] Worry about your labour pains keep you awake at night...

It's worth remembering that this treatise is actively trying to encourage its female readers to pursue a holy life of sexual abstinence. However, despite the ulterior motives of its anonymous author, at least some of the symptoms described – the constant morning sickness, the aching back, the middle-of-the-night panics about impending labour – are likely to sound familiar to anyone who has experienced pregnancy. And, whilst they didn't have access to the ultrasounds and blood tests that can reveal the sex of the baby before birth, medieval parents were just as curious as we are about what they were expecting. They even subscribed to various tricks and tips to predict or influence the outcome. The *Distaff Gospels*, a collection of women's lore from fifteenth-century France, imagines women sitting around spinning wool on an evening and sharing old wives' tales for the prediction or determination of a baby's gender. A woman who wants to give birth to a boy should clench her fists whilst she has sex. Sprinkle salt on a pregnant woman's head whilst she sleeps and see if she says the name of a boy or a girl when she wakes up – the answer will reveal the sex of her baby. According to *Women's Secrets*, if a pregnant woman walks with her right foot forwards, or if her bump protrudes to the right, then her child will be a boy. If there are no such signs, then the mother can take water from a fountain and place a drop of blood or milk from her right side into it. If the drop sinks, it means she is expecting a boy. If it floats, then a baby girl is on her way. For those living in medieval Europe,

what a baby had between their legs mattered far more than it does today, because it would make a significant difference to the life the child would lead, as well as to the financial situation of its parents. Christine de Pizan reflects on this at length in *The City of Ladies*, writing about a custom that is “quite common” amongst husbands: disappointment at having a baby girl. “Their silly wives”, Christine tells us, “who should be overjoyed that God has delivered them safely and should thank Him with all their hearts, are also upset because they see that their husbands are distressed.” Why? Because parents often worry how much having a daughter is going to cost them – they will need to pay a dowry to her husband when she gets married – or because they are afraid that “a young and innocent girl can be led astray by the wrong sort of people.”

Christine argues vehemently against this logic. If the parents bring their daughter up properly, and if her mother sets a good example through “respectable behaviour and good advice”, then they won’t have to worry about her conduct. Sons are more trouble, she writes, causing their parents “terrible anguish and worry” by “getting into nasty fights and vicious brawls or by falling into depraved habits”, much to the shame of their parents. Sons prove more financially burdensome, not just because parents need to bail them out when they get themselves in trouble, but also because they incur extra expenses – they need to be privately educated, to be apprenticed to learn a trade, and they are far more likely to fritter away money on “disreputable acquaintances and unnecessary luxuries.” Christine challenges her readers to “see how many names [they] can cite of sons who actually looked after their aged parents with kindness and consideration, as they should do.” What usually happens, she suggests, is that when the sons are all grown up “having been treated like a god by their parents”, they will turn their back on their families, unless they think they can get their hands on their estate. Daughters, on the other hand, keep their parents’ company. “They not only visit them more often, but also comfort them, and look after them all more when they’re old and infirm.”

Whilst some poor women would have given birth in a hospital, most expectant medieval parents prepared a room, known as a birthing chamber, for labour in their own home. This could be any room in the house but was ideally positioned upstairs where it was warmer. In preparation for the birth, the chosen room would be transformed, decorated with images of saints, darkened, and lit by candlelight. On a woman’s entry into her birthing chamber the room was closed, the curtains were drawn, and the keyholes stopped up. Pregnant women in the Middle Ages would inhabit this chamber during their labour, but also for a longer period that encompassed the weeks before and after the birth, called a “lying-in.” For most of her ‘lying in’, a woman would be confined to her room; for the final stretch, she might be allowed to move around the house, if there were no concerns for her health, but she wasn’t allowed to go outside

at any time. In her *Treasure of the City of Ladies*, Christine de Pizan describes it as a time of festivity, an open house for female family and friends in which visitors were treated to sumptuous food and drink as the mother, often dressed up in a white gown, would receive her guests propped up in bed.

In Italy, husbands were in charge of preparing the birthing chamber, choosing and purchasing their wife's outfits for "lying-in", and decorating the trays that carried food to the new mother after labour. In Britain, however, both "lying-in" and labour were very much the mother's remit. For the wealthy, the preparations for this room were nothing short of lavish; the more elaborate the birthing chamber, the greater the status of the woman who inhabited it. When Elizabeth of York gave birth to Margaret Tudor (the future queen of Scotland) in 1489, the room was covered with rich, expensive tapestries, decorated with gold fleur-de-lis. Her bed was "made up of a wool-stuffed mattress, a featherbed, a down-filled bolster, and four down pillows, the finest linen sheets and pillow cases, a linen quilt, and a coverlet of ermine and cloth of gold." The expenditure on birthing chambers was clearly common enough that the *Knight of the Tower*, a book of advice addressed from a knight to his daughters, felt it necessary to warn against incurring God's wrath through excessive extravagance. Christine de Pizan is also quick to cast judgement on those women who went too far in their preparation of the birthing chamber. She describes one expectant mother in particular, the wife of a grocer, who had "two very fine chambers", decorated with vessels and dishes of silver and gold, and who put up exquisite hangings around her bed, "of such fine linen of Rheims that they were worth three hundred francs." Far from being impressed by this display, Christine is critical: "God knows what money was wasted on amusements, bathing and various social gatherings, according to the customs in Paris for women in childbed [...] Although there are many examples of great prodigality, this extravagance exceeds all the others, and so is worth putting in a book!" It is important to note the social status of this woman as part of the emerging middle class. Christine, a noblewoman, is not just expressing disdain at luxurious birthing chambers but also at the idea that a grocer's wife could dare to aspire to the nobility through the excesses of her birthing chamber.

There is not much evidence to reveal how women felt during their "lying in", or how they experienced their labour. Was the darkness and confinement soothing and therapeutic? Or claustrophobic and boring? Were expectant and new mothers pleased to receive an endless troupe of visitors or did they wish she could just be left alone? It is likely, regrettably, that we'll never know. However, what we do know is that the birthing room was very much a female space. In medieval Europe, a woman who realised that she was going into labour would call on

her “godsibs” (“sisters in God”) to come to her aid. These might be female friends, family members or neighbours, with usually at least one midwife amongst them.

When the godsibs arrived, they came armed with food, drink, herbal tisanes to ease the mother’s pain, charms and amulets, oils and fats to massage the perineum, and their prayers for a safe delivery for both mum and baby. Not only was this all very intimate (it’s hard to imagine many women today wanting their female friends or family members to massage their perineum) it was also crowded, noisy and festive. Forget the image of the mother and birth partner with their pre-made soothing playlist and essential oils; this was very much a family affair. Moreover, it was a feminine one. Margaret of Anjou, Queen of England in the thirteenth century, issued a royal decree ahead of her “lying in” that a curtain be drawn across her inner chamber until a few weeks after her birth. No men were allowed closer than her outer chamber. Whilst most women didn’t gender their birthing chambers via royal decree, this sort of segregation was the norm. In the case of an emergency, a male surgeon or physician might be called to the birthing room, but in the majority of cases, midwives were as capable of dealing with common birth problems as physicians. There was rarely any need for men to invade this intimate space. Not that most men seemed to have a problem with this state of affairs. Simon de Seyles of Spaldynton “dared not enter the house for the cries [of his son’s mother] in childbirth” and a number of other expectant fathers recollect keeping out of the way, dining out whilst their wife endured the throes of labour.

It’s very hard to know whether this separation of the sexes was designed to preserve the dignity and privacy of the woman in labour, or whether it had its roots in the medieval Christian idea of childbirth as intrinsically shameful, its pains and struggles encoded by a punishment from God. The manuscript for a thirteenth-century French poem entitled *Le Roman de Silence* (*The Romance of Silence*) was discovered in 1911, tucked away in a manor house in England, in a box labelled “old papers – no value”. But the light this poem sheds on attitudes to childbirth in medieval Europe, not to mention the fact that it offers an early account of queer experience, prove its worth. It tells the story of a count, who is worried that his wife might have given birth to a daughter instead of a son, which would entail the loss of their family inheritance. Unable to wait, he runs to the chamber where his wife is giving birth to find out the sex of his baby. Closing the door behind him, “his desire to know the truth takes away any shame that might prevent him from approaching the bed of the woman in childbirth. He touches her with his right hand and she feels great shame.” There is something degrading in the man’s presence in the chamber, both for himself and for the new mother.

Such stories suggest that men's absence from the birthing chamber might have had more to do with shame and propriety than with the woman's wishes or her comfort. Whilst we have no real evidence to suggest how women *or* men felt about the childbirth status quo, the likelihood is that everyone was so used to it that they didn't question it much.

We get some lurid descriptions of birth, from texts like *Hali Meidhad*, which aim to put women off having any children as a "cruel distressing anguish", an "incessant misery", a "torment upon torment." But, beyond such scaremongering, there is silence surrounding the actual experience of childbirth in the Middle Ages. For hints and clues we must therefore look to material culture – the items kept in birthing rooms, beyond their sometimes lavish decorations, which can tell us about the birth itself.

There would be sweet-melling herbs scattered on the floor designed to soothe the mother with their scent, and a well-stoked fire to keep the baby warm when it came. On the side the midwife might place a gem called eaglestone, which could be attached to the mother's thigh to help alleviate her pain, and vinegar, which would be rubbed on the baby's tongue to ensure that one day the child would speak. There might be a birthing stool, which in some areas of Europe were believed to help position the mother for optimum labour; these would usually be made of wood with a semi-circle cut out on the seat, designed to support the mother in an upright position and allow the midwives access underneath to help ease out the baby. Books were also a popular choice; manuscripts telling the tale of Margaret of Antioch, the patron saint of childbirth because she leapt out of the stomach of a dragon unscathed, was an especially common feature of the birthing chamber; in many of the manuscripts which tell her story, the scribe will recommend gifting the object to expectant mothers, to help them achieve a painless birth. One was also likely to find talismans and amulets, which were specifically designed to keep mother and baby safe, and which tread a fine line between religion and magic. Such charms were not simply old wives' tales, but were frequently prescribed by learned doctors, too. The *Trotula* prescribes that snakeskin should be laid over the woman in labour, to speed her delivery and ease her pain. *The Sickness of Women*, an English medical handbook of women's health, recommends the use of silk, iron, or deer skin and the *Tomida Femina* (a tenth-century charm from the South of France which translates as "a swollen woman") encourages the birthing woman and her godsibs to chant magical language during the labour. The fourteenth-century surgeon John Arderne, whose medical books were some of the most widely read in England, includes a charm which he insists will hasten the birth of a child – a written amulet that should be bound below

the knee of the women in labour whilst holy words are spoken. To us, these might sound bizarre, and, we now know, snakeskin and iron would be very little help in medical terms. However, they may well have had something of a placebo effect on the labouring mother, just as the incantations and chants from their godsibs might have acted as a kind of medieval hypnobirthing.

The talismans that involved strips of parchment and magic words anticipate the use and popularity in the later Middle Ages of something we now call the birthing girdle. These girdles were inscribed with holy prayers and invocations and were designed to be wrapped around the stomach of the woman in labour. They could be made from silk but were more likely to consist of parchment or paper. Various Christian institutions kept birthing girdles which they would lend out to well-to-do expectant mothers; several noblewomen borrowed the Virgin Mary's Girdle from Westminster Abbey, to assist their labour, for example. According to legend, this girdle was dropped down from heaven by the Virgin Mary, to convince the doubting disciple Thomas that she had ascended to the celestial realm. In the Middle Ages, there were a couple of these girdles which laid claim to being an "original"; one was the girdle at Westminster, of which no descriptions endure, but the other is still in Prato Cathedral, Italy, it is 87cm long, made of a strip of green sheep's wool and decorated with golden brocade.

Few of these girdles have survived in Britain; they were identified as heretical items during the Reformation and were destroyed. But there is one rare survival. The Wellcome Trust in London harbours a very fragile but beautiful and legible birthing girdle, dated to around 1500. It is thin, narrow, and very long – a full eleven feet, which equates to three golf clubs or two leaf rakes. Its parchment is decorated with both images and words, illustrations of Christ's suffering during the Crucifixion sit alongside prayers in Latin for the health of the baby and the mother. It contains a handy how-to guide, "[a]nd if a woman is in labour with a child, gird this length around her womb and she shall deliver without peril and the child shall have Christendom and the mother purification", as well as exercises to distract the birthing mother. She should focus her mind on something other than pain by counting the drops of Christ's blood shed on the cross.

The popularity and prevalence of talismans like birthing girdles can tell us much about women's experience of childbirth in the Middle Ages. They remind us that religion was as integral to the childbirth room as it was to all aspects of medieval society. They evoke the thin line between the medical and the spiritual – or even between the medical and the superstitious. Most of all, however, they make clear the very real perils involved in childbirth in the Middle

Ages. The need for so many rituals of protection, both for the mother and her baby, suggest that, tragically, many didn't survive. Whilst it's difficult to get exact figures on the mortality rates of mothers and babies during this time, some scholars have suggested that as many as one in three infants died during or shortly after childbirth. Estimates for mothers range from one in ten to one in forty, and many believe that childbirth was the main cause of death for women in early medieval England. This is unsurprising when we remember the paucity of medical knowledge about women's bodies. The Book of Common Prayer, written in 1549, emphasised the perils women faced, praising God for safely delivering women from "the great danger of childbirth" and *The Sarum Rite*, a set of liturgical rites developed in medieval Salisbury, urges pregnant women to go to confession as soon as they feel labour coming on, so they do not die with any unabsolved sins. The dangers were many. Common complications included infection, eclampsia, prolapsed wombs, retained placenta or haemorrhaging. In one particularly grisly example from a contemporary medical text, there is a graphic description of the extreme tearing of the perineum: "there are some women in whom the vagina and the anus become one opening and the same pathway. Whence in these women the womb comes out and hardens." Some of these complications, such as excessive bleeding, could be dealt with relatively successfully by midwives or, in more extreme cases, by doctors. But other problems could sound the death knell for the mother, the baby, or both.

A common, devastating complication was stillbirth. Even today, stillbirths are far more dangerous for the mother than live births, and, whilst it is again impossible to glean exact figures from the evidence available, some studies suggest that one in five medieval children were stillborn. We know from both religious items and medical texts that stillbirth was a worry that preoccupied pregnant women. The medieval birthing girdle at the Wellcome Trust contains a prayer that addresses the unborn baby: "O child, be you living or dead, come from the womb like Lazarus", an incantation that not only seeks delivery of the child but also hints that a miracle revival might be possible – Lazarus rose from the dead, perhaps the baby can, too. Stillborn babies in the Middle Ages couldn't be baptised or buried in consecrated ground, according to common law in Europe, and so were often buried either on the edges of the churchyard or completely outside of them, metaphorically shut out from society. Some have theorised that, due to the higher probability of stillborn births, parents might have become more hardened to such loss. But there is ample evidence that the grief from a stillborn birth could hit just as hard in the Middle Ages as it does today. Midwives, for example, did sometimes relent and offer baptism for stillborn children, even though such an act was technically illegal; and it wasn't unusual for clandestine burials of stillborn and unbaptised babies within the borders of the churchyard to



take place, or for stillborn children to be commemorated by their parents or other family members. In the sixteenth century, one Robert Duckett of Sussex left money in his will to pay for a memorial in his local church to his stillborn son; and in the archaeological remains of a late-medieval churchyard in Poulton, Cheshire, the skeleton of a perinate baby was discovered in a small box, placed gently on its side as if sleeping. Researchers have concluded that the baby was either stillborn, or born before an emergency baptism could be performed, and was therefore, illegally but poignantly, buried in the churchyard.

One or two first-hand accounts do draw us into the birthing chamber, allowing us to discover new details about an event that usually happened behind closed doors.

Isabel de la Cavalleria was a widow. Her husband had died whilst she was still pregnant with their first child and Isabel knew that, due to Spanish law of the time, the posthumous birth of an heir could empower her with property and administration rights that she would otherwise not be entitled to. It was therefore essential that she proved the birth to be legitimate, to avoid legal trouble further down the line. In cases like Isabel's when money was on the line, elite women often came under an excess amount of scrutiny. There were sometimes attempts from the husband's family to prove that such women might try and trick the authorities through the production of a fake heir to retain property that would otherwise be bequeathed to them.

Clearly a savvy woman who wanted to take no chances, Isabel invited a male notary, Domingo de Cuello, to witness the birth of her child and prove its legitimacy. For Isabel, providing evidence that she had a child, and that the child was her own, was more important than maintaining the status quo of the medieval birthing chamber. Before the labour began, Isabel asked both midwives to take an oath that they would not commit any fraudulent acts during the birth: "both midwives on their knees and touching with their hands an image of our Lord, Jesus Christ, and the four gospels, solemnly swore, kissing and adoring the aforesaid image and gospels, to administer well and without fraud or trick the labour of the aforesaid Isabel." Rather than keeping the windows closed and the curtains drawn, Isabel flung hers wide, so that any passerby could see inside; in doing so, she transformed the usual private affair of labour into a public one, proof that no deception was occurring within the chamber. Domingo describes how she encouraged him to substantiate his report by getting up close and personal. He checked under the clothes of Isabel and the midwives, to ensure they were not hiding another baby for a swap if required. And, at the time of the baby's birth, he was close enough to proceedings to hear and see "the blood and the water which were coming out from the body of the aforesaid

Isabel.” He sees the baby being born, “completely wet and with his eyes closed” and observes as the midwife, Salina, takes out the placenta and cuts the umbilical cord. The fact that Isabel felt it necessary to make her labour so public, and to invite men into a space usually reserved for women, is telling. Everything happened at Isabel’s invitation, and with her consent, but her actions make clear the distrust that male authorities placed on women and their bodies, and the suspicions that could arise from the private space of the birthing chamber.

As well as showing us what was unusual, and therefore worthy of note, in medieval childbirth (the presence of men, the legal witness, the oath sworn by the midwives) Domingo’s account of Isabel’s birth also gives us a unique insight into the more routine aspects of labour. The “great pains” that Isabel suffered, the “relics on her belly and many blessed candles lit around”, the midwives situated between her legs with a clean vessel of water, the blood and water that gush out of Isabel’s body along with the baby, the cutting of the umbilical cord, and the image of Isabel, “sleepy and almost out of herself” afterwards; such details not only give us a rare insight into the mother’s experience of medieval childbirth but also remind us that, in terms of the essentials, the process of giving birth has changed surprisingly little.

Isabel’s story makes clear the anxieties around legitimacy where children were concerned, especially amongst the nobility when inheritance was on the line. This is a subject that Marie de France takes up in several of her *Lais*. Her stories might be fictional, but they draw on contemporary concerns about what it meant for a woman to have a child out of wedlock, or for the paternity of an heir to be called into question.

*Le Fresne* begins with two valiant knights who both get married around the same time. When one of the knights receives word that his friend’s wife has given birth to twins, his own wife is quick to offer her opinion. With a smile, she announces in front of the entire household: “So help me God, I am astonished that this worthy man decided to inform my husband of his shame and dishonour, that his wife has had two sons. They have both incurred shame because of it.” According to this “deceitful and arrogant” woman, it was impossible for a woman to give birth to two sons at once, unless they were the progeny of two different fathers. Marie tells us that the woman’s foolish words spread like wildfire throughout Brittany, making all women who heard them furious. And for good reason; they understood that by parroting this old wife’s tale, this lady was unfairly calling into question the honour of any mother of twins.

Of course, she gets her comeuppance. Not long after the dinner, she becomes pregnant and, nine months later, she also gives birth to twins – two little girls. She is devastated, realizing what she has done and breaks down in tears. Unable to see another way out, her thoughts turn

to matricide: “To ward off shame, I will have to murder one of the children: I would rather make amends with God than shame and dishonour myself.” The other women in the birthing chamber immediately come up with a plan to put a stop to these dark thoughts. Her maid offers to take one of the children and abandon her outside a monastery, wrapped in a sumptuous blanket to indicate that she is a child of noble birth.

This tale warns women not to slander one another, or to repeat misogynistic rhetoric. However, it also shows how fraught issues of legitimacy were amongst the wealthy. However foolish, slanderous and envious the protagonist might be, she must have been terrified about the potential consequences of her supposed “dishonour” in order to contemplate murdering one of her children.

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Whilst many women were happy to become mothers in the Middle Ages, there were of course others who did not want to have children. There is little documentation to help us, here – this was a taboo subject, not one that women would have felt comfortable openly committing to paper. The only path available for them was the life of religion, and its accompanying abstinence. There was no way of reconciling sex and childlessness. According to the Church Fathers, and especially St Augustine, sex was only acceptable within marriage and only with the express purpose of producing offspring. But, in reality, there will have been plenty of married couples who had enough children but wanted to continue enjoying sex with one another – as well as plenty of unmarried couples who wanted to have sex without bearing children. Moreover, there is an underlying current of thought in medieval medicine that not having sex could be bad for your health. The *Trotula* warns women that they can become gravely ill if they don’t have sex often enough. Even St Augustine himself acknowledges the dangers of abstinence, claiming that a couple who forego sex grow in religious purity but do decline in health, becoming almost corpse-like.

Whilst contraception wasn’t as widely accepted as it is today, that’s not to say that there weren’t some tried and tested methods used by sexually active women to avoid getting pregnant. The only good reason for not having a child that the *Trotula* and other medical texts acknowledge is the physical inability to give birth safely, but they do list tricks and tips for having sex without getting pregnant. These range from the more familiar – quick withdrawal (the “pull out”

method) – to the more bizarre: urinating or hopping backwards whilst sneezing after sex, inserting tar, cabbage seeds or elephant dung into the vagina, anointing the penis with balsam, tar and ceruse lead before sex, making an amulet of boiled ass’ milk and honey and tying it around the stomach, or, my personal favourite, castrating a male weasel and wearing the testicles around the neck during intercourse.

None of these methods would have had a high success rate. But there is evidence to suggest that other, more chemical solutions, would have been more likely to work. Modern science has proved the efficacy of herbs and plants like artemisia (mugwort), pennyroyal, rue, and cedar, all of which were prescribed as contraceptives in the Middle Ages, in ending an early pregnancy. In *The Canterbury Tales*, Chaucer’s Parson refers to women who drink venomous herbs, or women who put certain objects into their secret places, in order to “slay their child”, and in the records of various sermons, women who are worried about the economic burden of a child are warned against employing such methods. References like these, in sermons and literature, suggest that the use of such chemicals was not uncommon, despite awareness of the dangers attendant on them – medical texts which recommend these substances are careful to advise caution. In too great a quantity, many of these herbs could end up being deadly for the mother.

Early medieval penitentials identify the use of contraception as a sin but prescribe much harsher courses of penance for the use of herbs like artemisia and rue than they do for the use of preventative talismans and amulets. Where chemicals are involved, the line between abortion and contraception becomes blurry. Medieval people had a different understanding of pregnancy than we do today; as a general rule, women weren’t considered properly pregnant until they declared it themselves or were so visibly pregnant that it was apparent to everyone. Because of this, practices that we would likely classify as abortion often came under the umbrella of contraception in medieval Europe. This was a grey area that even the Church recognised; any interference with the fetus before the “quickening” (when the child was believed to acquire a soul, roughly around the fourth month) was considered to be a form of contraception, not abortion, and carried a much more lenient penalty both legally and in the eyes of the Christian church.

There is the suggestion, too, that many medical texts were subtly trying to assist women with contraceptive methods, flying under the radar of the church and the law. For example, we find abortive remedies coming under the guise of remedies for bad menstrual cramps or the removal of a dead fetus. The *Trotula* series includes a recipe recommended for the “retention and

suppression of menstruation” that was likely to bring about a miscarriage. Take a handful each of calamint, catmint, fennel, pellitory, savory, hyssop, artemisia, rue, wormwood, anise, cumin, rosemary, thyme, pennyroyal, and mountain organum, mix with wine and water, boil, and ingest. Whilst advertised as a relief for period pains, many of the ingredients (fennel, anise, cumin, sage, artemisia, and rue) are all substances with proven abortive qualities whilst the pennyroyal, mint and wine would act as sedatives to ease the pain of ingesting such a tincture whilst pregnant.

Beyond this literature, we have very little evidence of women who put them to use. And, despite a vast array of legislation against abortion, there were almost no prosecutions during the Middle Ages for women using abortive methods – to date, historians have found only seven such prosecutions from the entire medieval period. However, the existence of the remedies and the frequent references made to them in sermons and other religious literature suggest that they were common knowledge, and it’s not hard to imagine various scenarios in which a woman might have risked their own lives by turning to such measures. Moreover, the grey line between contraception and abortion that we find in the Middle Ages, and the scarcity of prosecutions against women who practiced either, suggest that, in some ways, medieval society had a progressive attitude towards abortion. Prior to four months, any termination of a pregnancy was considered preventative rather than abortive, which is more in line with modern thinking than we might expect.

No matter how severely medieval society frowned upon the act of extramarital sex, of course it still happened – probably quite regularly – and, as a result, unmarried women did sometimes fall pregnant, regardless of whether or not they had made use of the contraceptive methods available to them. The same *Hali Meidhad* that advises its readers to eschew marriage and children saves its harshest insults for women who allow themselves to indulge in sex outside of marriage.

According to this polemical text, such women are the devil’s playthings and consorts, the absolute filth of the earth. And it wasn’t just *Hali Meidhad* espousing this opinion. There are numerous medieval lyrics which tell the tales of unfortunate, fallen women and which implicitly criticize their anti-heroines for being foolish enough to get knocked-up outside the commitment of marriage. With their origins in oral culture, these poems are impossible to attribute to a particular author, and whilst they were most likely performed by young maidens at local feasts and festivals, they have made their way down to us thanks to male scribes, who presumably saw them as useful cautionary tales. In “The Single Women’s Lament”, dated to approximately 1200

and either German or French in origin, the poetic voice is a pregnant, unmarried mum who sits at home alone because she is afraid to go outside and face the scorn of the public. “When I do go outside”, she tells us, “I am stared at/As if I were some monster/When they see this belly [...] I am in the stories and mouths of everyone.”

Whilst medieval Italy and other European countries had many foundling hospitals, which catered for singlewomen, England had no such provisions. King Edward III tasked the hospital of St Mary without Bishopgate in London with receiving poor pregnant women and giving them a place to give birth, but the hospital would only offer ongoing support for a child if the mother died in labour. The odds were very much stacked against women who either became pregnant by accident, who were abandoned by the father of the child, or who were raped. Remember that, according to Galenic theory, a woman could only conceive *if* she orgasmed – which made it almost impossible for a woman who became pregnant to seek justice if they were raped. If a woman couldn’t get pregnant without orgasm, then any intercourse that resulted in a child must have been pleasurable and consensual according to medieval medicine. That’s not to say that no one questioned the premise of this idea. In a text on reproduction by William of Conches, a French Christian philosopher, he imagines a conversation between a Duke and a Philosopher. The Duke deems the theory that women can only conceive if they orgasm implausible. “We have met women who were raped, who have suffered violence despite their wailing, and still have conceived”, he argues. “It seems that they never experienced delight in the act. But without delight they cannot produce sperm.” The Philosopher is quick to dismiss this argument with one of his own, however: “Although the act of rape displeases at the start,” he says, “in the end as a result of carnal weakness, it pleases.” According to the Philosopher, who gets the last word on this topic, a woman’s natural lust will take over, whether or not she consented. This argument is an incredibly damaging one. But, alas, it is not one that is completely out of currency, even in the twenty-first century. It’s legacy lives on in the words of Todd Akin, a Missouri Republican Senate candidate in 2012, who claimed that legitimate rape rarely ends in pregnancy because “the female body has ways to try and shut that whole thing down.”

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Medieval childbirth wasn’t all doom and gloom. Whilst it’s certainly true that having a baby *was* more dangerous in the Middle Ages (as Margery Kempe’s experience attests to), there are still

things that the time period has to teach us about giving birth: the importance of midwifery, how meditative techniques can act as a natural form of pain relief, the crucial role that other women can play in supporting an expectant mother through labour. That's not to say that medieval childbirth was preferable to labour in the twenty-first century, with its epidurals, the inclusion of male partners in the birthing room, and a more general openness about the process. Nor is it to say that the pressure on women to have children wasn't far more extreme then than it is now. But exploring medieval childbirth through letters, firsthand accounts, medical texts and legal documents, can remind us that the basic premise of pregnancy and childbirth has remained the same, and that there were some surprisingly positive aspects to the experience which, as a society, we are now incorporating back into our own, twenty-first century approach.