



Yasui Manami 安井真奈美, *Shussan kankyō no minzokugaku: “Dai san ji osan kakumei” ni mukete 出産環境の民俗学—<第三次お産革命>にむけて [Folklore of the childbearing environment: Towards “the third childbirth revolution”]*

Kyoto: Shōwadō, 2013. 276 pages. Hardback, ¥3,200 plus tax (¥3,360 including tax). ISBN 978-4812213391.

IN *SHUSSAN KANKYŌ NO MINZOKUGAKU*, Manami Yasui discusses changes in the childbearing culture that have taken place in Japan over the past 150 years. Yasui uses the word “environment” as she examines childbearing holistically from the roles of midwives and obstetricians, governmental policy, local communities, societies, families, and child-bearers.

Yasui explains that childbearing in Japan has experienced two major changes since the Meiji period (1868–1912). The first change, which Fujita Shin’ichi (author of *Osan kakumei* [Revolution in chirdbirth], Asahi shimbunsha, 1979) termed “the first childbirth revolution,” occurred in the late Meiji period when the appearance of institutionally trained midwives significantly decreased infant mortality and the death rate of expectant and nursing mothers. The second major change, which Fujita named “the second childbearing revolution,” refers to the period in the 1960s when 41.9 percent of all childbirths were performed under the supervision of a physician at a medical facility outside home. It was during this period when deliveries moved from the home to an appropriately licensed medical facility such as a hospital or obstetrical clinic. Indeed, in present-day Japanese society it is considered a common custom to give birth in a medical board-certified hospital; back in the 1950’s, 95.4 percent of all childbearing was done at home. By the first half of the 1990s the percentage of births at licensed medical facilities had reached 98.8 percent. But since the later half of the 1990s, medical facilities devoted to pregnancy, birth, and neonatal care have declined as the number of obstetricians continues to drop. Therefore, while having a baby at a hospital is considered perfectly normal, in reality it is difficult for the expectant mothers to choose the hospital or

medical facility they desire. Yasui observes that present-day Japan is poised on the cusp of the third childbearing revolution in reference to Fujita Shin'ichi—hence the subtitle of her book, “*dai san ji osan kakumei*” ni mukete (Towards “the third childbirth revolution”). In order to help solve this predicament, she advocates, among other solutions, reevaluating the importance of midwives in Japan.

Yasui makes use of abundant data, and her study is bolstered by her fieldwork in Nara prefecture. The book has seven chapters plus an introduction and a concluding chapter. In the introduction “Is there no place to give birth? Childbearing in the 21st century,” Yasui defines the third childbirth revolution mentioned above. She expresses that the most important element of the childbearing environment lies with the midwives because they are the ones who have played the key role in the past and the present, and will remain indispensable in the future. Chapter 1, “The appearance of new midwives,” explains how central and local governments increased the number of western-style, institutionally-trained new midwives in the modern period. In chapter 2, “Methods brought by new midwives,” based upon data gathered in Nara prefecture in 1915, Yasui introduces the knowledge and styles new midwives brought to childbearing. For example, they introduced a childbearing posture different from the traditional sedentary style to that of lying on the back, protection of the perineum, and hygiene such as putting silver nitrate eye-drops in to protect an infant’s eyes from infection. Chapter 3, “The core skill of midwives lies with their hands,” describes the prewar training for new midwives, and their special techniques for facilitating smooth deliveries. Chapter 4, “From a ‘combatant to protect mother and child’ to an advisor to enforce birth control,” treats the role of midwives during and post-World War II. The passing of the Eugenic Protection Law in 1948 (now known as the Maternal Protection Law) made artificial termination of pregnancy legal, and with this, the role of midwives became twofold: to help childbirth and to support the use of contraception. In chapter 5, “From childbearing at home to giving birth at hospital,” Yasui discusses the changing place of childbirth from the home to medical clinics such as maternal and child health centers and hospitals. Yasui introduces the national trend as well as a case study from her fieldwork in Nara prefecture. Chapter 6, “Claims from child bearers,” discusses the status of childbearing at hospitals in the 1960s and 1970s, which was, contrary to general belief, not necessarily safe for expectant and nursing mothers. The chapter also treats various national trends in the 1980s from the viewpoint of child bearers. Chapter 7, “The third childbearing revolution of the present,” gives an overview of the current childbearing situation where childbirth at medical facilities has become problematic. It introduces new attempts, such as creating a maternity home inside a hospital, and reevaluates midwifery at home to break out of the impasse. In the concluding chapter, “Towards the childbearing hereafter,” the author again emphasizes the importance of midwives among other aspects. She advocates increasing the number of midwives and providing more legal power to midwives to give continual support to expectant and nursing mothers. The author has a very positive impression of the midwives she saw in 1990 on an isolated island in Micronesia where a pregnant woman had an easy delivery at home with the help of a midwife. While it is absurd to criticize the current Japanese child-

bearing environment by comparing it with the Micronesian childbearing situation, she writes, she was inspired by the experience and hopes to improve the current Japanese situation from the point of view of those bearing children (251–52).

Shussan kankō no minzokugaku is a very instructive book for the study of child-birth in contemporary Japan. While using many statistics, Yasui also narrates private episodes, giving the study a personal touch. For example, at a Nara village where there was no telephone let alone an obstetrical clinic in 1960, the waters of a woman who was seven-months pregnant broke. A village midwife was promptly dispatched, and immediately upon arrival, she took the baby out of the mother's womb. But the baby ceased to breath after thirty minutes outside the mother's womb. The seven-year-old son at the site held the expired baby tight in his arms and cried (132).

The book is strong in the history and culture of childbearing, especially of the institutionalization of midwives. In a holistic study, however, I would have liked to have learned the economic impact of the childbearing environment as well. For example, Yasui writes, "The moving of the birthplace from homes to medical facilities did not develop from the viewpoint of safety. If it were so, a childbirth facility should have been established in a remote place—a place so remote that an institutionally trained midwife could not serve the area and consequently, the only alternative for the area would be traditional midwife" (231). I presume that the establishment (and closing) of medical facilities was developed with a strong economic incentive in mind. But she does not mention this, and she strongly recommends increasing the number of midwives and giving more legally endorsed power to them. How long does it take and cost to train a midwife? What is the legal liability of obstetricians and/or midwives (how much on average is a lawsuit relating to childbirth)? Yasui writes that hospital obstetricians, who feared losing their patients to maternal and child health centers because of their low prices, heavily criticized the centers and helped to close them. It would have been helpful to have listed the price differences, even rough estimates, between maternal and child health centers and the obstetricians' hospitals. The inclusion of costs and expenses would have made her study even stronger.

I understand that in Japan, when a mother has a normal vaginal birth and it is her first baby, she usually stays about a week in the hospital during which she can rest and learn how to nurse and take care of the baby. In America, if a mother has a normal vaginal delivery, she usually stays in the hospital for just one or two days. It is indeed interesting to learn the culture and history of childbearing of other countries. This book can also be highly recommended for comparative studies.

Noriko Reider
Miami University, Ohio