HEALTH & LONGEVITY | WENDY KLINE

HOME DELIVERY

CHICAGO, ILLINOIS | When physician Joseph DeLee rented a cluster of tenement rooms on Maxwell Street in 1895, obstetrics was a woefully undervalued medical specialty. Medical students received most of their childbirth training on mannequins, occasionally paying a seasoned mother to allow them to attend her birth at home. Hospitals were the place of last resort for women who couldn't afford a home birth, and their unsanitary conditions were leading to 20,000 postpartum infection deaths each year in the United States.

DeLee envisioned something better at what eventually became the Chicago Maternity Center (CMC): a clinic providing low-cost prenatal care and home delivery along with hands-on experience for physician residents and midwives. Drawing from the most sterile practices of the day, nurses turned their patients' homes into labor and delivery wards. "They would put newspapers down, they would put on gloves, and use a giant light," says **Wendy Kline**, the Dema G. Seelye Chair in the History of Medicine in the College of Liberal Arts.

Ironically, DeLee was not a home-birthing proponent; he saw his work as a stopgap measure until hospital obstetrics improved. However, the center long outlived its founder, delivering babies for another 30 years after DeLee's death. And while the CMC mainly treated nonwhite mothers from the poorest neighborhoods, some of the physicians the center trained later delivered babies for white, suburban moms, many of whom learned about home birth through the La Leche League, founded in the Franklin Park suburb in the 1950s.

"We assume that these two models are different, that doctors and midwives will never get along. One is seen as more scientific while the other as more spiritual," Kline says. "But when you look at the history of it, 70 to 80 years ago, there was a lot more collaboration between doctors and midwives. And even today, science shows that states with more collaborative models have better outcomes."