CHAPTER 5

SI VERO MULIER GRAVI INFIRMITATE:
CHURCHING AND CHILDBIRTH

The liturgical ritual at the parish church celebrated the recovery and return to regular routine of women whose experience of childbirth left them in relatively good health. In this sense, the parish ritual assumed a normal birth and marked the end of the process of childbirth that began when the mother went into labor. Indeed, one important way to understand churching is to locate it within the broader context of childbirth.¹ This chapter does that by considering the events and customs that surrounded childbearing in the Middle Ages. But childbearing could be deadly and even women who survived the process could suffer damage to their health. The ritual of churching for a woman too ill to attend the public event was an adaptation designed to address this reality by allowing purification to take place in the mother’s home. This private ritual, like the one intended for celebration in the parish church, expressed multiple meanings, including the idea of healing.

The process of childbirth began with the first signs of labor. The mother’s husband or a messenger was sent to notify the midwife and the mother’s relatives and friends, who then gathered to assist in the delivery. For most French mothers, childbirth happened in the home although during the twelfth and thirteenth centuries, large numbers of hospitals were founded, which offered poor women a place to bear their children. Those who took advantage of such hospitals or who gave birth alone were often suspected of trying to hide something, usually an illegitimate child. In most cases, however, a special room or space was set up in the home for the delivery of the child and the mother’s lying-in. Often this was an exclusively female space, although this varied with local custom, class, and regional differences. In the widely scattered farmhouses of Norway, for example, a woman might be assisted by her husband and only one other woman,
perhaps a midwife. In regions where women were not so isolated, however, it seems that the preferred custom was to exclude men from the birthing chamber and to rely on female assistance. The birthing room itself may have been darkened and the mother provided with comfortable bedding and warmed wine, though these customs, too, would vary according to class and region.

Books providing practical guidelines on how to assist a woman in childbirth and also visual representations of women giving birth provide the little information we have about childbirth in the Middle Ages. For example, laboring women are usually portrayed seated in a birthing chair, supported on either side by attendants, with a midwife positioned in front to guide the birth and catch the child. Descriptions of difficult deliveries sometimes suggest placing the mother in a bed. Many women must have given birth on the floor of their homes strewn with clean straw to receive the infant. A thirteenth-century French text advised women to place the newborn on lukewarm straw to avoid startling the infant with any sudden change. Birthing rooms are usually depicted as full of women busy with preparing warm water, gathering clean linens, warming or swaddling the newborn, and perhaps providing nourishment for the mother. Although these tasks are real enough, how closely the pictures describe an actual situation is hard to determine.

It was the norm for women of all social classes to have a midwife assist at the birth of their children. Under normal circumstances, midwives cared for the mother and aided her during labor, helped to deliver the baby, and provided immediate postnatal care to both the newborn and mother. The nearly ubiquitous presence of midwives may explain why French bishops turned to them for assistance in certain situations. Katherine Taglia has studied the way French midwives were licensed and taught to administer Baptism in case of emergency, which also suggests how often the lives of newborns were threatened. The Liber sinthomatibus mulierum, which circulated as part of the texts attributed to the Salernitan woman known as Trota, suggested a number of methods for assisting a woman whose labor was difficult or unproductive, including herbal remedies, powder of frankincense to make her sneeze, and walking. If the child presented abnormally, the midwife should “assist with a small and smooth hand moistened in a decoction of linseed and fenugreek, and [should] replace the child in its place and let her put it in its correct position.”

In spite of everything midwives and medical practitioners could do, some women died in childbirth. Skeletal remains of medieval women who died with an unborn child still in the womb suggest some of the reasons for these deaths. Women suffering from bone deformities from rickets or other diseases might be unable to deliver a child. A perfectly healthy woman