

Midwife

In 1947, after a day spent hauling in the corn harvest, Yang Anxiu miscarried at five months. She was seventeen. My husband was away from home, hiding from military conscription. My mother-in-law slept on the other side of the house, and I shared a room with my elder sister-in-law. There was no light at night. I was bleeding. I said, "What is happening?" Finally, I struggled to climb to the edge of the bed. By the second half of the night, I could not endure the contractions. I moaned and knelt on the ground.

In the morning, my sister-in-law said, "I heard you moan once, and then you made no sound. What happened last night?" I said, "Sister-in-law, come look, what is this flowing out in front?" It was winter and there was no light. I said it looked like blood and it seemed that something had dropped. And there was also a cord. She looked and said, "Aiya, you have miscarried." The head was already this big and the body was this long. She used fire tongs to put it on a board, and told my mother-in-law.

My mother-in-law said nothing. Later she said, "It is nothing serious. A miscarriage at several months is nothing." My sister-in-law said, "We should make some food for her. Her face is too yellow." I put my old trousers on and lay down. Finally my mother-in-law said, "What are you afraid of? Go ahead and eat something! Back in my day we didn't do anything special even if we miscarried in the seventh month."

I stayed home for only three days. Then it was time to sow the wheat, and I went to the fields. I cried often, whenever I had a free moment. I thought, What's going on here? I have been married into such a poor family. They don't take care of you even when you have a miscarriage.

Three years later, pregnant again, Anxiu went into labor one morning in spring 1950. The revolution had not altered the dynamics in her family, nor yet touched the local methods and dangers of childbirth. I felt the pain, but I did not say anything. My

mother-in-law was hot-tempered. "Are you really in labor?" If you said something, she would say, "How can you tell that to others? Aren't you ashamed? Having a child is just a natural phenomenon." So I dared not say anything. I just walked back and forth. At noon, I said I would go make some noodles, but I couldn't do it. I served one bowl of boiled bread to my mother-in-law. I just had the soup and could not eat anything.

In the afternoon, I heard the old people say it would be better to walk around. I felt the pain in my back, like a blunt saw sawing you. It was terrible. I leaned on this and that. Then it got dark. My aunt's sister came and asked, "Does your back hurt a lot?" She said to call a midwife. The going rate of pay for a midwife was a chicken, a three-foot piece of red cloth, a pair of shoes, one bushel of wheat, and money.¹ I said no. I had seen the midwife deliver a baby next door and I was scared to death. She put her whole hand in the vagina. Just like digging seedlings in the field. The woman's eyes were rolled back in her head. So I said no. Also, we were poor. Even food was a problem. How could you call in a midwife?

It had been a whole day. It pushed me to the edge, it almost killed me. Finally I put my hand here and pushed, leaning on the edge of the bed. I sat on a small chair supporting myself with my two hands. What should I do? My husband was not at home. Again I wanted to go to the toilet. My aunt's sister squatted and held a piece of cloth in her hands. The umbilical cord was too short, only about five inches. Finally she had it in her hands. She did not know to separate the perineum. It was so painful that the flesh was jumping. By late night, it was so painful that everything was swollen.

I gave birth on May 18. It was very hot. I just lay on one side like this on the bed all day long. They brought me food. Finally, on the fourth day, my husband came back. He said, "You're just sleeping on your side like this?" I said yes. He went out to the kitchen. My mother-in-law was very feudal. She said, "You entered the room?" "Yes: Why not?" "Anxiu just had the baby. You came back at night and just entered the room?" She meant that he should walk around for a while outside first, otherwise he might bring something unlucky into the room. He said to me, "Why didn't you tell me you had the baby? You just talked about sleeping and lying down." I said, "What is there to say about it? It's been several days."

Then I said, "My bottom is terribly painful. Get some hot water for me to wash." He boiled the water. After washing, he said, "No wonder you can't endure it. It was festering." I could not put my two legs together. When I lay down, I had to prop them up. Later my husband said to his mother, "Ma, her lower body has a festering sore. It is in terrible shape." She said there were some Chinese honey locust thorns in the back, that he should cut some to lance it. He lanced it several times but could not break it. Then he used a porcelain tile to break it and let the pus out. It was unbelievably painful. I cried for the whole evening. I said it was so terrible and I never wanted to have another child. I could not endure it.

The next day, my sister-in-law said to go to Nanguan in Hanzhong to Doctor Li Shen for some medicine. I went there and they gave me some red ginseng [hong shen-

dan] to put on. It was very painful, as though someone were taking your flesh and twisting it. By the second half of the night, I could no longer endure it. I said to boil some water to wash it off. The medicine had soaked into the flesh. When it was put on for the second time, it was not painful again. But for forty days after that, until after the month of confinement, I could only walk by leaning against the wall. Now there is still a scar here like a wheat stalk. So I cannot sit for a long time even now.²

Miscarriage, painful and protracted labor, an unskilled birth attendant, postpartum infection, a sharp-tongued mother-in-law, and a well-meaning but hapless husband had combined to make Anxiu miserable. She never became pregnant again after the first child, although she later adopted two children. When she was selected for midwife training in 1954 she was determined to make childbirth easier for others. Leaving her young son and her one-year-old adopted daughter for several weeks to take the training course, she returned to the village and successfully delivered her first baby the next day. So when I did midwifery, they all said that I was careful. Because I myself had experienced it, I said, "I suffered a lot and will not let you suffer like that." I delivered babies for three generations. I delivered most of the people here in Village T, except for some who went to the hospital.³

Yang Anxiu became a midwife as part of a state initiative for childbirth reform, one of the first issues through which rural Chinese women encountered their new government. Women's health was articulated as a state priority, and good midwifery practices were central to achieving it, as expressed in the national slogan "One pregnancy, one live birth; one live birth, one healthy child."⁴ Continuing the language and policies begun by its Nationalist predecessor, the new Party-state was committed to a far more extensive presence in rural areas. State agents envisioned a straightforward process: they would bring scientific knowledge and practice to the countryside, dislodging the old-style midwives they held responsible for the death of many infants and their mothers.⁵

In print, state authorities castigated these practitioners for their ignorance. Then, in a nod to the limitation on state resources and the practicalities of rural childbirth, they proceeded to retrain and use them, supplementing their presence in the village with newly trained personnel such as Yang Anxiu. Encounters between state officials and midwives presented a sharp contrast to the confrontational tactics of land reform. In spite of some sharply worded national propaganda, in practice old-style midwives were not caricatured, attacked, or discarded. Their techniques were investigated and reported in full. The women themselves were offered additional training and treated as an important resource. Some midwives active before Liberation even participated in training the new, post-Liberation generation of midwives. This continuity in the practices and personnel of childbirth showed flexibility and pragmatism, a willingness to incorporate rather than denounce skilled old-style midwives, to build on their skills while improving the quality of health care they delivered.

In some respects, the campaign for new-style midwifery, which featured sterilization of delivery instruments and having the woman in labor lie down rather than sit, was an early success for the new Party-state. Throughout the 1950s China saw a substantial decrease in infant mortality; from a high of around three hundred per thousand, it may have been cut in half.⁶ By 1959, the number of midwives had increased from 15,700 to 35,290. Far greater was the number of "assistant midwives," old-style midwives who were retrained and women who took a short midwifery course, whose ranks grew from 44,000 to 774,983.⁷

In spite of these dramatic statistics, the state was not consistent in its attention to women's reproductive health. Preoccupied with increasing farm output to fund industrialization, planners put far more resources into mobilizing women's productive labor (*laodong*) than into changing the conditions of their reproductive labor and childbirth (*shengchan*). The limited change in childbirth practices, particularly in poor areas, can be understood as part of the inconsistent attention to the health needs of rural women and farmers more generally. In Shaanxi, new-style childbirth did not become common until the 1970s, well after the push for collectivization in the 1950s. A short-lived attempt to create rural birthing centers during the Great Leap Forward soon foundered. Most rural Shaanxi women gave birth at home, attended by old-style midwives who had undergone minimal retraining. The heralded revolution in reproduction proceeded on a much slower timeline than the revolution in production.⁸

This chapter begins with an account of old-style childbirth and midwifery as they were understood in the early years of the People's Republic, placing Party-state attempts to modernize midwifery in the context of a half-century-long reform agenda begun by the Nationalists. It describes village midwifery and practices in the early 1950s, as well as the ambitious, if short-lived, attempt to collectivize birthing along with farming. It draws on interviews with midwives and stories told by childbearing women, both of which offer indirect commentary on changing family relationships. The chapter concludes by exploring the layering of temporalities around the act of childbirth itself, where progressive, scientific, sterile health care delivery time jostled against birthing stories peopled by ghosts and punctuated by mysterious midwife deaths. Change in rural childbirth practices was not fully captured by campaign language and temporality. In the realm of childbirth, even more than in marriage practices, the outer limit of revolution's scope becomes apparent.

RURAL PRACTICES AND OLD-STYLE MIDWIVES

In the body culture of rural Shaanxi, women's reproductive functions were regarded as polluting and unmentionable. Menarche often took young women by surprise. I was thirteen. My grandma asked me to pick some peppers and she cooked them for lunch. At night, I had a bad bellyache. I called for my grandma, saying, "My stomach

hurts a lot." She blamed me. "Who asked you to eat so many peppers at lunch? You ate too much, and now you have fire" [a pathogenic term in Chinese medicine]. When I got up in the morning, I saw there was red on the quilt and sheet. I didn't understand. Finally I told my grandma. My grandma looked and said, "Chop your head off [kan naoke]. You got your period yesterday. Look how dirty you made the sheets!" She took out the quilting and washed the quilt cover.⁹ Only after they began to menstruate did their mothers (or mothers-in-law) instruct them in the use of rags fashioned into pads, which had to be kept out of sight. Cao Zhuxiang recalls, We did not dare to expose the washed pads in front of the house. Instead we put them on the firewood in the backyard where other people would not see. We put our washed pants there too.¹⁰ Everyone detested this chore. We young kids hated washing them because they were so dirty, and we would secretly throw some of them in the ditch. We washed some and threw some away.¹¹ Women's Federation reports in the early 1950s found that many rural women, lacking hygienic knowledge, not only hid the rags, but used them over and over again without washing them at all.¹²

Sexual relations were treated with similar reticence, and marriage between teenagers was often not consummated until several years after the nuptial ceremony. Cao Zhuxiang describes her lack of sexual knowledge before she was married: My mother and sisters never told me anything about sex. When we got married he was only fourteen years old. We both did not understand anything about sex between men and women. For quite a long period of time we did not have sex. I felt embarrassed, and he also did not know how. Adults did not discuss this kind of thing. Young men got together, trying to give my husband some ideas, and teased him. In the past people were naive. They were even embarrassed when they had babies. Because of that, we had a baby only after several years of marriage.¹³

Childbirth itself was regarded in Chinese medical and ritual writings as a polluting and dangerous occasion.¹⁴ A saying popular in Nanzheng County summarized the peril: "As the child rushes toward birth, the mother rushes toward death."¹⁵ In difficult births, the survival of mother and child depended on the skill of the local midwife. Old-style midwives who were interviewed by government agencies in 1950 provided a catalogue of complicated births and draconian methods of dealing with them. In "well-circle labor" (*jingquansheng*), when the birth canal was too narrow for the baby to descend, a midwife might push down on the woman's belly to push the baby out, use her legs to support the woman's back and pull her backward, or (more ominously) "chop the well rope with an axe or use an axe to hit the mouth of the well three times." If the child still did not emerge, the midwife would ask the older generation in the family which one they wanted to save, the mother or the child. If they chose the mother, she would fashion a hook from a nail or use a firewood-trimming knife to pull the baby out, or sometimes dismember it in utero with a knife or sickle.¹⁶ In horizontal labor (*e'laosheng*), if a hand or foot presented first and the midwife could not put it back in, she might prick it with a needle, cut

it off with a knife, or sprinkle salt on it. (Villagers believed that if a pregnant woman went outside the door with salt in her hand, during labor the baby would reach out its hand to ask for salt.)¹⁷ In "watermelon labor" (*xiguasheng*), the baby emerged still encased in the amniotic sac, and a midwife who did not know enough to break the sac might mistakenly bury the baby alive. An experienced midwife, however, would tear the sac with her hand and pull the baby out. If the baby did not cry, she would tear a piece off the paper on the window and burn it in front of the child's chest to help it breathe.¹⁸ In protracted labor (*mansheng*), which might go on for several days, the midwife might forcibly separate the two parts of the pubic bone by breaking the symphysis pubis (*gufeng*), which would leave the mother permanently disabled. Then two assistants would pull the woman's legs as wide as possible while the midwife put some oil on her hand and tried to extract the baby. If the baby's buttocks presented first (*lianhuasheng*), the midwife would force them back in and try to pull out the legs instead. If the head began to protrude before the water broke (*dingbaosheng*), she would break the water manually, then push the baby downward with her hands until it descended completely.¹⁹ In the case of a retained placenta, old-style midwives tried to deliver it manually and then stanch the bleeding by having the woman drink a decoction of yellow wormwood water, ink, and children's urine to cool down her blood.²⁰

Such descriptions underscore the skill and knowledge of experienced midwives, as well as the brutal methods to which they sometimes resorted. Death during childbirth was a common occurrence in Shaanxi villages before 1949. Shi Cuiyu lost her mother and two aunts to childbirth within a hundred days, a catastrophe that left thirteen children motherless. Later, when she began to study midwifery in Village G, she understood that what she had witnessed with one of her aunts was complications from a retained placenta. *After the baby came down, the placenta adhered. Finally, it was so pitiful, they tied her hair and hung her from the roof. The old-style midwife couldn't get the placenta out. Nobody sent for a doctor. At that time medical science was not advanced. People didn't go to doctors. So she pulled it down and tore it out roughly. Oh, the blood. In the end my aunt died of a massive hemorrhage. When I studied the new method of midwifery, the more I learned, the more I thought of how pitiful my aunt was. Now if the placenta doesn't come out, they have methods to handle it. So pitiful, she died and left five children. Some were given to others. Nobody took care of them.*²¹

Danger for both mother and child extended past the moment of childbirth into the first postpartum month.²² It was (and remains) the custom for women to rest for at least a month after childbirth, when a woman's body was considered unclean.²³ This interlude was known as "sitting the month" (*zuo yuezi*). Insofar as possible, a woman was not to get down from the *kang*, let alone leave the house, and could not come into contact with cold water or perform any work. Compendia of local customs give a fulsome account of the goods and attention lavished on mother and baby. On the third day after childbirth, the young woman's mother could visit, bring-

ing presents: chickens, sugar, pigs' feet, and eggs, known in the Village T area as the four-happiness presents (*si xi li*). It was considered auspicious for the postpartum woman to eat food from her mother's family during this month, because this was said to cement the newborn's ties with his mother's family.²⁴ Chicken, eggs, dried steamed bread, flatbread, noodles, and a decoction of boiled dates and walnuts, sometimes with loquats and brown sugar, were favored foods for new mothers,²⁵ giving them unusual priority access to nutritious food as they recovered and began to nurse. After ten or twenty days, members of the mother's natal family would visit for a baby-viewing (*kanwa*) ceremony, bringing stacks of bedding and clothing and diapers for the baby to add to those that the mother-in-law had made, and staying for a ceremonial meal. In Village G, the mother-in-law's family would also bring *huamo*, intricately sculpted and brilliantly dyed figurines of flowers, crabs, phoenixes, fish, cats, and other creatures made out of dried steamed bread and decorated with walnuts, dates, and eggs.²⁶

The actual practice of "sitting the month," however, could be considerably less cheery. A frequent problem threatening the infant was "four-six wind" (*siliufeng*), the colloquial term for tetanus neonatorum, or umbilical tetanus. Much criticism of old-style midwifery centered on unsanitary means of cutting the umbilical cord, which could cause tetanus neonatorum in the baby and puerperal fever in the mother.²⁷ If a woman gave birth in summertime, the old-style midwife might cut the cord with fire, in the belief that a baby's belly in summer was cold and that using fire would prevent future belly pain. In winter the belly was thought to be hot, so the cord was cut with scissors about eight inches away from the belly. The midwife then squeezed out the blood and flesh in the cord, tied it in a knot, passed it through a piece of oilpaper, covered it with a layer of cotton, and wrapped it in a cloth.²⁸ If the scissors were not sterile and the cut became infected, the disease would come on a few days after birth (hence the name "four-six wind") with crying, vomiting (*yongkou*), inability to nurse, and convulsions. Some old-style midwives said that if a pregnant woman became frightened or angry when pregnant, particularly if her anger was not expressed, then tetanus neonatorum would result.²⁹ Common midwife remedies to prevent tetanus included applying "mouth-opening pellets" (*kaikouxian*) to the baby's mouth at birth, burning incense on either side of the baby's mouth and cheeks, treating the umbilicus or the inside of the mouth with cure-all tablets (*wanyingding*) and pills to alleviate internal heat (*qingxinwan*), or applying a concoction of rat's testes dried in red orpiment powder to the inside of the mouth.³⁰ In Liquan, a 1950 health survey reported, midwives would use a pottery shard to scratch the chest of a one-day-old. Then they would burn Chinese mugwort leaves (*aiye*) on a coin and bring the coin close to the infant's eyes, ears, mouth, and nose, raising bean-size blisters.³¹ If the baby developed tetanus neonatorum anyway, there were two locally accepted cures: to catch a live pigeon, tear the skin from its chest, and apply its still-warm skin to the umbilicus, or to feed the baby a dried rat fetus.³²

Government reports attributed women's postpartum health problems to poor care. In some areas, women were forbidden to sleep for a day and a night, or longer, for fear of bleeding; they were required to sit upright on the *kang*. *When you got up on the kang they made you sit, not lie down. They put a sack stuffed with dirt and ash underneath me. I had to sit for two days. I didn't sleep much. Only when I stopped bleeding heavily did they take it away. Then could I put on pants and lie down and sleep. It wore me out.*³³ No fresh air was allowed in the room. Investigators after 1949 found that most women were given only porridge or vegetable broth for the first few days after birth, followed by noodles or dried pieces of steamed bread. They were not supposed to eat meat or eggs. In mountainous areas, nothing except corn was available, leading to weakness in women and their babies.³⁴

MODERNIZING MIDWIFERY

In promoting the scientific modernization of childbirth, the Party-state was continuing an effort to train and register midwives begun by the Nationalists during the Nanjing decade (1927-37).³⁵ In Republican China, the division between new- and old-style midwives was profound. New-style midwives tended to be from middle- or upper-class families and to work in urban areas. Old-style midwives, who far outnumbered them, were primarily rural.³⁶ Nationalist policy recognized that old-style midwives would be important for many years to come, but their practices were sharply criticized by public health specialists.³⁷ Cataloguing problems including generalized poverty, rural ignorance of germ theory, and superstitions about childbirth, reformers from the 1920s on pointed to village midwives as the embodiment of rural backwardness. One commentator wrote of the disastrous consequences of using cow dung to dress the umbilical cord in Fujian. Another "lamented that because of their lack of education many older midwives failed to grasp the basic concepts of modern medicine, reverting to traditional methods soon after graduating from the course."³⁸ Marion Yang illustrated a 1928 article about midwifery training with a photo of a woman sitting in a basket, with the male basket carrier standing next to her. The caption was chilling: "Old type Chinese midwife (sitting in basket). Can only walk about on hands and knees. Has been seen to get up from this posture, wipe her hands on her clothes and put her fingers into the vagina without any further cleansing."³⁹ Old-style midwives were the oft-maligned other against which modern medical practice was defined; they were, however, the only resource available in most rural areas.⁴⁰ And, as Li Ting'an noted in a 1935 study of rural health care, most villagers had little faith in new-style midwifery.⁴¹ Like many other Nationalist initiatives, government regulations on midwifery had limited effect, especially in the countryside.⁴²

The 1937 Japanese invasion and the move of the Nationalist government from Nanjing to Sichuan did not enhance efforts to train new-style midwives in rural

areas, nor did the subsequent civil war. As late as 1948, a study by the International Children's Emergency Fund (Guoji ertong jinji jijin hui) commented that the entire nation had only about ten thousand licensed midwives, most of them in urban areas. The report estimated that 80 percent of deliveries were done by old-style midwives, linking this to the assertion that 80 percent of all infant deaths were caused by umbilical tetanus.⁴³ According to the Shaanxi Health Department, only twenty-four midwives had been officially registered in the province between 1939 and 1945. Outside of Xi'an city, the report said, with one new-style midwife assigned to each rural county, "it [was] very difficult for new-style midwifery to enter deeply into the villages."⁴⁴

Soon after Liberation, the Communist Party-state took up the effort to retrain old-style midwives and train new-style midwives.⁴⁵ The main difference between the Nationalists and the Communist Party here was not ideological, but practical: the Communist Party had a far more extensive and effective rural presence, and the scope of its efforts to reform rural midwifery accordingly affected many more people.⁴⁶

In June 1950, for instance, young Women's Federation workers visited West Weiqu village, just south of Xi'an, accompanied by two new-style midwives from the Chang'an County seat.⁴⁷ Their purpose was to survey health work among village women and children—a striking rural state-building priority so early, before land reform had even begun.⁴⁸ Their initial experiences were not encouraging. Villagers were busy with the wheat harvest and a dam building project. Most women were out in the fields and unavailable for meetings. Because the surveyors were asking about children and who had delivered them, some villagers feared that the team intended to seize the children or punish the midwives. Encountering puzzled or suspicious silence, the team had to move their work from West to East Weiqu, where the district women's chair lived. Accompanied and legitimized by her, they went to the homes of the production group leaders (every one of them male) to explain the survey to the wives and sisters-in-law of the household. In this manner, they located the six old-style midwives in the village and interviewed them one by one.⁴⁹

Initially frightened that the government would outlaw their work, these women gradually warmed up when the visitors explained that they themselves had no knowledge of midwifery and were there to learn. The midwives described a fully elaborated set of techniques for assisting at difficult births, as well as a pharmacopoeia for the prevention and treatment of umbilical tetanus or tetanus neonatorum. Some of these methods—crude episiotomies, instructions on how to dismember a fetus if birthing it would kill the mother—were graphic reminders of the dangers of childbirth and the limitations of village facilities. Other problems, such as the ubiquity of tetanus neonatorum, which in this area accounted for almost half of all infant deaths, were clearly a consequence of unsterile procedures.⁵⁰ In East Weiqu, the total infant mortality rate was 38 percent (195 deaths), apparently comparable to villages in other areas of China.⁵¹ Two Shaanxi folk sayings summed up this sit-

uation: "We only see the bride, not the new mother" and "We only see the mother hold her child, but not the child walking."⁵²

Even as they provided graphic descriptions of difficult and dangerous births, unsterile procedures, and poverty, early government reports were also forthright about the skills of many old-style midwives. A report from Huayin County mentioned the midwife Hao née Chen, who at age seventy had been delivering children for more than forty years and was known across several counties for her skill with difficult births. Investigators noted that Hao had one of the dreaded S-shaped hooks, more than one foot (*chi*) long, but that no one had ever seen her resort to using it. Instead she used the method of rotating the baby (*huizhuan fa*) or cranium puncture (*toulu chuanci fa*). "The only shortcoming," the report concluded, "is that she does not know about sterilization [*xiao du*], and so women and infants are often at risk of illness."⁵³

In East Weiqu, investigators learned that all but eight of the village's 522 children had been birthed using these old-style methods.⁵⁴ Of the three women who had given birth new-style, some more than once, one was the sister of a new-style midwife.⁵⁵ The others, whose mothers-in-law were "very old" and therefore presumably unable to take charge, had learned about new-style birth from the local women's representative.⁵⁶ These eight children were all alive and healthy, the report noted, and so villagers admired the new method. But they were also suspicious of it.

The Women's Federation made the reform of old-style midwives a priority as early as mid-1950, when the Ministry of Health hosted a national conference of maternity and child health workers, launching a campaign to eliminate puerperal fever and tetanus neonatorum.⁵⁷ Nationally, much written propaganda framed childbirth as a political issue, characterizing old-style midwifery as "one of the feudal shackles on the cultural life of laboring women, including the fact that most people regard pregnant women who are about to give birth as scandalous, dirty, and criminal."⁵⁸ Articles from the national publication *Women of New China* (*Xin Zhongguo funü*), continuing the criticisms expressed by their Nationalist predecessors, referred to rural midwifery as "feudal, superstitious, backward," and characterized old-style midwives as "feudal-minded, conceited and not interested in studying."⁵⁹ A short story titled "Childbirth" ("Yang Wawa"), published in 1950 in Shanghai, offered an extreme contrast between skilled modern doctors whose powers verged on the magical, and muddle-headed midwives with filthy hands. The story centers on a young woman named Fenglian who has already lost two babies, one to a miscarriage and the second to umbilical tetanus. As Fenglian's mother-in-law becomes convinced that Fenglian is unable to produce a healthy baby, family relations deteriorate. When Fenglian's third baby reaches term, the mother-in-law sends for the village midwife, a woman who (improbably) believes that one needs dirty hands to deliver a healthy fair-skinned baby. The midwife forces Fenglian to run and perform gymnastic ma-

neuers to hasten delivery, and when Fenglian collapses, tries to convince the mother-in-law that since Fenglian is going to die anyway, she might as well cut her open and save the baby. Fortunately Fenglian's husband consults the village Party secretary, who convinces the family to bring in a woman doctor. The doctor administers two (unspecified but clearly scientific) injections to Fenglian, sits down and eats a meal, and lectures the midwife on the need for better hygienic practices. While the doctor and family are discussing hygiene in an adjoining room, Fenglian revives and gives birth to a healthy baby with no further medical assistance, although the doctor does go into the room when the baby cries to tie off the cord in a sterile fashion. The midwife is observed to have a cleaner face and hands thereafter, but nothing is said about retraining her.⁶⁰

This sharply worded propaganda, which caricatured and criticized old-style midwives as embodiments of feudalism, diverged sharply from the way government policy dealt with old-style midwives in practice. *Dundian* cadres in villages were far more likely to train midwives than to target them, and the retraining was coordinated nationally by the Ministry of Health and the Women's Federation.⁶¹ By 1951, the slogan guiding women's health work in the Northwest Region was "Promote new-style midwifery, reform old midwives, train new midwives."⁶² In November, the Shaanxi Women's Federation declared its intention to work with public health departments to retrain thirty-three hundred old-style midwives by the end of the year.⁶³ They planned to begin with mass meetings, and then to create the usual publicity: illustrations, bamboo-clapper storytelling, street theater, handbills, and wall and blackboard newspapers.⁶⁴ They would "give the typical cases of the deaths from tetanus and puerperal fever caused by old midwifery in order to show the harm of old midwifery and explain the advantages of new midwifery," and "use various posters to show sanitation and the new midwifery: midwifery implements, the pregnancy examination, preparation before delivery (how to sterilize), infant deformities, and so on." The key to getting people's attention, the Federation reported, was to locate cases familiar to local people: "For example, the medical station can use an example in their county where the old midwives cut open the belly to get the baby, causing the death of the mother and child. People want to listen to these, and can accept this easily."⁶⁵

In talking so openly about childbirth, propaganda workers were engaging in public speech about matters usually left undiscussed. A technical handbook aimed at midwives said that because of feudal superstition, even a woman who was obviously pregnant could not bring herself to say so directly, resorting to euphemisms. At one public meeting about health attended by more than a hundred women, all of them blushed, giggled, and left when the subject was broached, except for those who were too shy to move. When a second meeting was called, not one person came. In a telling comparison with the Communist economic program, the author con-

cluded, "We know that this movement for women's and children's health is extremely difficult, many times more difficult than reducing rent and interest."⁶⁶

Midwife retraining itself was practical and conciliatory. Local cadres were careful not to treat old-style midwives as political enemies. In the course of a three-week investigative trip, one team taught ten old-style midwives to wash their hands in boiled water and sterilize their scissors. "One experience of this group," press reports commented, "is that the attitude toward old-style midwives should be unifying, educating, and gradually reforming them; one cannot mock, make fun of, or attack them."⁶⁷ Of a 1951 retraining class, cadres reported:

They may have some worry when they first come [to study] and show uneasiness. In some places, people have spread rumors that the purpose of the class is to liquidate and struggle and settle accounts with those who delivered dead infants. Some of them were afraid of being blamed, some of them worried about their children and household. Addressing these worries, the cadres of the Women's Federation gave them thought education, dispelled the rumors, and imparted general knowledge about health and the harm of old-style midwifery, which caused babies to contract tetanus and mothers to suffer puerperal fever and death. By using actual examples, group discussion, and other methods, we helped them feel more emotionally settled.⁶⁸

Stories of model retrained midwives emphasized the importance of treating them respectfully, building on the positive feelings they had for the government as a result of land reform, and relentlessly encouraging them to accept retraining.⁶⁹

After the political and affective questions were settled, the Shaanxi instructors turned to birthing procedures. Their methods were similar to those outlined in a Shandong government pamphlet, which described how old-style midwives should be retrained in courses lasting about ten days. Topics included "where children come from" (including an introduction to the anatomy of female sexual organs), what to pay attention to during pregnancy, the advantages of new-style midwifery, pre-delivery preparations, delivery, the management of difficult births, the postpartum month, and a final section on children's diseases, vaccinations, the propagation of new-style midwifery, and the preparation of work reports.⁷⁰ An appendix on "rules for midwives" was divided into six do's and six don'ts. Do have the woman deliver lying down, clip fingernails and wash hands with soap or alcohol, boil the scissors, use mouth-to-mouth resuscitation if the baby is not breathing, apply eye drops, and vaccinate. Do not have the woman sit on a *kang*, squat, stand, or sit to give birth; cut the cord with sorghum stalks or tile shards or teeth; bathe the baby in a dirty basin; pull on the cord or placenta; put one's hand into the vagina or tear the vaginal opening; or act rashly (*luan dong shou*) in the case of a difficult birth.⁷¹ The Shaanxi classes were accompanied by a practicum, in which new-style midwives taught old-style midwives how to conduct prenatal examinations, sterilize equipment before delivery, and take emergency measures when the newborn did not breathe on its

own. Reports offered redemptive scenes in which old-style midwives reflected critically on their former methods: "Liu Jing from Ansai says, 'In the past, if the child wasn't coming out, we would push the waist, which pressed the child to death.' Shi Xiuying says, 'I used to deliver children. Only three or four out of ten would live. We used anything at hand, and cut an umbilical cord without sterilizing.' They promised that from now on they will work following scientific methods, creating happiness for working women and the next generation."⁷² Old-style midwives who had completed retraining were sent out to assist new-style midwives in deliveries, then were organized into study groups that were supposed to meet once a week and stay in contact with health workers and Women's Federation cadres on a monthly basis.⁷³

One 1954 pamphlet went beyond redemption in its discussion of reformed midwives, hewing to a narrative formula honed to perfection in inspirational labor model stories. It portrayed a midwife publicizing new-style midwifery at the temple fair, ignoring the jeers of neighbors who mocked her for disgracing her ancestors by hauling around pictures of naked women. Unable to move around easily because of her bound feet, this same model midwife braved a violent rainstorm, slid down into a shallow ravine, and then clambered up to the other side to reach a woman in labor. When she received an award in January 1953 at the Northwest Region meeting for health work models, the account quotes her as saying, "I was so happy that I shed tears. If it were not for Chairman Mao and the Communist Party, how would I be where I am today? I will not forget this honor for the rest of my life."⁷⁴ Here the specifics of childbirth recede into the broader theme of enthusiastic model women working for the collective good, overcoming local suspicion and physical hardship under the leadership of the Party. Gone are the graphic details of earlier government reports on midwifery practices.

National plans for midwifery remained ambitious throughout the early 1950s, suggesting that a complete transformation of rural childbirth practices was imminent. By August 1951, it was reported, 100,000 old-style midwives nationwide had undergone retraining, and more than ten thousand sites had constructed midwifery stations. A Ministry of Health plan issued by the central government announced the goal of one station for every five villages in 1952.⁷⁵ And in 1953, the Federation declared June to be "women and children hygiene campaign month."⁷⁶ State planners imagined that midwifery, like agriculture, would be reshaped through a combination of socialist planning and campaign-time initiatives.

VILLAGE PRACTICE

Experienced old-style midwives, minimally retrained after Liberation, remained central to the project of reforming village childbirth. The most skilled among them often had been trained by their own mothers. The Village B midwife Wu Shuxian

had a reputation based on her skill and the fact that she had given birth to twelve children. Like other old-style midwives, she preferred that a woman give birth in a squatting position, to aid her in pushing forcefully. She knew how to brew a bit of gold in water and give it to a pregnant woman to ward off premature labor, but she also knew how to sterilize scissors. Her customary payment before Liberation was modest: a towel, a handkerchief, or a pair of shoes.⁷⁷ She took a training class in the township in the 1950s, learning to sing a midwife's song that summed up the basic procedures of new-style birth, and enjoyed a local reputation for dedication and skill. As her daughter-in-law tells it, *Sometimes she would go in a big snowstorm or a rainstorm. She would use a walking stick, throw something on, and go. Sometimes there were posterior births. Even then my mother delivered them all. She never lost anyone in delivering babies. Sometimes when a doctor was doing a delivery and the baby wouldn't come down, they would call her and she would bring it down.*⁷⁸ Wu Shuxian continued work as a midwife well into the 1970s, delivering more than a hundred babies in the course of her career.⁷⁹

Local officials hoped eventually to supplant old-style midwives with women who had undergone a complete course of scientific, modern midwife training. The new-style midwife, agent of a new state, was to symbolize and deliver the benefits of modernity to rural women.⁸⁰ Her training, however, could be quite brief. Yang Anxiu, whose unhappy birth experiences opened this chapter, completed a two-week course in 1954. *I was very nervous when I was studying. I saw all the others were literate. I could not write. To tell the truth, I was timid about taking this on. They used a doll with a placenta and umbilical cord to tell us how to deliver babies. They would have a woman lie on the desk, put the doll on her belly, and then tell us how to deliver and sterilize. Anxiu learned how to manage breech births, transverse presentation, and other difficult cases.*⁸¹ *After we studied, they said to go practice twice with a teacher. But I was still afraid. I thought, this was such an important thing, how could I dare to do it?* The very first baby Anxiu delivered was breech. *I learned it one day, and then the next day I delivered two breech babies. I thought, it was good that I learned that. If I hadn't gone to study, how could I have dealt with two breech births? But the teacher told us how to deal with it, to give mouth-to-mouth resuscitation. Most breech births have their legs come out first. They cannot cry. You clean out their mouths, suck the amniotic fluid out, and breathe into their mouths. Then they can come to life.* In the early years of her practice Anxiu returned to the district twice a year for a week of further training.⁸² Later, after the Great Leap Forward, the commune held study sessions for midwives on the fifteenth of each month.⁸³ Anxiu went on to forty years of successful midwife practice, presiding over so many breech births that she began refusing requests from grateful parents to become a godmother (*ganniang*), because she would have acquired too many godchildren.

If the newly trained midwives encountered an unusually difficult birth, they were instructed to send the woman to the hospital without delay.⁸⁴ Yet well into the re-

form period, Anxiu told us, even women undergoing terribly difficult labor would insist that she deliver their child at home. *They say, "To be in hospital is not like here, where people take care of us very well." If she is uncomfortable somewhere, we will massage her. If it is hot like today, we will fan her. We will chat with her. We will wipe her brow. In the hospital, you are just put in bed and left alone, because they do things according to plan. They only show up when you are ready to deliver the baby. So people say, "It is not as good as having a child at home. And it costs so much money."*⁸⁵

Some new-style midwives completed a more comprehensive year-long course, including a three-month practicum.⁸⁶ They studied obstetrics and gynecology, internal medicine, surgery, and pediatrics, learning about breech and transverse presentations and how to teach a woman to crouch to turn the fetus around. They studied the symptoms of molar pregnancies and other medical problems. Shi Cuiyu, a Village G midwife, attended classes in 1958 with students from all over Heyang County, each supported by her production brigade. The practicum began at the county hospital and included stints at some of the health stations run by the commune. But even with the extended training, a midwife's first delivery was nerve-racking. *The teacher asked students to practice in turn, one by one. It was a normal birth [pingchan]. After the baby came down, I used one hand to press and the other to protect the perineum. My hand felt the baby, hot and soft. I was so scared that my hand had no strength and my heart beat fast. My teacher caught my hand immediately and said to me in a low voice, "Don't be afraid. This is how it is." Aiya, I was still scared. Sweat dripped from my forehead. I felt the same way at my second delivery. Later I became stronger. By the time I came back to the village, I had delivered five or six and I was not nervous at all.*⁸⁷ Cuiyu's return to the village marked the beginning of the end of the career of the village's old-style midwives. Still in her twenties at the time, she addressed them respectfully as "Aunt" or "Mama" and often called on them to assist her at deliveries, but once she began to practice, she estimates, 95 percent of the deliveries in Village G were no longer done by the older women.⁸⁸

In addition to emphasizing hand washing and sterilization, new-style childbirth in 1950s China ideally entailed prenatal checkups,⁸⁹ instructing the woman to lie down while in labor, and helping her to expel the umbilical cord and placenta without pulling or causing excessive blood loss. The newborn was to be washed thoroughly to remove the vernix, rather than just having its mouth wiped out with dirty raw cotton. Fresh air was to be allowed into the room, and the postpartum woman was to be provided with soft hot food such as eggs.⁹⁰ Each of these instructions was favorably compared to old-style practices.⁹¹ Trained as a midwife after 1949, Ma Li recalls that with old-style delivery *people did not dare to pick up the baby and just put it on the ground until the amniotic sac came down and the placenta came out. Now people pick up the baby first and then use forceps to take out the woman's placenta.*⁹² Aside from sterilization, the most noted change was having the woman lie down rather than sit or squat. He Gaizhen, who gave birth to children both before

and after Liberation, explained that lying down was believed to be better for the mother: *In the old society, midwives told people to sit on the ground. They were afraid that it would get the kang dirty. . . . Sitting down, people would get dizzy. They said that it was blood enchanting the heart [xue mi xin]. Watching the fresh blood flowing out, several basins' worth. That was the old society, sitting on the ground, watching the fresh blood and getting dizzy. Ai, after all lying down is more comfortable. When I had the baby, she had me lie down, and after a while he was born. That way I didn't hurt from head to foot.*⁹³

Not all women were delighted with the new method, as Shi Cuiyu discovered in her first delivery back at the village. *She wouldn't lie down. She was suffering. I told her to lie down flat and hold up her bottom. She bled a lot. She said, "Ai, is this your new method? Ai, let me get up. I'm suffering so much." I said, "You can't get up. Lying down is keeping you from bleeding." Let me tell you, the new method is so different from the old. Nobody knows how many women had gynecological diseases or uterine prolapse because of the old method. I remember two people who had prolapse. I brought them medicine. One couldn't walk. If it is serious, it can be as big as an eggplant. Women are so pitiful. That was the result of childbirth.*⁹⁴

The spread of new-style midwifery practices in the Chinese countryside was uneven. Exposure to the new methods did not mean that women would continue to use them for subsequent births. A 1953 report estimated that nationally only 5 to 10 percent of women were using new-style midwifery methods in the countryside and mentioned that some midwives had reverted to the old methods.⁹⁵ Kang Xingfen, who had five children between 1963 and 1973, delivered her first child in the Village Z health station but her subsequent four (including one breech birth) at home with only her husband's assistance. Her encounter with new-style midwifery did not affect her own approach to disinfection, as she told us:

Gao Xiaoxian: When you gave birth, cutting the cord, did you know about it? What did you cut it with?

Kang Xingfen: A scissors.

Gao Xiaoxian: Did you disinfect the scissors?

Kang Xingfen: Disinfect the scissors? Who gave a damn about that? You would just cut and tie it.

Gao Xiaoxian: You didn't wrap up the spot where the belly button was?

*Kang Xingfen: No.*⁹⁶

Even Ma Li, who had been trained as a midwife herself, was unable to prevent the death of her second child from umbilical tetanus. *It was too fast. My mother was there. At night I felt uncomfortable. I asked her to set up the fire. Before the water even boiled, my baby nearly came out. After it was delivered I knew it was a boy. My brother picked up the baby and wrapped him. I said, "It's fine for you just to wrap him up."*

Only the scissors were not sterilized. I had learned midwifery. I said they were not sterilized. He said, "Aiya, how many people were not sterilized in the old society! Don't worry."⁹⁷ It was not until the Great Leap Forward and later that new-style midwifery became more commonplace and women began to ask new-style midwives to attend their births, most of which still took place at home.⁹⁸ Infant deaths from umbilical tetanus remained common well into the 1970s.⁹⁹

The hours a midwife worked were by nature unpredictable, sometimes lasting all night.¹⁰⁰ No matter how skilled a woman became, midwifery was a difficult, taxing job. Shi Cuiyu said, *The more I practiced, the more skilled I became. But medical science is different from doing administration. The longer you do it, the more difficult it becomes. People usually say, "Three years of learning makes a good doctor, ten years of learning destroys a doctor." Why? The more you learn, the more difficult it is, the more complicated things you come across. I remember I had such a case after I came back. I can't remember if it was in 1959 or 1960. It was a vesicular mole. I was so scared. It was a difficult labor. A vesicular mole has no fetus. It was very soft. This big. The amniotic sac was broken and fluid flew everywhere. It was white when it came down. After all the fluid was gone, so scary, there was nothing. I have never seen such a thing again in all the many years since.*¹⁰¹

Nevertheless, like Yang Anxiu, Shi Cuiyu was unequivocal about the importance and satisfaction of this work. *A good midwife should work hard for babies and women giving birth. You should be kind to them. You shouldn't distance yourself from them or be hard on them. You shouldn't mind dirt and fatigue. It was said at that time that "there is no dirty work, only dirty thinking." You are working with excrement, urine, and blood. I didn't mind. The teachers told you clearly, "If you think it is dirty and tiring, you can never be a good midwife."*

*Because of the work I did, I am close to other women in the village. The woman who came by just now, the woman cooking in that house—her children were all delivered by me. I was there chatting and laughing just now. My thinking is different from others, more open. There is nothing to be afraid of. You say whatever you should, do whatever you should. Some people said about me, "She is good at talking," because I would speak to them at meetings, on topics such as the advantages of midwifery. Even in front of men, it didn't matter. That was my job, right? Women hold up half the sky. How can you laugh at those who labor and deliver? Without them, there would be no society.*¹⁰²

Gradually, as midwife skills were standardized, the death rate of women in childbirth began to fall. For members of Cao Zhuxiang's generation, the contrast with pre-1949 circumstances was striking: *The biggest change compared with before Liberation was that there was no suffering, death, or injury in women's childbirth.*¹⁰³ For women born a decade and a half later, such deaths became a matter of received knowledge about the past rather than daily experience. *When I was young, comments a Village G woman born in 1934, I heard the adults talking about women dying in childbirth. I never heard of a case after I grew up.*¹⁰⁴

COLLECTIVIZING BIRTH

As collectivization proceeded, women's health was discussed less in the context of dispelling feudal superstition, and more as part of the project to mobilize women for collective labor. Collectivization altered the institutional supervision of childbirth, as co-ops, communes, and subsequently production brigades became responsible for childbirth services and keeping track of maternity leave.¹⁰⁵ Beginning in 1951, local health departments, with assistance from the Women's Federation, took primary responsibility for establishing midwifery stations (*jiesheng zhan*) in many townships. These stations were often a supervisory and training facility rather than a place where women gave birth, sending representatives down to the co-op level to inspect the work of local midwives and offer support for their work.¹⁰⁶ When co-ops were established, midwives were paid in work points, and postpartum women got fifty days' rest at half the average work points they had earned in the three months before giving birth.¹⁰⁷ Becoming a new-style midwife brought a woman some financial advantages. Shi Cuiyu noted, *During the collective period, delivering babies helped my household economically. I got six points or eight points a day and they [more highly paid men] got ten or twelve. But they got nothing for rainy days or festivals. I got mine all year long.*¹⁰⁸ In the early years of the collective, Yang Anxiu delivered more than a hundred babies per year. At first she earned 180 gong per year, and later 240 gong, which was comparable to the work points of the highest-earning women in the village.¹⁰⁹

By late 1956, Weinan County had applied the principles of central planning to midwifery, collecting statistics on the percentage of new-style births in each township and then setting higher target quotas for the coming year. That year several townships were already reporting that 95 percent of all births were new-style, though many others had not yet reached 50 percent.¹¹⁰ When lower co-ops were amalgamated into the larger higher co-ops, however, it became unclear who was supposed to run the midwifery stations. In the name of frugality, one co-op eliminated work points for midwives, who were paid nothing for a year; they were forced to spend their own money on medical supplies.¹¹¹ In response to such problems, in 1957 officials from the county offices for women's and children's health spent time in each station, attempting to standardize work rules and evaluate the work of midwives. What they found was sobering: "Because we organized and trained too many midwives in 1956, and because the training time was too short, these midwives are not very qualified. Umbilical tetanus happened in all areas. Some are dishonest and corrupt." The solution, officials decided, was more training, based on midwifery textbooks and local examples.¹¹² In 1957 government documents reflected awareness that in the final year of the First Five Year Plan, women's and children's health work needed to show achievements commensurate with those in production.¹¹³

The practice of measuring women's reproductive health by the temporality of

production campaigns intensified during the Great Leap Forward. In August 1958, the Women's Federation convened a province-wide health worker meeting in Jingyang to plan the establishment of birth stations (*chan yuan*) throughout the countryside.¹¹⁴ Li Qiming, vice governor of the province, designated rural birth stations as the centerpiece of the Party-state's health work in the countryside. With 2,626 birth stations and 524 rural hospitals already established, he noted, Shaanxi was poised to "promote a Great Leap Forward in health work." He pointed out that an eleven-day stay at the birth station for a mother and baby in one county cost only six yuan, and during that same period the husband was free to amass more than thirty yuan worth of work points. He added, "Based on the number of 451 women in birth stations in 1957 in the county, if each woman was in the hospital for ten days, it would save 4,510 work days otherwise spent taking care of them, allowing people to participate in agricultural production." Socializing childbirth and postpartum care would benefit both household income and the collective economy.

The provincial Party committee initially proposed to establish a hospital in every township and a birth station in every commune within four months, operating under the Great Leap slogan "One day is equal to twenty years." But in the flush of early Great Leap enthusiasm, the conference organizers proposed an even more ambitious timetable: within forty days, every township should have a hospital and a birth station, and every commune should have a health worker, a childcare worker, and a midwife, as well as a midwifery station, a small clinic, and a childcare center.¹¹⁵ At the Jingyang meeting, the district in which Village T was located was singled out for praise. Within a two-week period, it was reported, health workers there had already established birth stations in every township.¹¹⁶ The station where Yang Anxiu worked, near Village T, had three rooms. In two of the rooms, a woman could deliver her baby and then spend three days in bed, bringing her own rice to be cooked by the staff. The third room was a daycare center, where Anxiu helped a teacher care for children when no one was in labor.¹¹⁷ Key to this ambitious birth station project, said the conference organizers, was mobilizing the population. But birth stations were an unfunded mandate in communities with little to spare. Although the conference document paid tribute to the wisdom of the masses in many paragraphs of overheated prose, the specific means of involving the population often consisted of exhorting each commune member to donate a small amount to fund the birth stations. By 1959, as the Great Leap Forward began to unravel, visitors from the Women's Federation reported troubling shortages and poor sanitary conditions in some of the province's birth stations:

The biggest difficulty of birth stations is that they have no quilts. Because most families have only one quilt, if the woman takes the quilt with her the whole family has nothing to cover themselves. When the two stations were set up, ordinary women collected money to make one public quilt for each station. If there are two women giving birth in the hospital, one of them has to use the midwife's quilt.

The hygiene of the station in the first brigade is very bad. The walls are dirty and the dirt is thick. Midwifery tools are everywhere. There are no medical dressings or string for tying off umbilical cords. There is not enough medicine, either. The pot for sterilization was under the bed and had been forgotten for a long time. Another salient problem of the hospital is the lack of money for more medicine and dressings. They have no money for lamp oil. They don't charge laboring women for being in the hospital. Under such circumstances, the two midwives make money to subsidize this station by washing clothes and doing needlework for road workers nearby or picking herbs in the mountains. They suggested charging each woman who gives birth 1.5 yuan for midwifery tools and medicine. But in fact this is difficult to implement.¹¹⁸

It is not surprising that many of these stations were dismantled when collective dining halls were disbanded and ceased providing grain to the stations. Right before the stations closed, some saw increased attendance; in Village G women came to the birth station during the three hard years because they could get better food than at home. Although no eggs were available at that time, the station was given a ration of flour and brown sugar for postpartum women.¹¹⁹ In Village T, the birth station closed in 1961: *It lasted only two years. You couldn't do anything without support from the top. You needed firewood to boil the water, and you yourself needed to survive, to eat. So it was closed.*¹²⁰

In the system that eventually emerged in the 1960s and 1970s, every production brigade had a medical station with a midwife attached to it; she would most commonly go to a woman's home during labor and childbirth. Families paid the station a set amount per birth (0.5 yuan in the Village T area).¹²¹ The brigade, in turn, paid the midwives in work points. When no women were giving birth, the brigade assigned the midwives to deliver soup and medicine, work on publicity about women's health, assist the agrarian science team, feed the collective's pigs, or help out with daycare. In some villages midwives went regularly to pregnant women's homes for prenatal examinations, since the idea of going to a hospital or even a village clinic still seemed strange to many women.¹²² But the attempt to centralize childbirth in one accessible, convenient facility did not begin to take hold until after the end of the collective era.

In addition to offering midwifery services, the collectives were supposed to protect the reproductive health of women farmers. Co-op regulations stipulated that nursing mothers should be assigned to work in nearby fields and allowed time to feed their babies. Women more than seven months pregnant should be assigned to lighter work, and not permitted to carry heavy loads on shoulder poles. County-level Women's Federations publicized cases in which assigning women to carry sand and perform other heavy labor resulted in miscarriages, cautioning against such practices.¹²³ The Women's Federation promoted a policy known as the "three transfers and three nontransfers": "During menstruation, women should be transferred to dry places, not wet ones; during pregnancy, women should be transferred to posts

with light labor requirements, not to those with heavy ones; during lactation, women should be transferred to near places, not to far places."¹²⁴ Strong women with natural feet, no children, and lighter housework burdens were to be assigned to fields farther away or in the hills. Weaker women, and those with many children or heavy housework responsibilities, were to be assigned to work nearby and given lighter tasks.¹²⁵ The woman's team leader in each co-op was responsible for arranging lighter work assignments for menstruating or pregnant team members. In the Village T area, each woman of childbearing age had a card with her name on it hanging in the team headquarters, and women who had their periods would turn over the cards themselves if they wished to request a lighter assignment.¹²⁶ The need for work points often took precedence over the desire to make such requests. But the very process of hanging up a card for each woman established that a woman's reproductive status was a matter of collective interest, a norm that would become the source of conflict several decades later with the advent of stringent state-mandated birth planning.¹²⁷

From 1958 on, women were entitled to a month of rest in late pregnancy and a month for postpartum recovery. But as the previous chapter suggested, many women could not afford to claim these benefits: *We were so poor that we dared not take such long leaves. We could only try to find some light work to do and ask others to do the heavy work, because you ate according to your work points.*¹²⁸ The imperative to labor in the fields sometimes impinged directly on the labor of childbirth.¹²⁹ Yang Anxiu told of one young woman who raced to dig a few more rows of potatoes as her contractions increased in frequency. Anxiu's point was that women farmers in the collective era were tough and capable, and that young women today, who take to their beds in advance of labor, cannot compare to the women of her own generation. Nevertheless pervasive anxiety about work points seeps out around the edges of the story: *I said to stop digging and to go back. "Aiya, Aunt, after I have a child, I cannot work for a month. What should I do? The pain is not so serious." I said, "Shu-ping, if you try to dig up one or two rows, you might not be able to finish." I saw her go to the toilet frequently. She went five or six times during the length of time we have been talking here. Finally I said, "Shu-ping, stop digging. Just finish this row and pick these up. This is not the time to earn work points." She said, "It is not so serious. I can dig at least two or three more rows. I think it is not time yet." Finally, her water broke in the field ditch. There was nothing to be done about it. I supported her as we went back. I did not even have time to wash my hands when her child's head crowned. Another woman in the same work team was afraid to stop work before the morning shift was over: When she was in second-stage labor, she said to me, "Great-aunt, I can't go back until noon." I said, "Go back. My daughter-in-law is recording work points. We will keep working and record a whole morning's work until noon for you." She said, "No, I can't do that. If people carrying corn come back and do not see me, and you*

*record a whole morning for me, they will report it to the top. Then you will be in trouble." I said, "It doesn't matter." I asked her to go back immediately, and she did. How tough she was! She carried two buckets of water by herself, boiled it and washed her hair. By the time she dried her hair, the baby's head had already crowned.*¹³⁰ Postpartum confinement and recuperation were affected by the work-point imperative as well, with women returning to field work much sooner than the customary hundred days. A common complaint in the stories of many women is that arthritis and other ailments contracted from not resting properly after childbirth have flared up to torment them in their old age.¹³¹

One area of reproductive health that received a mixed reception in rural areas was contraception. In 1956, decades before the advent of the one-child family policy, the Chinese state made its first foray into publicizing contraception in rural areas.¹³² The provincial Health Bureau and the Women's Federation took the lead in this work. Cadres attended county and township meetings where they learned about condoms and diaphragms. Then they returned home and publicized the benefits of birth planning to local women, telling them that bearing more children meant a more exhausting burden for them.¹³³ Health Bureau officials reminded organizers to direct their efforts to men as well, "to achieve cooperation between the two parties."¹³⁴ County women's and children's clinics and hospitals were also urged to sell contraceptive devices and medicines, although in 1956 such activities were still in the experimental stage.¹³⁵ As late as 1958, when the advent of the Great Leap Forward halted their efforts, the Women's Federation was calling on its cadres to learn birth control policies, set an example by making personal birth plans, and offer contraceptive guidance to village women.¹³⁶

Although cadres showed samples of birth control devices, they did not hand them out. Work reports from the Health Bureau suggested that many villagers saw contracepting as immoral behavior, believing that the number of children one had was predestined. The Bureau appended a warning that birth control propagandists should avoid "degenerating into vulgar erroneous tendencies." The tendencies were not specified, but the discomfort with explicit talk about sexual relations was obvious.¹³⁷ The Health Bureau also proposed that each clinic collect the name, age, and profession of each woman who requested birth control, as well as those of her husband; her childbirth and contraception history; her reasons for wanting birth control; and the effectiveness of any method prescribed to her. This ambitious early attempt at registration and statistical data collection was not widely implemented.¹³⁸ But Zhang Chaofeng, who was working as a women's cadre in Village G, reports that the initial response to contraception propaganda was negative. *The masses were not used to this. They said, "You are meddling in everything, even having children. If I have one, you won't be raising it, so what business is it of yours?"*¹³⁹ Soon enough, however, this attitude would change. The improved health care situation succeeded

in reducing the infant mortality rate. In the overall context of collectivization, the increasing number of children put a growing economic strain on families and an overwhelming domestic burden on women.

BEYOND CAMPAIGN TIME: BIRTHING STORIES

Most rural Shaanxi babies continued to be delivered at home, sometimes by midwives but more frequently by mothers-in-law or with no assistance at all. Well into the co-op period, some families felt that they could not afford or did not need the services of a midwife, and not every village had one within easy access. Many women tell of catching the baby themselves, cutting the cord and wrapping the child, while neighbors worked out of earshot in the collective fields or husbands hurried to summon a midwife who did not arrive in time.¹⁴⁰ In Village G, Liu Guyu gave birth to her fifth child just after she put bread in the steamer for the midday meal; the child was born before the bread had finished cooking.¹⁴¹

Some women were reluctant to have any outsider present when they gave birth, even a midwife. One day Ma Li, a young midwife-in-training, received an urgent message that her cousin's wife, who had lost a baby the previous year, was in the middle of a difficult labor. Ma Li ran to the house of her teacher, the veteran midwife Liu Xihan, and the two women hurried to the cousin's house. Although her mother-in-law had summoned the midwives, Ma Li's cousin was not happy to see them. In between contractions she berated the two midwives: "I'm suffering. You come to see me in labor. Do you think you are watching a game?" She wouldn't let you be close. . . . We sat there for several hours but they didn't let us examine her. [Liu Xihan] said, "I'm here for your own good. We are all women. What are we looking at?" By the time the woman consented to let the midwives examine her, it was too late. One of the baby's arms was hanging there. The midwife [Liu Xihan] put the arm back. Then it came out again. Again she put it back. Liu Xihan said the baby would die. The baby's arm came out and its head was inside. Finally we took it out. But it died after it came out.¹⁴²

In addition to its obvious potential for pain and danger, childbirth was a major turning point in the integration of young brides into the household of their in-laws. After marriage, as we have seen, many women in central and south Shaanxi made the transition to their marital homes gradually, returning to their natal homes often and sometimes staying there for weeks. But it was taboo to give birth in the house of one's natal family.¹⁴³ If a mother thought that her visiting daughter might go into labor, she would hurry to send her back to her mother-in-law's house.¹⁴⁴ A mother who called in a midwife for her own daughter would be criticized by the husband's family, even held responsible if something went wrong.¹⁴⁵ Local belief held that *alive or dead, your own mother does not see it. . . . If it was dead, she didn't see the pestilent energy. If it was alive she didn't see it either.* The taboo against having a mother

attend her daughter in labor and childbirth extended to women in uxori-local marriages who lived with their mothers. Thus He Gaizhen was left to deliver her own child, because her mother was not permitted to help and a relative who had been brought in to assist did not want to risk pollution from contact with childbirth, since she needed to cook for the Spring Festival: *The baby was so slippery that I dropped her in the basin when I tried to catch her and she swallowed a mouthful of water. Her nose was not in good condition for more than a hundred days.*¹⁴⁶

For both ritual and practical reasons, a woman's first childbirth usually brought to an end the stage of life when she could visit her own mother's house frequently. It was also a moment, sometimes the first moment, when a mother-in-law was fully in charge of a young wife's well-being. Mothers-in-law feature prominently in women's childbirth stories from before and after 1949, and their portrayal is not always positive. Many women blame miscarriages on physical and emotional conflicts with their mothers-in-law or other senior women in their husbands' families.¹⁴⁷ Some recall the birth of their first child not only as painful and frightening, but also as a moment that highlighted feelings of alienation from their mothers-in-law, their husbands, or both. Li Liujin, one of the activists whose divorce was described in chapter 4, had been embroiled in a simmering conflict with her husband's family for several years because of her political activities. Her two childbirth experiences, one in the late 1940s and the other just after Liberation, underscored her unhappiness with her husband and his family. *I was seventeen when I gave birth to my first baby. The day I went into labor, it was dark, and [my husband and I] were sleeping in the same bed. Nobody said anything. Before he went to cut wood, I got up to cook for him. . . . When I crouched by the pot, stirring, it was hurting so badly. At last I pushed myself to drain the rice quickly and started cooking it. When he got up to eat, I didn't say anything. He didn't know I was going into labor, and I didn't say anything either.*

Then he left. I was in labor. I was walking around and around the room and my stomach was hurting so badly. I was only seventeen! So I was turning around and around, walking to and fro. When it was time to eat breakfast, I began to give birth. My stomach was hurting unbelievably, but something was wrong and the baby wouldn't come down.

I sat on a short stool and pressed my rear end against it. . . . I couldn't sleep. What could I do? Heavens. It was unbearable to sit down. Finally, I walked in and out of the house. It hurt so badly. . . . straight through to the afternoon. When I was a girl, I heard someone say that when you are giving birth to a baby, after you move around, you should sleep. Others said that you shouldn't sleep or it would crawl onto your heart. I thought it over and said, Whatever happens, dead or alive, I am going to sleep. I struggled to crawl onto my bed and stretched out to sleep. When I was lying on the bed, all at once I felt pressure two times. I pushed twice, and the baby rushed forward. Dingding guangguang, two pushes and the baby rolled down. After it came down,

the old woman [mother-in-law] got some water in a wooden basin and put it down beside my bed. She gave me a pair of scissors. I cut the baby's umbilical cord myself and made a knot. I put a piece of old cotton on the top. I had prepared some pieces of cloth and bags ahead of time. After I washed the baby, I wrapped it in some cloth from a pair of pants. The placenta came out by itself. That's it.

[My husband] had gone to cut firewood and had not come back yet. . . . Nowadays a husband and wife, if they feel something, they will talk about it. That's how the feeling between a husband and wife should be. But I didn't say anything and he didn't know. That's how it was when I gave birth to my first baby.

When I had my second baby, it was crop-watching season. We set up a bed, watching over the crops. . . . My stomach began to hurt again, so I crawled out of bed. It was just like what happened before: when my water broke [the baby] moved back. I went to the bedroom, swept the floor, and stretched out on the floor. I lay there until the baby dropped, and only then got up. Think about it! It was just like that: I lay on the floor, and the baby dropped onto the floor. Then I pulled myself up to pick up the baby and wrap it up on the bed. That's how it was then.¹⁴⁸

Government documents and the birthing stories of individual women cannot tell us how widespread this sort of isolating family dynamic was, or when it changed. Some young women activists in the 1950s learned about new-style midwifery in the course of their organizing work. They had the confidence, and perhaps the outside support, to request that midwives attend them at childbirth.¹⁴⁹ When women of Li Liujin's generation describe the more recent childbirth experiences of their own daughters-in-law, they speak of hospitals, high fees, and women who lead much softer work lives than they did, and thus sometimes have much harder first labors. The midwives among them talk as well of recent complicated births that they have attended. In their villages, women no longer give birth alone, and a bride often does not live in the same household with her mother-in-law, much less under her authority. Still, it is difficult to imagine that these sorts of family relationships changed as quickly as midwifery practices. Childbirth was shaped not only by state campaigns, but by the entire matrix of social relationships in which midwives and laboring women were enmeshed.¹⁵⁰ And as one final story about the midwife Liu Xihan suggests, these relationships extended beyond the visible connections of village society into the realm of the unseen spirit world.

LIU XIHAN AND THE GHOSTS OF CHILDBIRTH'S DANGER

The midwife Liu Xihan was born in about 1906 in Xiguan village, into a family later classified as "half-landlord." At seven she began to help her mother with household tasks and midwifery. She married at fourteen into what later became a middle peasant family and moved to Village Z, where she worked at home as a weaver and be-

gan to practice midwifery sometime before 1949. After Liberation she became an activist, a group leader in the Peasant Association, and a member of the Women's Federation. She received additional training in midwifery, and in February 1952 became head of the Village Z midwifery station run by the Women's Federation, one of thirteen stations being established around the county. Within three years she had eight people working under her direction. Of the forty-one children she had delivered by 1955, none developed tetanus neonatorum, nor did their mothers suffer from postpartum diseases.¹⁵¹ Her prestige among villagers was high. He Gaizhen blames the 1953 death of her newborn son from sepsis on the fact that Liu Xihan was unable to attend the birth. Her next son, born the following year, was delivered by Liu Xihan and survived. Liu Xihan charged nothing for her services, although the town government paid for her instruments.¹⁵²

Liu Xihan was a vocal advocate for new-style midwifery, even singing songs that explained its advantages.¹⁵³ She was a model citizen in other respects as well, persuading her husband and neighbors to sell surplus grain to the state in 1954. A neighbor cursed her for promoting the unpopular unified purchase and marketing of grain, saying, "Liu Xihan, you are taking my pot and my quilt away. I'll hang myself in your doorway." Nevertheless, a report of her model activities says, she continued her patient persuasion, reminding the old woman about food shortages in the old society until she relented and sold her surplus. In every respect, Liu Xihan seemed exemplary of the kind of new rural woman citizen cultivated by the Party-state.¹⁵⁴

And yet, when village women remember Liu Xihan, who died in the late 1950s or early 1960s, their memories are more complex than the straightforward march toward safer childbirth (and unified grain purchase) featured in government publications and internal documents. Even as village women laud her skills of new-style midwifery, they also place her in a genealogy of midwives put at risk by powerful, dangerous forces present when a child was born. Childbirth, in their telling, was risky not only for the woman in labor, but for those who attended her, and new-style midwifery did not remove the danger.

Villagers believed that the pollution of childbirth could affect the midwife or those who came in contact with her. Ma Li recalls that after she assisted Liu Xihan at a birth and brought some cucumbers home, no one would eat them: [They said,] "She is too dirty. Didn't you see what she went to do?" . . . Later, everybody laughed at me and nobody ate the things I had touched. Then I started to hate midwife work.¹⁵⁵ Another woman recalls that Liu Xihan's predecessor had also been a skilled old-style midwife, but frequent contact with the blood of childbirth had made her go blind. That was why the woman refused to learn midwifery herself when Liu Xihan offered to teach her: *No, my eyes are not good. I don't want to learn it. If I learn it, the blood will ruin my eyes. I won't learn.*¹⁵⁶

Even after Liberation, after the midwife station was founded and Liu Xihan be-

came its head, as sterile practices became more commonplace and tetanus neonatorum became less common, the perils of delivering children did not recede. Ultimately, people said, Liu Xihan had "died of midwifery" (*jiasheng gei sile, ba ming gei songle*). Called to attend a birth, she found herself delivering something malformed and odorous.¹⁵⁷ *When she delivered it, she didn't know whether it was a baby or not. She was so scared that she got a fever that night. On the second day people sent a message to her son. The son went there and carried her back. It was in the afternoon. . . . By four in the afternoon, she breathed her last breath and died. Oh, that old woman, she was such a good midwife. As soon as someone called her, she would respond. She would say, "That person is suffering." As soon as she was called she would say, "I am going."*¹⁵⁸

This was not the whole story behind Liu Xihan's death. One day several months before her death, she had confided a troubling episode to one of the village women, swearing her to secrecy. The listener remembers the story this way: *That year, she came and said to me—I never dared tell anyone else—"Gaizhen, I dare not say it. Please don't tell others. Otherwise the government will struggle against me." One night, a young man called her outside her window, "Aunt, come to deliver a baby for me." Just these words. She said, "Okay, I am coming." She put on her clothes and carried the medicine box on her back.*

She said the young man carried the medicine box for her. They went to the east slope. When she came back, she forgot to bring her box. It had a cross on it. Her husband said the next day, "Ya, where is your box?" She said that she had asked the young man to bring her some water to wash her hands. The young man said, "Aunt, we have no water. And I have nothing to cook some food for you." "I don't want to eat. Just give me some water and let me wash my hands. I won't eat anything of yours. Let me wash my hands." The man said there was no water. So she wiped her hands on a stone and then went back home.

*Her husband went to look for her box. It was on a tomb of a family. She had wiped the blood from her hands on the tomb. She only told me about it. She dared not tell others. If she told others, the state would struggle against her. She was so scared and dared not say so. This was superstitious. She delivered a baby for dead people. The old woman died not long after that.*¹⁵⁹

In this story, the new-style midwife, full of the spirit of service shared by many midwives of her generation and venerated in state publications, goes off to deliver a baby. Afterwards she is afraid. But there is the matter of the lost medical kit with its red cross on the lid, and the place where her husband discovers it confirms that something is terribly wrong. She has unknowingly put her medical skill at the service of a spectral otherworld, has delivered a ghost baby—a frightening boundary violation. Although she experiences this as an individual fear, it draws upon a powerful collective fear of much longer standing, expressed in numerous Chinese stories of the supernatural with almost exactly this plot line.¹⁶⁰

Liu Xihan fears something else as well: she fears that her fear will get her criticized for lingering superstition, she who has embraced science and propagated it so enthusiastically in the village. Here the world of science brushes up against an older set of beliefs in the person of the midwife, in an environment where only science can be spoken if one is to be progressive, useful, and above reproach. So she keeps silent, or almost silent. And then, like a recurring nightmare, another monstrous birth comes her way, and this time it kills her.

The question here is not whether contact with ghosts and monsters killed Liu Xihan, or even whether recurring trauma hastened her death.¹⁶¹ Whether she herself connected the two traumatic births cannot be known to us. What we do know is that women who remember her for her skill, her commitment to new-style childbirth, and her compassion also remember her death as caused by midwifery. As our interviewee, herself an enthusiastic 1950s activist, put it, Liu Xihan "died of midwifery."

For women in the early years of the People's Republic, the liminal and dangerous nature of childbirth was as real in the 1950s, and in the 1990s remained as real in their memories, as the need to sterilize medical instruments.¹⁶² These women certainly live partly by state temporality; they recount with feeling how campaigns changed their lives. But state temporality coexisted, perhaps even defined itself against, other temporalities that did not disappear with the advent of a new state regime.

The normative stories state authorities told about the transformation of childbirth, tales peopled by investigative teams, ambitious planners, and model midwives, do not exhaust the subject. This is in part because state attention to reproductive health was inconsistent, distracted and often overwhelmed by competing demands. Childbirth, embedded in household dynamics, recurrent and episodic rather than linear, was not easily addressed on campaign time, using available categories of production quotas and leaps toward modernity. But the account offered in normative stories is also inadequate because knowledge, belief, and practice circulated in complex ways not captured by the model of the state as conveyor of scientific knowledge. And this in turn suggests that a fully historicized understanding of rural childbirth and midwifery, and of the 1950s in rural China more generally, while it surely must include a full accounting of state campaigns, must entail as well an investigation of the memories women are willing and able to narrate.