"I'm Almost Worn Out in the Cause": Motherhood and Childbearing in the Old South

SALLY G. McMILLEN

White men of the early Republic were enterprising builders of farms and plantations, merchant shops and law firms, hard at work making their fortunes in a bustling, materialistic society. For white men, the opportunities for individual advancement and self-fulfillment were increasingly plentiful. But it was not so for white women, who, like African Americans, were excluded from the Revolutionary promise of freedom and equality. Although men like Alexander Hamilton, Benjamin Franklin, and John Jay worried about the discrepancy between the idealism of the Declaration of Independence and the reality of slavery, no statesmen of note thought to extend the equality doctrine to white women. Though not slaves in a legal sense, they were certainly not free. Women in the young Republic could not vote or hold political office. Unmarried women and widows could own landed property, but few occupations were open to them. Indeed, custom held that the only proper sphere for women was in the home. According to the women’s magazines and religious journals, which reflected the pervasive attitudes of a male-dominated world, the ideal woman was not only domesticated, but pious, pure, submissive, and unopinionated. Once a woman married, she was expected to be “with child” within a year, since child rearing, along with duty to her husband, was her main purpose in life. A married woman soon discovered that the law treated her like a child. She could not own property or sue in court without her husband. If a married woman did work outside the home, her husband legally commanded her wages. He was also the sole guardian of their children. If he died without a will and there were children, the woman was entitled to only one-third of her husband’s estate. In certain cases, she could keep only her dowry—the property she had brought to the marriage. If she wedded again (and widows usually did remarry in order to survive), she had to surrender her property to her new husband. If the woman was an African American, she faced a double wall of discrimination—one because she was a woman, the other because she was black. The underlying assumption behind the whole range of discrimination against the so-called “fairer sex” was that women were inferior to men.

Sally G. McMillen challenges the myth of female inferiority by discussing the courage, the pain and sorrow, associated with motherhood in the early Republic. Her focus is on the white and slave women of the Old South, but their experiences in birthing and childbearing were similar to those of women in the North and on the frontier. McMillen vividly recreates the experience of conception and birthing. She transports us back to the grand plantation houses and the squalid, drafty slave quarters, so that we are right there with the plantation lady or a slave woman when they endured the painful, often frightening, and dangerous act of bringing a child into the world. Even with midwives or physicians there to help, women and their babies frequently died during childbirth. If infants survived that event, they still faced a myriad of life-threatening diseases on their perilous journey to adulthood.

Still, families remained large in the Old South—children, after all, were a cheap and indispensable labor source. Gradually, as the skills of physicians improved, childbearing became less dangerous.
Although white women still had to endure the frequent deaths of their children, the love and companionship between mother and child were a rich comfort in an otherwise harsh life.

As McMillen makes clear, motherhood for slave women was a “mixed blessing.” Pregnancy offered only a brief respite from the grueling labor in the field. A new African American mother might receive a dress or other gift from her owner, because she had just provided him with another slave. Like white mothers, slave women also had to endure the pain of childbirth and the frequent loss of children to malaria and cholera, even malnutrition. Although children provided a source of love in an otherwise cruel life under the whip, slave mothers knew only too well that their children could be “sold” to distant plantations, in which case they may never see them again.

As you will see from reading McMillen’s poignant essay, family life in the Old South had a brighter side. White and African American women bonded as they shared the common experience of birth and childcare. Extended families, moreover, were commonplace, as younger family members took in older relatives who could no longer care for themselves. All in all, family ties, whether black or white, were extremely close, perhaps more so than in our own time.

GLOSSARY

ABORTIFACIENT A substance that induces an abortion; some pregnant women, for example, took quinine to relieve the symptoms of malaria and in the process lost their unborn child.

ABROAD MARRIAGE Interplantation marriage in which men usually visited their wives only on weekends and the children became the property of the owner of the slave woman.

BLACKWELL, ELIZABETH The first woman to become a licensed physician in the United States. After a number of medical schools rejected her application, she gained admission to Geneva Medical College in New York because the male students believed that a woman’s presence was “amusing.”

CALOMEL A white tasteless compound that expectant mothers used to cleanse their system of impurities and to relieve tension.

CONJURER A slave who had knowledge of herbs and other medicinal cures for pain and diseases. Much of this knowledge was derived from the conjurer’s rich West African culture. Usually present on large plantations, the conjurer used fear of witchcraft, voodoo, and sorcery to gain power with both whites and fellow slaves.

INFANTICIDE The willful and intentional killing of an infant, considering the high birthrate and the value placed on motherhood and families, this was probably a rare occurrence in the Old South.

LAUDANUM A form of opium administered to the ill, laudanum served as one of the home medications that southern families stored for those in need. For some women, infant death and the resultant sorrow led to misuse and addiction.

MIDWIVES Women in the community who assisted in the delivery of newborns. Some had read medical literature, but many more had learned from experience and “depended on luck and nature to bring a woman safely through her delivery.”

MISCEGENATION Sexual relationships between whites and African Americans that resulted in the birth of a mulatto child. Slave women were terribly vulnerable to rape and unwanted sexual advances from whites who held all of the power in the plantation South. Since the status of a newborn was the same as its mother, all of the children born in the slave quarters belonged to the planter.

SICKLE CELL ANEMIA An often fatal disease that afflicted African Americans. Sickle cell anemia made African American women even more vulnerable to health problems during pregnancy. Poor nutrition and heavy work schedules were other reasons for the high infant mortality and death of women in their childbearing years within the slave quarters.
FERTILITY

Married women’s lives were largely concerned with the bearing and rearing of children. Being a mother was a fulfilling goal for married women in the nineteenth century. Prescriptive literature, sermons, maternal advice books, and even school lessons encouraged white women to seek their sacred occupation as mothers. Motherhood held special meaning in the South, where family and kin were the foundation of the region’s social and economic structure. Few other options provided women with more satisfaction or gained them a greater degree of public recognition than their maternal role.

Pregnancies, confinements, suckling babies, and nurturing infants were ceaseless and demanding activities for black and white women. Many began bearing children in their late teens and continued almost unabated until ill health, menopause, or death interceded. One slave woman, May, bore nineteen children, of whom four lived. Mrs. Rhea, at the age of thirty-seven, had borne sixteen offspring, and one friend observed wistfully, “Her family may yet be much larger.” John Ball, Jr.’s first wife bore eleven children in twelve years of marriage, and when she died, he remarried and began another family.

American women proved to be extremely fertile, more so than their European counterparts. The first national census in 1790 showed that white women of childbearing age bore, on the average, 7.1 children. But most married women were pregnant more than seven times; the tabulated birthrate was lower than the actual number of pregnancies and births due to the frequency of miscarriages and infant deaths. Throughout the antebellum period, fertility decreased nationwide, declining to an average of 5.4 children by 1850 and 4.6 by 1860. However, regional variations existed, and the number of live births was higher in the Old South than in the North.

There were many reasons why southern women bore more children than women in the Northeast. While some northern middle-class couples apparently recognized the advisability of restricting family size, there seemed little reason to limit the number of children in southern families, aside from the health concerns of the women who bore them. Instead, there were positive arguments for large families. For farm women, each child became a potential worker to assist with agricultural production and contribute to family survival. Often living in isolated circumstances, children became the principal source of companionship and socializing. Ann Holmes Blank of Leesburg, North Carolina, was a lonely young mother, writing in 1846 that “if my dear little Henry would talk so that I could have someone to talk with me, I would not mind it so bad but to stay morning until night and no one to say a word to you is lonesome.” Within a few years, her home would be bustling.

Limited land and economic constraints often unconsciously induced a family to control its size. But these restrictions were hardly relevant in the booming South, where opportunities beckoned the bold and aggressive. Overcrowding, which also discouraged larger families, especially in urban areas, was an alien notion to antebellum southerners, who had plentiful land, especially on the frontier. By the 1840s some middle-class couples in the Northeast were practicing birth control, but southern women rarely did, at least judging by large southern families and the frequency with which white and slave women bore children. Religious constraints may have affected white southerners’ reactions to birth control, though this issue was not discussed publicly. According to Anne Firor Scott in The Southern Lady, sometimes the only effective means for women to delay another conception was to travel home for extended visits with parents and childhood friends.

By marrying a few years earlier than northern women, southern women might bear two or more
additional children. And, with the positive attention heaped on motherhood and the personal achievement associated with childrearing, there was little reason, other than enormous health risks and high maternal and infant mortality, to limit family size. For a man, a large family reflected positively on his status, his masculinity, and his ability to support his dependents.

For slave women, bearing an infant was a mixed blessing, evoking love for the child, the thrill of creating a blessed and helpless being, but also the realization that the child could be sold at any time and might never know any life beyond slavery. Yet many slave women continually held out hope that they could purchase their children's freedom. Statistics indicate that slave women bore slightly more children than southern white women, probably because they started two or three years earlier. Still, slave families were smaller than southern white families due to higher infant mortality. In addition, slave women experienced frequent miscarriages, and such health risks apparently increased during the late antebellum period due to worsening conditions and greater work demands.

The high fertility rates among slave women appear to counter what one might expect under an oppressive system. It would seem that women might not want to bear children in a society where hardships were ever-present and the future dim. Anthropologists know that in societies that are overly repressive or where living conditions prove difficult, couples both consciously and unconsciously limit family size. Fertility declines because of poor diet and bad health, overwork, a shortage of men, or a conscious desire not to have children. But southern slave women actually bore more children than white women and more than their counterparts on Caribbean plantations. The natural increase of the southern slave population was enormous, leaping from nearly 1.5 million in 1820 to almost 4 million by 1860.

One explanation for this population surge could be the encouragement that slave women received from their masters. Plantation owners welcomed large slave families, for as stated earlier, each additional child enhanced a master's wealth. One owner reported happily that a twenty-two-year-old bondwoman had already borne five children. Slave owner Rachel O'Connor congratulated her sister on her luck in having five black babies born in a two-month period, with two more slave women expecting. Owners may not have considered such attitudes as opportunist or profit-minded, but slave women saw it otherwise. "You see dey raised de chilluns ter make money on jes lak we raise pigs ter sell," stated one Tennessee woman. How significantly such encouragement fostered high birthrates cannot be assessed, but it certainly did not inhibit fertility. Slave women knew that their value increased with their ability to bear children and that their fertility often protected them against willful sale. Plantation owners expressed their approval by rewarding a new mother with a dress, a small amount of cash, a trinket and, of course, time off during pregnancy and after delivery. Commented one Louisiana mistress, who promised dresses to each new slave mother, "I am now in debt to four that has young babes, and fine ones too. They do much better by being encouraged a little and I have ever thought they deserved it."

While white women rarely did anything to limit their fertility, slave women may have been more comfortable with the idea, though often they aborted fetuses or resorted to infanticide is unknown. Certainly bondwomen had cause to contemplate such action, considering widespread miscegenation and the problems associated with raising children as slaves. Occasionally bondwomen found ways to end a pregnancy. One slave seamstress, Jane, successfully aborted every baby she conceived, even as late as six months into one pregnancy, causing her mistress tremendous sorrow. Jane may have felt discouraged before she became a mother and did not want to face possible heartache. Being single may have created problems for her. Plantation and medical accounts sometimes recounted cases of infanticide in which dead infants were discovered in the woods or behind a barn. Nevertheless, considering the high fertility rate among a slave woman bearing and their pregnancies they discovered, they found fulfilling their bleak existence.

Pregnancy in many southern states was a constant threat to the mother and her infant, the most common being with fevers. This was also a disease that carried grave risks for white women as it was for slave women and, if possible, might carry risks for healthy infants.

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rate among southern blacks, it is evident that most slave women desired children, whatever the risks of bearing and rearing them, and rarely interfered with their pregnancies. Most important, like all mothers, they discovered immense joy in a baby’s birth and found fulfillment that was otherwise absent in their bleak existence as plantation laborers.

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PREGNANCY

Pregnancy was a time of anxiety and ill health for many southern women. While one might imagine that mothers joyfully anticipated the birth of an infant, the months preceding confinement were filled with fears about the upcoming event. Poor health was also a common complaint among pregnant women as they struggled to remain vital and useful, and, if possible, follow judicious behavior to ensure a healthy infant.

The single greatest health problem that expectant white women endured was malaria, a disease endemic in most areas of the Old South. During the antebellum period, malaria was the major health concern of all Americans outside of New England, but it was pervasive in the Old South. Nearly everyone suffered “fever and ague” during the summer and early fall, experiencing symptoms that included high fever, chills, and debilitation. Some elite families migrated temporarily to higher elevations or to the North to avoid annual bouts of sickness. This disease was spread by the anopheles mosquito, the carrier of the malaria protozoa. No one during the antebellum period understood correctly its cause. Most southerners, including physicians, deduced that a miasm, or “bad air,” caused the disease, for it seemed to affect those southerners living near marshy or damp areas. Southerners never understood that such damp areas were prolific breeding grounds for mosquitoes. Lucy Shaw, living in the frontier town of Galveston, Texas, found the mosquitoes overwhelming. She wrote her mother: “If you wish to know what will thrive best in a climate like this, I can tell you that I know of nothing quite equal to the fleas and mosquitoes. . . . [They are] double the size of New England mosquitoes.” Lucy repeatedly described the swarms of mosquitoes that made life intolerable, but she had no idea that these bothersome insects also caused frequent bouts of malaria.

Families like the Shaws living in lowland coastal areas, along rivers, and in delta regions where cotton and sugar cane flourished were most vulnerable. Ironically, the wealthy seemed to be most affected by incidents of malaria, for poor farm families who often lived in higher, drier elevations encountered fewer mosquitoes and thereby suffered less than plantation families. It may be that farm women also had healthier pregnancies, fewer miscarriages, and easier deliveries since they were less likely to suffer from malaria.

Pregnant women were more susceptible to malaria than most southerners because their immune systems were weakened during the last trimester of pregnancy. They lost their partial resistance acquired over years of exposure. The alternating chills and fever (up to 104 degrees), anorexia, and anemia of malaria created major health problems in pregnant women. Miscarriages were common in areas where malaria was endemic. The accompanying high temperature in the womb created an environment too uncomfortable for the fetus. In addition, quinine, the most effective cure for malaria, was a known abortifacient, but expectant women took it, desperate to offset the disease’s symptoms. Malaria also inhibited fertility rates by raising a male’s scrotal temperature and creating infertile sperm during the disease’s duration.

Antebellum women (and physicians as well) had little scientific understanding of conception. Americans were naïve about the process of pregnancy, believing that women were most fertile immediately before and after menstruation. Prenatal visits to a physician were not regarded as necessary, except to treat severe health problems such as hemorrhaging or convulsions. But as medical books of the period indicate, doctors exhibited increasing interest in the mysteries of pregnancy. They began to recognize the
prenatal period as an important time in the infant's development and encouraged expectant mothers to take proper care of themselves in order to bear a healthy child.

For literate women, medical literature like Gunn's Domestic Medicine, or Poor Man's Friend, or Buchan's Domestic Medicine provided helpful advice for home treatment. Many southern white families, especially those living on the frontier and far from a doctor's care, found a medical advice book an essential item. Expectant farm and slave women also secured wisdom and support from family members and female friends. Many women used herbal cures or folk remedies and collected recipes in notebooks. Southern women knew that various teas eased heartburn. Gentle exercise such as walking, riding in a carriage, or brushing the skin stimulated the body. A bland diet apparently was most pleasing to the developing fetus; and reading books that would not provoke passion or excite the mind was highly recommended. Women shared not only information but also explicit, often scary, details about childbirth, fueling fears among friends who would have benefited from a state of calm before their forthcoming confinement.

Nearly all healthy Southern women carried on a normal routine while pregnant, continuing to work, care for children, labor in the fields and around the house, visit, and attend church and Sunday school. However, many slave owners exhibited concern about the health of their expectant slaves and provided them extra days off as needed, especially during the last trimester. Researchers have noted a relationship between the number of days off slave women received and the success of their confinement and health of their infant. Some expectant bondwomen moved from field work to less strenuous chores, such as sewing or weaving. Some received lighter punishments when pregnant (although common also was the practice of digging a hole for a pregnant woman who would lie face down on the dirt to receive her lashes).

Horizontal rest was a rare privilege for pregnant women, except for the truly privileged or those who were ill. Expectant mothers had little choice but to maintain their daily routine, for what southern family could have survived with a wife and mother who chose to lie down through her numerous pregnancies? Although the medical profession classified pregnant women as ill and childbirth as a disease, few southerners saw this as cause for easing the female work load. Pregnancy was a normal condition (certainly true for those women who bore eight, ten, or fourteen children) that did not warrant a change in routine. Older children still needed watching, feeding, and nurturing; gardens and orchards required weeding and picking; food had to be prepared; houses needed occasional cleaning; and field work demanded extra hands. Southern women carried on as long as their health and energy held out.

Expectant mothers spent their months of pregnancy in a state of anxiety for good cause. Women in their childbearing years experienced a higher mortality rate than did men of comparable age. In the South, women had much to fear. As Sally McMillen relates in Motherhood in the Old South, statistics from the 1850 federal census demonstrate that southern white women were twice as likely to die in childbirth as women in the Northeast. An unhealthy climate, the prevalence of malaria, improper medical practices, and the comparably frequent childbearing of Southern women all contributed to the grim statistics. The medical profession was not yet proficient at delivering babies, for medical misperceptions about proper treatment and insanitary practices persisted. A midwife depended on luck and nature to bring a woman safely through her delivery.

Today, walking through an old southern cemetery sadly reminds one of the tenuous existence of the many who died during or shortly after bearing a child. The health risks were enormous, and expectant southern women put their faith in God and shared their worries with friends and family. As their diaries and letters reveal, nearly all women entered each confinement expecting it to be their last moment on earth. A period of pregnancy was not a joyous time, however much mothers loved their children. Many expressed a desire for longer intervals between each birth and for fewer confinements.
CHILDBEARING

Birthing practices varied by race, class, and individual need. In the antebellum period, new medical practices also affected the process of childbearing. Who was present and where the birth occurred could reflect practical considerations or a conscious choice. Slave women generally gave birth in their cabins, though on large plantations a slave hospital might be available for birthing. Most farm women remained at home, having little means to travel elsewhere. Poor white and free black women living in cities might use a charity hospital, such as those associated with medical colleges in New Orleans, Charleston, or Lexington. Urban women who were destitute or who lived alone often delivered their baby in a hospital. Unfortunately, these institutions served as teaching facilities for medical students and were not known for quality care or cleanliness. Doctors who performed multiple deliveries and failed to wash their hands and instruments might unknowingly infect prospective mothers. Puerperal fever, an infection that could develop in the womb following birth and was usually spread by physicians unaware

This early engraving shows the crowded birthing room where laboring women summoned mothers, sisters, aunts, friends, and neighbors to their bedside. The tragedies of women perishing in their childbearing years and infants and young children experiencing short and pan-ridden lives were all too common in the colonial period. Poor diets, harsh living conditions, and menial work made childbirth even more precarious for slave mothers and their babies. (National Library of Medicine/History of Medicine Archive)
of proper sanitary procedures, was more common in women who bore babies in hospitals, though it occurred less frequently in the South than in the North and Europe.

Unless ill or weighed down by family responsibilities, some women traveled home to their mothers to bear their infant in familiar surroundings. Southern women were eager to have their mother present, especially with the birth of a firstborn. A surprising number of females made the effort to travel home, even those living far from civilization or hundreds of miles from their parents. In a familiar family setting, expectant women could bask in the attention of doting mothers, friends, and a trained medical assistant. Sometimes expectant women left their husbands three to four months before the infant was due (though often accompanied by a white or black escort, for southern women were not supposed to travel alone). Others arrived only a day or two before the infant emerged.

During the antebellum period, male doctors began to assume obstetrical duties traditionally handled by female midwives, reflecting a change that had begun in Europe and spread to America by the late eighteenth century. Since physicians classified childbirth as a disease, medical assistance was considered desirable. Medicine was not yet an elite occupation nor a particularly well-paid one, and doctors wanted to generate more income by acquiring new patients. Because of a growing emphasis on education and scientific inquiry, the educated and elite regarded female midwives and traditional domestic medical practices as old fashioned. Increasing numbers of men attended medical college as these institutions opened, but women and midwives were not admitted (at least until 1846, when Elizabeth Blackwell graduated from Geneva Medical College in New York, but her admission was apparently considered a joke by the students who voted to accept her).

Men gradually came to dominate obstetrical care, for they possessed the latest medical instruments, access to medical education, anesthetics, scientific testing, and professional literature. Antebellum doctors embarked on a campaign to denigrate the skills of female midwives and drive them out of a specialty that men wished to control. Despite their education and training, there is little evidence that doctors improved the survival rate of mothers and newborns, and, in fact, may have made confinements even riskier. Physicians were not particularly well prepared to deliver a baby, for their medical education and knowledge were rudimentary. Then too, medical schools were not very discriminating, and any white male who could afford the fees could attend medical college. Therefore, most physicians emerged with little actual experience and often delivered their first baby on the job. Doctors did their best to gain the confidence of female patients, through an advertisement by a Louisville physician in 1836 stating that "in cases of obstetrics, will be attended to without mutilation or instruments" could not have been too reassuring. Doctors proliferated in the South, taking advantage of the region's sickly population and its cheap land and economic opportunities. By 1860, the region had a higher proportion of physicians than the Northeast.

Doctors sometimes delivered slave babies; this practice reflected not as much the woman's choice as the desire of her owner. Plantation masters often hired a doctor to tend to all slave and family health problems, and delivering babies was included in the list of responsibilities. Owners believed that such measures provided slaves with good medical care. Also, a surprising number of slave owners had attended medical school and served as part-time physicians. Some southern fathers apparently regarded a medical education as excellent training for a son's future, giving him skills that would serve well on a plantation. Thus, medical care, however questionable in quality, was available in many rural and frontier areas during the antebellum period, for many ambitious young professionals migrated to such states as Alabama, Mississippi, Texas, and Arkansas seeking wealth.

It was more common for slave women to depend on midwives, friends, or a slave mistress rather than on a physician. Financial considerations often took precedence over professional care. Planters who had no doctor on hand, or who did not want to pay their delivery fees, less than the $5 to $10 O'Connor wrote for each of four deliveries that "it is better to use clystering. A doctor was usually a proctor or a general practitioner who attended to exploitation on a larger scale than they did on individual cases which had been a specialty. They were rarely successful about proper surra and blood flow. Still, a doctor delivered a slave woman and fetus still viable. Since the late antebellum cruciation pain. In a few cases, a slave mother died, though apprentices had a few successes. Dr. J. Marion Sims one of the most respected physicians of the nineteenth century, brought his surgical expertise to his operation on thirty slave women. Bondwomen's value and respect as more when it came to medical care.

Health conditions to bear children. Male ills and poor bondwomen is all that nutrition can do. White women and their white farm women had a diet of corn meal, by season vegetables, fruit or fish, provided but insufficient for the physical demands of available through work. Any American for the working poor.
no doctor on contract preferred midwives, since their delivery fees, ranging from $1 to $4, were far less than the $5 to $25 that doctors charged. Rachel O’Connor wrote that she paid a black midwife $4 for each of four deliveries of slave babies, commenting that “it is better to pay that than to run any risk.” A doctor was usually reserved for a medical emergency or prolonged confinement. Moreover, physicians who attended slave women were more inclined to experiment on them with drugs or radical surgery than they did on white women. Caesareans, which had been attempted for hundreds of years, were rarely successful because physicians knew little about proper suturing, cleanliness, or controlling blood flow. Still, a doctor might attempt to operate on a slave woman if her life was endangered and the fetus still viable. Since anesthesia was not used until the late antebellum period, the woman suffered excruciating pain. Invariably the woman and infant died, though apparently a handful of Louisiana doctors had a few successes during the antebellum period. Dr. J. Marion Sims of Alabama, who became one of the most respected gynecological physicians of the nineteenth century, developed a successful surgical cure for vesico-vaginal fistula (a tear of the vaginal tissue during birth) by experimenting on thirty slave women over a four-year period. Despite bondwomen’s value to plantation owners, they were regarded as more expendable than white women when it came to medical experimentation.

Health conditions influenced slave women’s ability to bear children. Considering the extent of female ills and poor diet, the high fertility rate among bondwomen is all the more remarkable. Inadequate nutrition weakened pregnant and lactating slave women and their infants (as it did impoverished white farm women who ate poorly). A typical slave diet of corn meal, pork, and molasses, supplemented by seasonal vegetables and an occasional helping of fruit or fish, provided women with adequate calories but insufficient nutrients. Some slave and poor white women ate clay to gain supplemental nutrients not available through their diet. No physician—or any American for that matter—yet understood the importance of vitamins and balanced meals. Slave women could only eat the food their masters provided and sometimes grew additional fare to relieve a monotonous diet.

Burdened by poor nutrition and heavy work demands, slave mothers often bore infants of low birth weight. In one sense this was positive, for a small baby led to shorter and less painful deliveries. (White southerners often misread the situation and concluded that slave women’s apparent ease in bearing children was due to their vigorous activity as plantation laborers rather than poor diet and overwork.) Nevertheless a mother’s nutritional deficiencies contributed to poorly developed bones and small pelvises which could foster difficult confinements. Slave women were less likely to suffer from malaria than white women and rarely experienced stillbirths caused by the dreaded disease. However, sickle cell anemia, a trait found almost exclusively in blacks and one that helped them resist the most common forms of malaria, increased the risk of chronic anemia and fostered susceptibility to other diseases.

White women who used doctors usually did so by choice, and according to Sally McMillen, by the Civil War probably about half of all elite women in the South depended on a male attendant for their confinements. Some white families planned ahead, estimating what they assumed to be the correct due date and scheduling the doctor. Other white women, both rich and poor, preferred midwives. Some mothers-to-be were sensitive to a male’s presence in the birthing room. Tradition, expense, or the desire to depend totally on female support were other considerations. In many cases, women used whomever they could find, and family members often scrambled to locate an assistant when the baby arrived unexpectedly.

Considering the number of babies born in the South, and the many families who could not afford a physician or preferred not to use one, midwives still had a thriving business despite doctors’ efforts to denigrate their skills. Some women purposely avoided physicians, fearing their dramatic cures and use of instruments and drugs. And however critical
male doctors were of midwives, the two attendants often worked side by side to deliver an infant. Rarely did midwives interfere directly with what they regarded as a natural process, except to turn the baby or pull on the placenta to dislodge it after delivery. Female midwives, both black and white, calmed the patient, kept her upright as long as possible during contractions, administered soothing teas, pushed on the abdomen, and occasionally gave a medicine like ergot to enhance contractions.

Doctors may have identified childbirth as a disease, but like midwives, most hoped that nature would prove kind and ease the patient’s delivery. Physicians, however, altered traditional procedures. They introduced scientific technology into the birthing chamber, speeding the process along artificially if necessary by assisting the infant’s delivery with forceps, cathartics, and hooks. If the fetus was impacted, they might perform a craniotomy in which they used scalpels to chop up the baby’s head inside the womb to remove it, sacrificing the infant to save the mother. Apparently, fewer southern doctors employed obstetrical instruments than their northern counterparts, perhaps because few felt competent enough to use them. Yet doctors still depended on heroic procedures during delivery, including an aggressive form of therapy to balance vascular tension. They bled women before and during delivery, lancing an artery or placing leeches on the temples or vagina to foster relaxation and lessen pressure. Purging a woman’s system with calomel, a mercury chloride, was often deemed essential, and physicians also relied on ergot to hasten contractions. These techniques were performed in the name of science to balance the body’s fluids, decrease blood pressure, and enhance relaxation.

By the 1850s, some doctors in the Northeast had successfully used ether and chloroform during confinements, allowing women a less agonizing experience by deadening most of the pain during delivery. But prior to the Civil War, few southern doctors used either anesthetic. Many were cautious or unfamiliar with the drugs, fearing the dangerous effect they could have on the mother and infant if administered improperly. Others believed it morally wrong to intervene with painkillers. They upheld the Biblical dictate, “In sorrow thou shalt bring forth children.” For these physicians, the intensity of maternal pain corresponded to the depth of maternal love, and many believed that if a mother had an easy or painless delivery, she might ignore her newborn.

The ritual of childbirth fostered female bonding. Confinements could last for several hours or even a couple of days, as women watched, encouraged, and provided loving assistance. Male doctors changed this atmosphere with their presence, although most left the female support unit intact, recognizing it as too powerful and essential to ignore. But medical literature urged professionalization of the entire process, insisting on such details as a darkened room to preserve female delicacy, a horizontal birth position in case instruments were needed, proper bed clothing, and an absent husband. Doctors probably regarded female friends as necessary nuisances. They were not secure enough to dismiss them entirely and needed women to run errands and provide emotional support. Husbands were encouraged to be present in the home but never in the delivery room.

In the South, black and white women were often together during childbirth. If women of the two races ever shared any intimacies, it was during this important event. Childbirth was a rare time of mutual sharing, understanding, gratitude, and even affection. The meaning of birth, its pains and joys, drew common responses, whatever race or class. Many black women were highly skilled midwives who delivered white babies. In one instance, a Virginia woman was left in critical condition after two physicians struggled unsuccessfully for hours to deliver her baby. Her husband finally called Mildred, a black midwife, despite the doctors’ objections. Mildred worked for the next seven hours. “I did every thing I knew an’ somethings I didn’ know,” she recalled, and successfully delivered a five-pound infant. The white mistress was extremely grateful, and even the physicians grudgingly acknowledged Mildred’s skills. White women often were present when their slave women were delivered.

Four weeks was the period for a new baby. Of course, this period to regain health was followed by months of rearing. Butler of Georgia counted three weeks to a month.

Despite similar activities of women, life was different. For one, black women, unlike white women, did not sleep in the same room with their families. In the South, strolls continued to nurse both young white and black women, balmative laborers. Doctors probably regarded female friends as necessary nuisances. They were not secure enough to dismiss them entirely and needed women to run errands and provide emotional support. Husbands were encouraged to be present in the home but never in the delivery room.

In the South, black and white women were often together during childbirth. If women of the two races ever shared any intimacies, it was during this important event. Childbirth was a rare time of mutual sharing, understanding, gratitude, and even affection. The meaning of birth, its pains and joys, drew common responses, whatever race or class. Many black women were highly skilled midwives who delivered white babies. In one instance, a Virginia woman was left in critical condition after two physicians struggled unsuccessfully for hours to deliver her baby. Her husband finally called Mildred, a black midwife, despite the doctors’ objections. Mildred worked for the next seven hours. “I did everything I knew and sometimes I didn’t know,” she recalled, and successfully delivered a five-pound infant. The white mistress was extremely grateful, and even the physicians grudgingly acknowledged Mildred’s skills. White women often were present when their slave women were delivered.

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The intensity of the mother's role was not limited to the delivery of her own child. Slave women, like most mothers, adored their babies, but the realities of their existence—a demanding or insensitive owner, long work hours, exhaustion, or poor health—interfered with the attention and care they could provide. Slave mothers and yeomen farm women had little free time or energy to nurture their young. Additional burdens fell on those mothers who had to raise their children without a husband present. In such cases, the support of other family members such as grandmothers or older children and friends must have been welcomed by overworked mothers. Few slave owners questioned the contradiction between the important role that the mother played during a child's early years and work demands which interfered with maternal responsibilities.

### Motherhood and Childrearing

Mothers were the principal caretakers of their children. White women received public encouragement for their responsibilities through maternal literature and public pronouncements acclaiming childrearing as women's sacred occupation. Typical of journalistic rhapsodizing was *The Magnolia*, a southern magazine for women that deemed motherhood the greatest profession on earth. "Who can estimate the power she exerts over the precious trust committed to her charge. How boundless her influence, how imitable her sway; how irresistible the force of her instruction," noted one writer. Prescriptive literature celebrated mothers as the central figure in a child's upbringing. Few southern women ever questioned the accepted idea that they were the only parent fit to raise children. Fathers were busy with farm or plantation duties and apparently had little time or few nurturing skills to tend babies. Some men disdained the care of young children as an affront to their masculinity. And yet others assisted with childrearing, prescribing and administering medicine,
lancing gums, imparting discipline, or relieving their wife when a sick child required round-the-clock attention.

Whether this domestic role provided women with a heightened sense of self-worth and power is open to question. As mothers and principal caretakers of their homes, women may have embraced their responsibilities with a heightened sense of dedication and found a degree of satisfaction. Some historians feel that this emphasis on domesticity encouraged women to believe in their roles as conservators and promoters of morality, roles they would take later into national reform movements. This appreciation may have enhanced their sense of self-worth. On the other hand, other scholars feel that such praise actually retarded women’s desire to move into the public arena. By extolling domestic duties, men perhaps intended to prevent women from competing in the male world.

In farm families, a mother often delegated child-rearing responsibilities to older children so as to free herself for cooking or working in the fields. This experience also educated adolescents in practical child-rearing skills. In plantation families, slave children or maids tended to some of the duties of childrearing, but as a consequence white adolescents were left untrained in the complexities and demands of caring for a baby.

The majority of southern women breastfed their babies, contrary to mythical images that portrayed white babies suckling at the breasts of devoted black mammys. White women regarded breastfeeding as the most practical and healthiest means to feed a newborn. A mother also nursed her baby as an expression of maternal devotion and concern for its healthy future. Prescriptive literature supported her action. According to medical and maternal guidebooks, one of a mother’s essential duties was to feed her baby, and such substitutes as wet nurses were regarded with a wary eye. Slave women generally fed their babies until they were one or two years old, perhaps a slightly longer weaning period than white children. (Many blacks have a lactose intolerance, ruling out cow’s milk as an acceptable substitute.)

Supplemental baby food consisted of a mixture of bread, water, and molasses or sugar. As the infant aged, it might consume porridge or food chewed first by its mother.

Although few white women in the Old South willingly gave up suckling infants to black mammys, a sharing of maternal milk was not unusual. And feeding crossed racial lines. Childbirth often left women prostrate and in poor health, and some were too debilitated to nurse their babies. Some mothers had an inadequate milk supply or painful abscesses on their breasts. Mothers might die in childbirth, leaving a newborn without maternal sustenance. In such cases, a substitute feeder was essential for infants. On large plantations, finding a wet nurse to share milk was not too difficult because several slave women had probably given birth to babies recently and presumably were still nursing. In cities and towns, the situation was more problematic. White families often advertised for a wet nurse through the local newspaper, and some women earned money by sharing their milk. In rural areas, a farm wife might feed both her own and a neighbor’s newborn; a sister might feed her infant nephew; and in rare but verified cases, a grandmother who had just delivered a baby might feed her grandchild. Sometimes strangers fed babies. One Tennessee woman, Virginia Shelton, who was traveling on a riverboat, noticed a motherless baby crying for sustenance, and she gave it milk from her breasts. It was also not unusual to have white women feeding black babies for the same reasons that black women sometimes nursed white babies. The most important consideration was to keep the infant alive during the most precarious time of life, giving whatever sustenance was required. Race was not an issue when a baby’s life was at stake.

Bottle feeding was the least desirable means of feeding an infant, for bottles were not sanitary and fresh milk could be hard to find. Without refrigeration, bacteria proliferated in the bottles and caused diarrhea or other illnesses. In a few cases, an indulgent woman who was determined to regain her shapely figure or avoid the demands of a newborn altogether might resort to breast feeding. Nutritional duties associated with childbearing were often spent by women with pregnancy, confinement, and the care of their young. When the child was born, the new mother would be occupied with feeding and dressing the child. By providing care, she would learn how to maintain her energy and feel the least that could be done to bring the child to health. She was taught to apply soothing lotions and medicines to the baby’s skin, to bath it regularly, and to keep it clean. The baby would be washed daily until it was old enough to be washed in the same manner as the mother. When the child was older, it would be taken to the doctor for regular check-ups.

The greatest injury to the child was the fear of the mother’s death. Mothers were often not as strong as they appeared, and they suffered more than the mother who was ill. After the death of the child’s mother, the child would be left in the care of the mother’s family, and the child would be looked after by the family members. The child would be placed in the care of the mother’s sister, the mother’s mother, or the mother’s father, depending on the family’s circumstances. The child would be taken to the doctor for regular check-ups, and the doctor would be consulted in case of illness. The child would be taught to read and write, and the child would be taken to church on Sundays. The child would be taught to be respectful and obedient, and the child would be taught to be kind and loving.

The child would be taught to be honest and truthful, and the child would be taught to be hardworking and industrious. The child would be taught to be self-disciplined, and the child would be taught to be responsible. The child would be taught to be patient and persevering, and the child would be taught to be kind and compassionate. The child would be taught to be humble and modest, and the child would be taught to be grateful and appreciative. The child would be taught to be hardworking and industrious, and the child would be taught to be patient and persevering. The child would be taught to be kind and compassionate, and the child would be taught to be humble and modest. The child would be taught to be hardworking and industrious, and the child would be taught to be patient and persevering. The child would be taught to be kind and compassionate, and the child would be taught to be humble and modest. The child would be taught to be hardworking and industrious, and the child would be taught to be patient and persevering. The child would be taught to be kind and compassionate, and the child would be taught to be humble and modest.
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altogether might find a mammy to suckle her new 

born or resort to bottle feeding, but this was the ex 

ception. Nursing was one of the most important 

duties associated with rearing children. 

Raising children involved years of commitment 

and endless energy. Bearing so many offspring pro 
longed the duties for southern women, and they 

often spent three decades or longer—from first 
pregnancy to the lingering problems of their chil 
dren’s adolescence—raising a family. Elite southern 

women gained a reputation as especially devoted 

and affectionate mothers, and perhaps they earned 
such accolades, thanks in part to the assistance of 

their domestic servants and their commitment to 

family. Wealthy southern mothers had more time to 

devote to their children than farm or slave women. 

Domestic servants allowed them more free time to 

read, write, and socialize, relieving them from the 

stresses of ceaseless maternal and domestic duties. 

Mrs. Tarry of North Carolina thanked her mother 

for lending her a slave woman, thereby preserving 

her energy and health. “I could ride out and never 

feel the least uneasiness about the children, for I 
knew she would take care of them,” she wrote. Ob 

viously the servant allowed her time to write letters 

as well. Privileged mothers could pick and choose 

the more enjoyable duties associated with childrear 

ing. Slaves often performed the more tedious or 

less pleasurable tasks associated with babies, such as 

changing dirty diapers or entertaining a cranky in 

fant, while mothers selected the more personally 

rewarding duties of breastfeeding and holding the baby 

when it was clean and happy. 

The greatest worry facing both black and white 

mothers was the endless string of health problems 

associated with young children and the constant threat 

of an infant’s death. The South deserved its reputation 

as an unhealthy place for all its residents, but infants 
suffered more than adults. Despite the immunities that 

newborns acquire naturally from their mothers, per 

sonal writings and medical statistics indicate that an 
tebellum southern mothers had to be vigilant from 

the moment of their baby’s birth. Census statistics in 

1850 show that 17 percent of all deaths among 

whites occurred among children one year of age or 

younger and 38 percent to those five and under. In 

cluding black babies, these figures in 1860 were 

nearly 21 and 43 percent respectively. Such statistics 
alarmed physicians and mothers, but they had few 

proven means to combat high infant mortality 

other than attentive nursing. Considering the limi 
tations of antebellum medicine and the usual failure 

of babies to respond positively to heroic treatment, 
it usually fell to parents to nurse and treat their 
youngsters. Mothers spent anxious years when their 

children were young, often sacrificing their own 

health and well-being to insure the lives of their 

offspring. Healthy babies were deemed cause for 

celebration, for the norm was to be ill. One 

Louisiana mother wrote that her children were 

well, despite the fact that one had an ear that was 

oozing, another had a sore throat, and a third was 

suffering from fever. Apparently things could 

have been much worse. 

Slave women had no choice but to tend to their 

own babies and sometimes relied on a conjurer or 
skilled older woman in the slave community for ad 

vice if an infant was sick. In desperate cases, a slave 

owner would call a physician to help an ill black 

baby. Slave mothers had more cause for worry, for 

according to the 1850 census, twice as many slave 

newborns died as white babies. Kenneth Kutpi and 

Virginia Hummelstein King in their medical study of 

blacks, Another Dimension to the Black Diaspora, sug 

gest reasons for this frighteningly high mortality 

among slave babies, attributing many deaths to the 

poor health and diet of slave mothers and newborns. 

They suggest that a majority of slave infants were 

born with nutritional deficiencies. As noted earlier, 

slaves ate a monotonous and nutritionally deficient 

diet, heavy in carbohydrates and fats and low in cal 

cium and iron. Babies inherited the deficiencies of 

their mothers. (Many poor white farm women ate 

no better, so these comments would apply to their 

children as well.) The quality of a mother’s milk de 

pended on her nutritional intake and gradually wors 

ened during her childbearing years as each infant 

derated the quality of her stores of stored nutrients. Since many blacks
suffered from lactose intolerance, babies had to be weaned from breast milk to food and other liquids besides cow milk. Many slave children subsequently suffered from mild malnutrition, the usual symptoms of which were slight edema and pot bellies. The pudgy black youngsters seen on slave plantations were not necessarily well-fed ones, according to Kiple and King, but victims of poor nutrition. Malnutrition and low birth weight were medical problems not easily detectable or resolved by nineteenth-century medical knowledge. Most physicians lacked an awareness of preventive medicine. In addition, malnutrition made all slaves more susceptible to other diseases. Finally, not until later in the century did physicians learn the importance of incubating newborns. Slave mothers must have found it difficult to keep their infants warm when they had to be placed on the floor of damp cabins or on beds without adequate coverings.

Slave babies also suffered from diseases that typically affected newborns—measles, scarlet fever, cholera infantum, colic, whooping cough, and chicken pox. Slaves had no immunity to some forms of malaria and to yellow fever, but they were more susceptible to pulmonary diseases like tuberculosis and pneumonia. Conditions in slave cabins were particularly dirty and damp. Not until the late antebellum period did agricultural reformers and some physicians initiate a campaign to improve living conditions for the South’s slave population. Such reformers correctly understood the connection between good health and a clean living environment. Unfortunately, the campaign occurred at the same time that southerners were caught up in the cotton boom, and plantation profits often superseded concerns for better care of slaves.

Conditions in the slave quarters exacerbated ill health. Cabins, made from local materials such as logs, bricks, or stone, were simple structures, measuring from sixteen to twenty feet square, with a fireplace and door but often no window. The floor might be elevated, but just as likely was dirt. Keeping slave quarters clean and dry was impossible. Roofs leaked, animals wandered in, and lice, flies, and mosquitoes were ever-present. Beds might be raised on frames, but many slaves slept on a mattress on the floor, with only a single blanket to cover them. And while slave communities fostered friendship and mutual support, close living exacerbated ill health. Contagious diseases spread quickly among a large population living in confined, damp quarters. That any slave, much less a newborn, remained healthy was a miracle.

Such conditions made it almost impossible for slave babies to escape illness. One of the most frightening of all newborn diseases was neonatal tetanus, reported to be much more common among slaves than whites. This form of tetanus occurred within the first two weeks of life, caused by bacteria infecting the umbilical cord. The affected infant displayed alarming symptoms including clenched fists, a rigid body and smile, and an inability to suckle, leading to death within a day or two. There was no effective treatment once symptoms occurred. According to Michael Johnson, sudden infant death syndrome (SIDS) was also more common among slave infants than white babies, with an estimated 82 percent of all cases affecting black babies. No one understood what caused an infant to die in its sleep, though owners sometimes accused the black mother of ignoring her child or rolling over and smothering it. Even today, doctors are still unsure what causes SIDS, but it has been suggested that nutritional deficiencies and overwork of the slave mother fostered the disease during the antebellum years.

For slightly older slave children, worms were a perpetual problem, as they were for whites. Usually shoes were worn only in winter, and hookworms could easily enter through the soles of the feet, especially when barefoot children walked in fields and gardens fertilized with human and animal fecal matter. Tapeworms were found in undercooked food or were spread by flies. For the malnourished child, worms could be fatal. Diarrhea was probably the most common health problem for all antebellum children. Water was frequently polluted, unlined latrines seeped into wells or streams, and unrefrigerated food could be tainted with bacteria. Rearing
slave children was difficult for black mothers, for they were helpless against the ravages of disease, malnutrition, and ill health, especially considering the limited time they could give to each child.

White mothers often turned to maternal guidebooks for assistance in childrearing. Herb gardens provided necessary plants for homemade medicines, and a plantation medicine box usually stocked quinine, blue mass, calomel, laudanum, and perhaps arsenic for cleansing the system. Women nursing ill children relied on a combination of home cures, drugs, intuition, vigilance, and the assistance of a doctor. But physicians were not as valued in treating children as they were for attending deliveries. Many southern parents remained skeptical of doctors’ abilities to cure their children and believed that death crossed the threshold when a physician entered the room. Doctors’ heroic cures seemed unduly harsh for small constitutions, and much of what they tried was experimental or ineffective. Misidentifying and mistreating diseases was common. Maternal intuition often served children better than antebellum medical training.

Southern mothers had plenty of experience to guide them in caring for their sickly children, considering the frequency of illness among the many children they bore. They often made decisions about treating infants on their own, for their husbands might be absent or preoccupied. Mothers spent sleepless nights nursing sick children, perhaps aided by a kindly neighbor, domestic slave, or sympathetic husband. But when a child was ill, mothers assumed full responsibility and did not delegate nursing a sick youngster to a substitute.

White babies contracted most of the diseases that afflicted slave infants, though children born into elite families were less likely to suffer from diseases associated with filth, such as neonatal tetanus. Their houses were drier, brighter, and probably cleaner. Given the number of diseases that affected each child, southerners, except those living far from others, had acquired several immunity by the time they reached adulthood. The one disease that could be treated effectively during the antebellum period was smallpox. Inoculations and vaccinations proved successful if administered properly, and southern mothers did not hesitate to have their infants treated against the dreaded disease.

Strangely, the medical experts of the day considered teething to be a grave childhood illness. Cultural or societal attitudes often affect perceptions of what a disease is, even when it has little to do with genuine pathology. Such was the case with teething, considered the most serious disease in a young child’s life and lasting from approximately four months to two years of age, the time during which a child’s teeth emerged. Because babies experienced diarrhea, high fevers, irritability, vomiting, and almost constant health problems, parents and doctors attributed all these illnesses to the most obvious change in the child’s life—its emerging teeth. The “disease” demanded vigilance and action, and many young babies received quantities of calomel to cleanse their systems and relieve pressure, a periodic lancing of gums, and a variety of herbal remedies. Once teething passed, mothers breathed a sigh of relief that their child had survived the experience.

Few doctors understood the nature of contagious disease. Yet southern mothers displayed common sense in avoiding sickness, and they wisely kept a child at home if diseases like scarlet fever, whooping cough, or cholera were rumored to be in the vicinity. When yellow fever periodically hit such cities as Mobile or New Orleans, whites who could afford to leave fled the cities, leaving the poor behind. . . . The poor health of children was often a reason that southern families chose to migrate westward—and sometimes back home, if they found conditions to be worse than what they had left.

 Babies were often sick throughout infancy or suffered prolonged and serious diseases that demanded enormous maternal sacrifices. An illness like whooping cough could last as long as six months. Rebecca Hall admitted that she scarcely slept at night when she nursed her three girls by herself, admitting “I am almost worn out in the cause.” One child’s illness could spread to every family member. Endless caretaking wore down the strongest of women.
With so many hardships to confront in insuring their infants’ well-being, it becomes apparent that mothers could not always save their children. Many had to face the death of an infant. Grieving and learning to accept the death of a beloved child was a difficult but common experience for southern women. Some mothers spent later years recalling the birthdays of each child who succumbed. We know of their sorrow through the personal accounts of elite southern women, and undoubtedly the sentiments must have been similar for all mothers. Each departed child left an indelible mark. The death of a child is said to be the greatest loss that any parent can experience, and southern mothers became all too accustomed to grieving. The abundance of children in southern families did little to compensate for the suffering, nor did the commonness of infant mortality harden mothers to accept the inevitability of death. In fact, such bleak odds probably provided incentive for mothers to work long hours to ensure the health of each child.

As personal correspondence and other sources indicate, infant illnesses and deaths were everyday occurrences in the antebellum South. Two cemeteries on Edisto Island, South Carolina, show a line of tiny gravestones belonging to two families that experienced eight and nine infant deaths, respectively. Caroline Mordecai Plunkett of North Carolina became an expert at nursing and grieving. She lost two children within three days; her husband died eight months later; she bore a baby three months after that, but the child lived only nine months. It is little wonder that Caroline spent her final years in an insane asylum. Another North Carolina family reported losing five infants to the same disease in a string of woeful years. Some women felt like giving up, like Sarah Screven, who mourned after her baby died, “I am a child of sorrow and never do I expect happiness on earth.” “On the other hand, Lucy Shaw uttered a more typical reaction. She had lost two children and witnessed a friend bury four but nevertheless observed stoically, “It is strange how much we can bear and still live on and still feel an interest in things about us.”

Southern mothers had no choice but to deal with their grief, which they did by expressing their feelings openly, writing about their sorrow, and sometimes by donning mourning clothes and anticipating the possibility that each sick child might die. Mothers relied on divine support and strength and eventually concluded that in God’s ultimate wisdom, heaven would prove a kinder place for their child than a life of suffering on earth. Some believed that they would reunite with loved ones in heaven. Antebellum society permitted women to grieve openly, and many mothers did not hesitate to express their sorrow. They found strength in the support of their husbands, relatives, and friends, and especially from those women who also had experienced the death of a child.

Some privileged mothers depended on narcotics to drown their grief, and there was a close correlation between drug use among southern women and the sorrow associated with the death of a child. Many southern men drank alcohol; some southern women used drugs. Initially morphine or laudanum might have been taken innocently or only occasionally to get through a bad day, but this practice could turn into a destructive addiction. Obtaining opiates from a physician or apothecary was not difficult, and many plantation medicine boxes contained narcotics. Anne Cameron of North Carolina became addicted to morphine, opium, and laudanum as a result of her sorrow over the death of a young son, the ill health of another child, and her frequent bouts with malaria and headaches. She became so incapacitated that she was unable to perform her maternal duties, forcing her husband to deal with demanding family responsibilities and his wife’s condition. Mary Chaplin, like several women, had a snuff habit which helped her endure her state of invalidism; it also affected her behavior and appearance. Whether slave women had access to narcotics is unknown, but the expense alone must have put them beyond reach. Some farm women smoked a pipe or chewed tobacco out of habit and pleasure, and a few elite women smoked small Cuban cigars. It is doubtful, however, that slave or white women enjoyed alcohol to the same degree that southern men did.
The complex combinations of children, stepchildren, and stepparents complicated motherhood for many women in the Old South. The death of a spouse, rather than divorce, was the most common reason for a white marriage ending. Men might lose two or three wives in childbirth; women who married older men might outlive a husband by two or three decades and remarry or remain single, depending on their economic circumstances and view of marriage. An existing family often regarded stepparents and stepsiblings as interlopers and accepted them with a measure of resentment. If a woman married a man with younger children, she might suffer ridicule and tension when she tried to nurture those children as her own. Such a situation was not an easy one, and women had to weigh the pros and cons before committing to marriage.

Slave mothers had other considerations, for many were single parents. While two-parent families were the norm in black communities, women were often forced to be the primary parent due to premartial pregnancy, rape, an “abroad” marriage, or because a partner had been sold or died. One slave woman overcame enormous odds to create a strong family, and she managed to live a remarkably independent life despite her status. Loren Schweninger relates the story of Sally, born around 1790 on the plantation of Charles Thomas, a wealthy Virginian. She was a field laborer, and at eighteen, suffered the sexual advances of a white man, probably Thomas’s son. She bore a mulatto son in 1808 and another one a few years later. Her sons were automatically chattels despite the status and color of their father. When Thomas died in 1818, the slaves moved to Nashville with a new master. Sally received permission to hire out as a cleaning lady and to retain a portion of her earnings. She eventually rented her own home, converting the front room to a laundry. She built up a thriving business, and her sons found jobs as well. Sally saved her earnings, hoping to purchase freedom for her children. In 1827, she bore another mulatto son, this one fathered by a judge on the Tennessee Supreme Court. Two years later, Sally’s oldest son was emancipated. Her second son escaped to the North, and shortly thereafter, Sally bought her third son’s freedom. All three young men eventually prospered and became important members of their respective communities. The fact that Sally was not married, that her sons had white fathers, and that all three moved to other states would never have diminished for Sally the importance of her family. Her foremost duty was as mother to her children. Her sons remained devoted to their mother, writing and visiting her frequently.

Being a mother affected how a bondwoman functioned as a slave. Simply stated, they put their children first. Thus, it is easy to understand why few slave women ran away permanently and why ante-bellum slave women rarely participated in rebellions. Slave mothers could not abandon their children to seek freedom. Nor could they carry young children with them. Harriet Tubman, the famous Maryland fugitive slave who rescued between sixty and three hundred slaves (and at one point commanded a reward of $40,000 for her capture), probably would not have forayed bravely into the South so frequently had she borne any children. Slave women found other means to protest their oppression besides running away, for their children always commanded their untiring devotion.

**QUESTIONS TO CONSIDER**

1. Why were families so large, especially in the Old South? Why would McMillen state that “bearing an infant was a mixed blessing” for slave women? Describe the high risks to both mother and infant that were part of childbearing, and explain why those potential tragedies were far more frequent in the slave quarters.

2. Men seemed to want large families and fostered the concept that motherhood was the most important goal a woman could achieve. Why would southern men, especially slave owners, place such a high value on the birth of a child?

3. Describe the duties and responsibilities of pregnant women. Was there any knowledge of the importance
of prenatal care? Why would McMillen state that “expectant mothers spent their months of pregnancy in a state of anxiety”?

4 Describe the growing competition between midwives and male physicians. Who charged more, and who was more likely to attempt risky procedures on slave women? If you were a pregnant woman in the period covered by this selection, would you prefer that a midwife or a physician attend to you during childbirth? Explain your choice.

5 Why was childbirth an opportunity for white and slave women to share intimacies and to bond? About how long after the birth of the newborn were women expected to return to their normal duties? Given their grueling work in the field, how did slave women care for and nurse their babies?

6 Why do you think that the mortality rate for newborn slaves was twice as high as the figure for white babies? Describe the nutritional differences and the diseases bred by poor living conditions in the slave quarters.