



Touch during Childbirth: Yesterday and Today

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Abstract

Birth helpers touch the parturient woman in many ways. They make physical contact to diagnose difficulties and manipulate safe delivery. They may also touch the woman in non-physical ways, with special words, as they help a woman to give birth. Some hope also for a divine touch, as Jewish tradition teaches that God is a partner in the birth process. This paper takes a historical look at the different forms of touch used by birth attendants to ease the safe arrival of a healthy infant. We hope that this short retrospective will encourage today's birth helpers, especially doctors and midwives, to notice how they themselves touch birthing women. We hope to promote awareness of the verbal and non-verbal language of touch and to encourage the use of the art of touch among medical staff who are now more skilled than ever before in applying scientific touch to patients.

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Since antiquity, women have expected assistance in birthing. The Book of Genesis recounts that a midwife encouraged and comforted Rachel as she gave birth to Benjamin, and that another eased out Tamar's twins [1]. Before the Exodus from Egypt, Pharaoh called on two midwives, Shiphrah and Puah, to deliver the Israelite women (Exodus 1:15). The Talmudic sages proposed that these two women had different roles during childbirth, as suggested by their (Hebrew) names. They suggested that Shiphrah may be derived from the root *shaphar* (to clean, or swaddle) and may also be related to *she-paru* (those who bore fruit) and *shaphru* (their deeds were pleasing). Her name may indicate her function in caring for the pregnant woman, receiving the infant, and cleaning mother and baby after delivery. Two medieval biblical commentators suggested that Shiphrah earned her name from the Hebrew word for a tube, *shfoferet*, "since it is the custom of midwives, when the child is stillborn, to insert a tube of reed into its bowels, blowing into it and thus reviving the child." The name Puah may be derived from the verb *po'ah* (to cry out), indicating her role in uttering prayers and incantations to reassure the birthing woman and ease her cries [2,3]. The rabbis seemed to think that Shiphrah personifies the physical touch given by a birth helper, whereas Puah personifies the equally important spiritual and emotional touch.

Diagnostic and manipulative touch

The birth helper of antiquity – and during most of human history – was usually a woman who knew how far a pregnancy had progressed

by placing her hand on the gravid abdomen. She also knew which oil to use to lubricate the baby's passage, where to press during delivery to prevent the tearing of the mother's tissues, and how to prevent the umbilical cord from strangling the baby [4].

A medieval midwife induced sneezing in the birthing woman with a whiff of incense in the belief that this would hasten delivery. She forcefully massaged the pregnant abdomen in a downward direction to help the baby out. She administered an enema, if necessary, and fashioned woolen tampons soaked in therapeutic potions, which she inserted into the birth canal to ease delivery. Birth assistants helped a laboring woman to maintain a vertical position, walking her slowly up and down as she travailed, and supported her sitting or kneeling for delivery. The midwife needed to have "lean hands and long fingers" in order to reach deep inside through the vaginal opening; for example, to extract the placenta if it did not exit naturally [5–7].

Jewish physicians such as Tobias Cohn (1652–1729), who addressed the diagnosis of problems during childbirth, advised certain manipulations for dealing with difficult births. Cohn explained that if both mother and baby are alive but there is a considerable delay preventing the birth, one calls "the surgeon-specialist who cuts one of the uterine walls." He was well aware that this practice was largely unknown to his readers, although some European doctors were in fact performing cesarean sections. Nonetheless, he wrote that such surgery was not undertaken in Jewish women, although the sages mentioned this possibility in the Talmud. He nevertheless described the necessary equipment and precautions for performing this form of delivery and gave step-by-step instructions for the procedure [8–11].

A few ethnographic descriptions of the management of difficult births, before the advent of modern medicine, depict manipulative touching. In Yemen, the birth attendants helped the suffering woman by wrapping a sheet around her abdomen, helping her to her feet, and gently shaking her back and forth by pulling on the sheet from side to side. If this did not prompt delivery to begin, the woman was helped to step over burning incense made, for example, from the sap of the juniper tree, to fumigate and ease open her genitalia [12, and personal communications, 1986–88].

Supportive touch

The Bible tells that Rachel, while still barren and yearning for offspring, gave her handmaid Bilhah to her husband Jacob to

conceive his child. Rachel declares: “she shall give birth upon my knees, that I may also have children by her” (Genesis 30:3). Bilhah gave birth supported by Rachel from behind, a customary position used by a birth helper for many centuries. Bilhah squatted to give birth, resting against and supported by Rachel’s knees. In a Judeo-Persian manuscript dating from the late 17th or early 18th century, an illustration of Queen Esther giving birth to Cyrus shows the queen sitting, leaning against a woman who is supporting her from behind [13].

Before modern medicine reached the Jewish women in Yemen and Kurdistan, they gave birth at home – on the floor, kneeling, crouching on two stones, or sitting. At least one helper, if not two, supported the back of the laboring woman from behind and massaged her abdomen [12,14].

Comfort touch

The Bible relates that when Rachel knelt to give birth, the midwife told her: “Fear not, you will have this son too” (Genesis 35:17). Phinehas’ wife was similarly comforted as she struggled to give birth (1 Samuel 4:20). The midwives offered comfort, trying to touch the women with kind and encouraging words.

Birth helpers through the ages have whispered words of comfort during the long hours of labor. Often these have been in the form of prayers and recitations of biblical verses. The great sage Maimonides tolerated the reciting of biblical verses for soothing and reassurance, important during childbirth, but he forbade such recitation for curing bodily ills [15,16]. Psalm 20, “May the Lord answer you in time of trouble...” has been a favorite since early medieval times, repeated over and over again as the woman labored. Exodus 11:8, “Depart, you and all the people who follow you!...” has been another favorite, possibly a simple request for the infant’s quick exit from the womb, or a plea to evil spirits to depart and allow a safe delivery. Psalm 42:2, “Like a hind crying for water, my soul cries for you, O God,” has also often been heard in the birthing room [17].

Divine touch

As Jews believe that God is a partner in the creation and delivery of new life, it is natural to call on God in the hope of receiving divine blessing. Illustrations of birth scenes in a Hebrew manuscript dating from the 14th century and in books printed in the 18th century show the husband praying while his wife gives birth. He was fully involved in the delivery, often behind the closed door of the birthing room, communing with God and calling out for divine help [18–20]. Printed prayer-books containing written prayers for the husband to recite during delivery provide extra evidence of the husband’s spiritual efforts to gain a divine touch of blessing for his wife and child [21–24]. The Hasidim have often asked their *tzaddik*, their holiest leader, to pray for a particular woman giving birth when her life appears to be in danger. They believe that a *tzaddik* might have a direct channel to God and draw a divine blessing that will enable safe delivery [25].

In the early 20th century, a Polish rabbi recalled how his late father had given spiritual help to birthing women, using a “tried and proved” amulet that he had received from his forefathers. “There

was just one square inscribed on this amulet, with the words *Ha-shem* (The Holy Name) and *eled* (I will give birth), and this was tied on the forehead of the laboring woman. When giving this amulet, my father would stand praying, with great devotion, a secret prayer that he would never divulge to me, even though several times I implored him to do so” [26]. The Holy Name on the amulet touching her forehead apparently helped the laboring woman to feel the Jew’s theurgic effort on her behalf.

Magic touch

Jews sometimes sought additional spiritual help by bringing a Torah scroll into the birthing room, “for perchance the merit of the Torah will protect her, not as a charm or remedy,” as one rabbi explained. Alternatively, the woman’s head was sometimes covered with a *parokhet* (the curtain covering the Ark of the Law); sometimes an *etrog* (citron) that was blessed during Sukkot, or the belt worn by a holy rabbi, was brought to a birthing woman in the belief that a holy blessing could transfer through contact with a holy object [27–29].

Jewish women have often worn an amulet while birthing, believing that this will ensure a safe delivery. These amulets may or may not have been accompanied by fervent prayer and prepared by a skilled kabbalist, but they contained formulas that were known to be helpful. For example, Pinhas Katzenellenbogen, a Jew who lived in the early 18th century in what is now southeastern Germany, wrote that soon after his wife died in childbirth, he met a kabbalist and asked him for a charm that would protect against death in childbirth. The kabbalist wrote two words in Assyrian letters on a piece of white linen five fingers wide and seven fingers long – *p’nim* (in) on one side, and *hutz* (out) on the other and explained where to position the charm on the birthing woman and when to remove it. Pinhas remarried and in due course his new wife learned of the charm. She lent it to her pregnant friends to safeguard their births, but one woman failed to return it, claiming it was torn and could no longer be used. When Pinhas’ daughter conceived, he commissioned a scribe to make a new amulet that would look exactly like the original. When his daughter eventually gave birth, the delivery went well and she decided that she no longer needed the charm, but she died after the baby’s circumcision [30].

The words on the amulet had magical significance; *p’nim* refers to the custom of including the matriarchs, whose merits would contribute to blessing the birthing woman, whereas *hutz* excludes Lilit, the greatly feared female demon who (in Jewish mythology) seeks out birthing women to suck their blood and kill their infants.

Jewish birthing women have also used other forms of amulets, such as a red stone, pulverized and ingested in a drink or worn on a necklace or a ring, a flint stone held tightly in the suffering woman’s hand, or a (naturally magnetic) lodestone that she clutched between her teeth, in the hope of magically easing delivery [31].

Forbidden touch

The Bible rules that blood that issues from the sexual organs renders a person ritually unclean. According to Jewish law, the first spot of blood at the onset of labor renders the birthing woman ritually unclean, *tumat niddah*, and her husband may not physically

touch her until a circumscribed time after she has stopped bleeding. An Orthodox husband whose wife wants him to hold her hand for support and comfort during childbirth is told to consult a rabbi, who will probably inquire about her level of distress and perhaps consult responsa on the subject before making his ruling [32–34].

Restraining and intrusive touch

In recent times, women have been immobilized on hospital beds with their legs tied into stirrups to allow birth helpers to easily observe and assist the birth process. An intravenous infusion and a fetal monitor often confine a woman to a hospital bed, restraining her possibility of finding a comfortable position. Enema, shaving, and episiotomy, performed routinely for many years, are intrusive forms of touch. In addition, a woman laboring to deliver might be repeatedly examined internally by several doctors, midwives and students, as her helpers change from one shift to another or pass from one room to another.

Sometimes an electronic fetal monitor touches the baby's scalp before he or she is delivered. After giving birth, a woman may receive an injection to help her uterus contract instead of allowing this to happen naturally when her baby suckles at her breast.

Withholding of touch

Women fearing the pain of childbirth request pain killers that will numb their ability to feel physical touch. Some forms of anesthesia numb a woman's awareness of all forms of touch, to the extent that she is also unlikely to feel comforting words. Epidural anesthesia, however, allows a birthing woman full awareness of emotional and spiritual support.

As birth management moved out of the home, soothing hands and reassuring words often vanished in understaffed labor wards. In the second half of the 20th century, these hands and words were replaced by electronic instruments that helped reduce maternal and infant mortality, but did not lessen a birthing woman's anxiety, an emotion that is present at almost every birth still today. This anxiety is the cause of the steady rise in the number of women asking for labor-free cesarean delivery, where touch is limited to the needle and the knife is not felt.

Conclusion

Most obstetricians and midwives view the history of birthing with justified satisfaction that maternal and infant mortality has declined drastically. However, it is important to look back to see what useful ideas and behaviors were lost during the impressive march toward safety. By considering past traditions, we become aware of where we are today and discover what we should perhaps be doing tomorrow. We can help reduce the psychological stress of childbirth by paying attention to the language of touch, making it more supportive and comforting and minimizing its restraint and intrusiveness.

How often is a woman touched during her labor today? Who touches her? How many different people touch her? Where do they touch her? What is the nature of their touching? Is it mostly manipulative, intrusive and unpleasant, or is she touched also in a

way that is supportive and comforting? Does she want spiritual help? Is she consulted before being touched?

We can also apply such an analysis of touch to any medical interaction with any patient. All medical staff – from the most senior doctor to technicians, nurses, and orderlies – who touch patients in some way can pay a little attention to their language of touch and in that way reduce a patient's stress.

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