

CHILDBIRTH PAIN RELIEF AND THE SOVIET ORIGINS OF THE LAMAZE METHOD

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Executive Summary

On February 13, 1951, the Soviet Minister of Public Health [Minzdrav] E. Smirnov issued Order No. 142, which commanded the constituent republics of the USSR to utilize the psychoprophylactic method (a.k.a. PPM) of pain relief in all Soviet childbirth facilities. Building on decades of work with hypnosis and suggestion and Pavlov's theories about, among other things, language as a physiological trigger, Smirnov touted psychoprophylaxis as an innovative and reliable approach to pain relief in childbirth on a mass scale. In the midst of the campaign for psychoprophylaxis, French obstetrician Fernand Lamaze (1891-1957) traveled to the USSR in September 1951, as part of a delegation of communist and left-leaning French physicians sent to see the latest Soviet innovations in medical technology and administration. The previous year Lamaze had heard Soviet obstetrician Anatoly Petrovich Nikolaev (1896-1972), one of the method's foremost proponents, speak in Paris at an International Congress of Obstetricians and Gynecologists.

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¹ Tsentral'nyii derzhavnii arkhiv vishchikh organiv vladi ta upravlinnia Ukraini [hereafter TsDAVO] fond [hereafter f.] 342, opis [hereafter op.] 15, sprava [hereafter spr.] 14, arkush [hereafter ark.] 167-178 obverse [hereafter ob.] Prikaz ministra zdravookhraneniia Soiuzu SSR No. 142, 13 fevralia 1951 g.; also available at GARF f. R-8009, op. 1, delo [hereafter d.] 988, listy [hereafter ll.] 199-205.

Nikolaev (1896-1972), one of the method's foremost proponents, speak in Paris at an International Congress of Obstetricians and Gynecologists.² Nikolaev had piqued Lamaze's curiosity with his discussion of this new Soviet method of pain relief in childbirth. Lamaze visited Nikolaev at his Leningrad clinic and persuaded Nikolaev and his superiors to let him observe a birth using psychoprophylaxis. Lamaze later said that he wept with joy at what he saw that day, as he watched a first-time mother in her mid-30s give birth with no sign of pain or discomfort. He returned to Paris filled with a convert's zeal and dedicated himself to spreading this method until his death in 1957.³ In his lifetime, he witnessed the method spread across Western Europe through his efforts, while at the same time the Soviet government promoted its dissemination throughout Eastern Europe and communist China. By 1960, psychoprophylaxis gained a foothold in the US, where, in an effort to distance it from its Soviet roots, the approach was christened the Lamaze Method. As one of the pioneers of psychoprophylaxis in the US put it, not only was psychoprophylaxis difficult to pronounce, but "Pavlov's method," as some had taken to calling it "was not a very good public relations move, given how Americans were feeling about Russians in the late [19]50s."⁴

More than a half-century after Order No. 142 and Lamaze's trip to Leningrad, psychoprophylaxis continues to enjoy widespread use in North America and, to a lesser extent, elsewhere around the globe. The name Lamaze is a household word in the US, associated with

² On Nikolaev, see "Anatoly Petrovich Nikolaev: K 70-letiiu so dnia rozhdeniia," *Akusherstvo i ginekologii* [hereafter *AiG*] 42, no. 6 (June 1966): 75-77; "Pamiati A.P. Nikolaev," *Akusherstvo i ginekologii* [hereafter *AiG*] 49, no. 2 (February 1973): 77-78.

³ On Lamaze's life, see the biography by his granddaughter Caroline Gutman, *The Legacy of Dr. Lamaze: The Story of the Man who Changed Childbirth* (New York: St. Martin's Press, 2001). For more scholarly treatments of psychoprophylaxis in France, see Marianne Caron-Leulliez and Jocelyne George, *L'accouchement sans douleur: Histoire d'une révolution oubliée* (Paris : Patrimoine, 2004) ; Marilène Vuille, *Accouchement et douleur : Une étude sociologique* (Lausanne, 1998). For a history of French childbirth prior to Lamaze, see Françoise Thebaud, *Quand nos grand-mères donnaient la vie: La maternité en France dans l'entre-deux-guerres* (Lyon : Presses Universitaires de Lyon, 1986).

⁴ Elizabeth Bing, *My Life in Birth* (Washington, DC: Lamaze International, 2000): 88.

the technique's hallmark panting breaths. Even Rachel on the hit NBC sitcom "Friends" gave birth with the benefit of the Lamaze Method. Yet despite the way in which it is woven into American birth practices and popular culture, its Soviet roots remain murky, in part because of the deliberate efforts by American advocates during the cold war to obscure those roots. This paper seeks to illuminate the origins and trajectory of psychoprophylaxis prior to its 1951 arrival on the national and international scene, asking, in the words of historian Margaret Jacobs, "a fundamental question: why at certain times and not others does interesting science (and technology) occur in the first place?"⁵ The Ukrainian Soviet Socialist Republic (Ukrainian SSR) serves as a case study in which to locate this examination into the early development of psychoprophylaxis, which originated in the Ukrainian city of Kharkov (present-day Kharkiv)

I rely heavily on three kinds of documentation. First, I draw on the files of the Ukrainian Ministry of Public Health and the Kharkov Oblast and City Ministries of Public Health. Correspondence between Ukraine's oblasts and Kiev (present-day Kyiv), as well as reports coming out of Kharkov, speak to a wide variety of approaches to pain relief in childbirth circulating in the late 1940s and the way in which psychoprophylaxis came to prominence among them. Second, published research on and statements about pain relief in childbirth offers another perspective on the development of psychoprophylaxis. In particular, the Moscow-based journal *Akusherstvo i ginekologiya* [Obstetrics and Gynecology] served as the journal of record for the profession and the site of the most influential and well-disseminated published research.

⁵ Margaret C. Jacobs, "Science Studies after Social Construction: The Turn toward the Comparative and the Global," in *Beyond the Cultural Turn: New Directions in the Study of Society and Culture*. Victoria E. Bonnell and Lynn Hunt, eds. (Berkeley and Los Angeles: University of California Press, 1999): 98.

Finally, the 1954 textbook on psychoprophylaxis by its Kharkov originators offers a detailed discussion of the method, its Pavlovian theoretical foundation, and estimates of its efficacy.⁶

I divide this paper into two sections. First I will briefly lay out the key turning points in the development or, more accurately, lack of development of pharmacological pain relief in the USSR. I then turn to the rise of psychoprophylaxis from 1948 to February 1951. I do not have space here to cover in any depth the prewar period, when research on hypnosis and posthypnotic suggestion lay the foundation for the advent of PPM. That discussion, as well as the post-1951 Soviet experience awaits discussion elsewhere.

The Development of Soviet Pharmacological Pain Relief

In 1936, the Soviet government banned abortion and launched a pronatalist campaign.⁷ Like other European nations devastated by demographic losses in World War I and seeing the winds of war gathering over Europe once again, Soviet leaders sought to support increased fecundity through a variety of measures, which included additional funding for maternal and child health, expanding child care services, and offering financial and other perks to mothers of large families.⁸

⁶ I. Velvovsky [Vel'vovskii], K. Platonov, V. Ploticher, and E. Shugom, *Painless Childbirth Through Psychoprophylaxis: Lectures for Obstetricians* (Honolulu: University Press of the Pacific, 2003 [1960]). Originally published in Russian as *Psikhoprofilaktika bolei v rodakh* (Leningrad, 1954). All references here are to the English-language edition.

⁷ See Janet Evans, "The Communist Party of the Soviet Union and the Women's Question: The Case of the 1936 Decree 'In Defense of Mother and Child,'" *Journal of Contemporary History* 16 (1981): 757-75; Wendy Z. Goldman, *Women, the State, and Revolution* (New York: Cambridge University Press, 1993): 254-95. On the abortion decree and pronatalism in a non-Russian area, see Paula A. Michaels, "Ethnicity, Patriotism, and Womanhood: Kazakhstan and the 1936 Ban on Abortion," *Feminist Studies* 27, no. 2 (2001): 307-33.

⁸ On pronatalism elsewhere in Europe at this time, see for example Victoria de Grazia, *How Fascism Ruled Women: Italy, 1922-45* (Berkeley: University of California Press, 1992)

Alleviation of pain in childbirth was part and parcel of this package of incentives to Soviet women to have more children. As a popular obstetric nursing textbook stated in its first, 1939 edition,

Care for women, care for mothers and their descendents is being raised in the Soviet Union to unprecedented heights. The party, the state, and the entire nation devotes a great deal to this. Motherhood in the Soviet Union has become the honored and joyous duty of every woman. Upon medical workers rests the great responsibility of easing the arrival of motherhood. For centuries the conviction built up that woman should in suffering bring forth her children. But such beliefs have no place in the Soviet Union, a country freed from religious foolishness.⁹

A.P. Nikolaev later described the alleviation of women's pain during labor and delivery as "one of the most important, most humane efforts of Soviet medicine."¹⁰ Thus, official discourse presented attention to pain relief during childbirth as testimony to the progressive, enlightened nature of Soviet rule and linked these efforts to a romantic and celebratory vision of Soviet motherhood.

World War II destroyed the modest gains made during the prewar years for the cause of pain relief in childbirth. For example, according to the Ukrainian Ministry of Public Health, whereas 47 percent of women in the city of Kiev received some form of pain relief during labor and delivery during 1940, that number plummeted to 21 percent in 1944. In outlying districts the figures, when available, are even more striking. For example, in Kharkov oblast's urban areas 34 percent of laboring women benefited from pain relief in 1940, a figure that declined to a mere three percent in 1944. For the few rural areas across Ukraine for which there are wartime

⁹ A.L. Kaplan, *Uchebnik akusherstva i zhenskikh boleznei: Dlia shkol medsester* (Moscow-Leningrad: Narkomzdrav SSSR Gosudarstvennoe izdatelstvo meditsinskoi literatury "Medgiz", 1939): 123. This textbook was widely used, as evidenced by the release of new editions in 1940, 1948, and 1960.

¹⁰ A.P. Nikolaev, "Teoreticheskie osnovy i sovremennye metody obezbolivaniia rodov," *Vestnik akademii meditsinskikh nauk SSSR* no. 4 (July-August 1951): 13.

statistics, already modest numbers dwindled to near zero between 1940 and 1944.¹¹ And, of course, none of these figures speak to the issue of efficacy, which I discuss below.

In mid-1947, the Soviet Union remained far from recovered from the destruction of World War II, but the nation had recuperated enough for the question of women's and children's health to be raised in earnest for the first time since the start of World War II. It is not surprising that Ukraine, scene of the greatest devastation during World War II and of colossal demographic loss, became the most vibrant site in the USSR for research into and development of pain relief in childbirth. Nowhere was the need to repopulate felt more acutely than Ukraine and with its distinguished tradition of medical education in both Kiev and Kharkov it had the intellectual, if not material foundation to tackle this issue.

Professor V.N. Khmelevskii responded to a request from the Ukrainian Minzdrav's Department of Birth Centers and Women's Clinics [*Otdel roddomov i zhenkonsul'tatsii*] for a variety of recommended measures for alleviating pain in childbirth.¹² On April 14, 1948, the Administration of Birth Centers and Women's Clinics issued Khmelevskii's recommendations as an "Instruction for Application of the Simplest Methods of Pain Relief in Childbirth."¹³ The instructions offered several options for pain relief at each stage of labor,¹⁴ including for use

¹¹ TsDAVO f. 342, op. 14, spr. 4057, ark. 23 Analiz raboty rodovspomogatel'noi seti v gorodakh i sel'skikh mestnostiakh Ukrainskoi SSR.

¹² The request is available in TsDAVO f. 342, op. 14, spr. 4053, ark. 7 in a note to V.N. Khmelevskii, 21 June 1947.

¹³ TsDAVO, f. 342, op. 14, spr. 4157, ark. 1-9 Instruksiia po primeneniuiu prosteishikh metodov obezbolivaniia normal'nykh rodov, 14 April 1948. A draft of this document is available in TsDAVO f. 342, op. 14, spr. 4052, ark. 8-13. The Commission for Birth Assistance met on March 2, 1948, when the members debated the Khmelevskii Method, made minor recommendations about the dosages and intervals of application, and endorsed the method. See TsDAVO f. 342, op. 14, spr. 4103, ark. 12-13 Protokol no. 3 zasedaniia komissii rodovspomozheniia pri MZO Ukrainskoi SSR, 2 March 1948.

¹⁴ Labor is conventionally divided into three or four stages. The first stage encompasses dilation and effacement and itself is divided into three parts: early labor, active labor, and transition. The transition phase for most women is the most painful. The second, or delivery stage involves pushing and expelling the fetus. During the third stage a woman delivers the placenta. Some physicians discern a fourth, recovery phase following the placenta's delivery.

during the first stage what came to be called the Khmelevskii Method, which consisted of the oral administration of a warm water solution of glucose, calcium chloride, ascorbic acid (vitamin C), and thiamin (vitamin B₁) every two hours after the onset of labor pain.¹⁵ For transition, the last part of the first phase of labor, the instructions recommended the local administration of Novocain. If necessary in the second stage, when the woman pushes and expels her baby, the physician could administer the so-called “Queen’s anesthesia,” meaning a light dose of ether.¹⁶

The April 1948 instructions also draw attention, albeit of a secondary order and only in combination with the above-mentioned measures, to the use of psychotherapeutic techniques for pain alleviation. Specifically, Khmelevskii stressed the need for every member of the staff,

¹⁵ TsDAVO, f. 342, op. 14, spr. 4157, ark. 3 Instruktsiia. On the benefits of vitamin B₁, see R.L. Shub, *Primenenie Vitamina V₁ v akusherstve i ginekologii: Sposob fiziologicheskogo obezbolivaniia i uskoreniia rodov* (Leningrad: Tsentral’naia institute akusherstva i ginekologii ministerstva zdravookhraneniia SSSR, 1946), the findings of which supported the use of vitamin B₁ for analgesic effect in the Khmelevskii Method. Patushinskaia and Filina argued that vitamin B₁, while useful for speeding delivery, was only effective in pain management in combination with other drugs, as was the case in the Khmelevskii Method. See F.P. Patushinskaia and E.I. Filina, “Vitamin V₁ v obezbolivaniu rodov,” *AiG* 24, no. 5 (September-October 1948): 35-37. Nikolaev also concurred with Khmelevskii, endorsing Vitamin B₁ for use during dilation and effacement, in combination with lydol, a narcotic analgesic and synthetic opioid. See A.P. Nikolaev, “K probleme obezbolivaniia rodov,” *AiG* 25, no. 6 (November-December 1949): 7. Soviet physicians were not the only ones investigating the relationship between vitamin B₁ and childbirth progress and pain. See, for example, B. Triantafillopoulo, “L’ accouchement rapide : L’ action biologique de la thiamine (vitamine B¹) sur la fibre musculaire de l’utérus gravide,” *Gynécologie et obstétrique* 57, no. 3 (1958) : 313-26. Additional methods of labor pain relief recommended in 1948 included cupping on the abdomen, application of ice to the lower belly, and the topical use in the same area of what was known as a Kiparskii Stick, which combined menthol and paraffin.

¹⁶ TsDAVO, f. 342, op. 14, spr. 4157, ark. 4-6 Instruktsiia. The instructions also recommended the use of the nightshade belladonna, which continues to be used today as a homeopathic remedy in childbirth. Rather than an analgesic, belladonna is valued for its calming properties and its ability to lower localized sensations of heat. As homeopathy originated and remained popular in Germany, it is not surprising that the Germans pursued an interest in the obstetric application of belladonna. They found it to be productive in calming women and speeding labor. See Hans Reiger, “Gefahrlose Geburtserleichterung durch Belladonna-Exclud-Zäpfchen” *Die Medizinische* no. 33-34 (August 20, 1955): 1145-47. Ether and Novocain were prized during this period and had been for decades in the West and Russia. See, for example, F.I. Rabinovich- Brodskaiia, *Obezbolivanie normal’nykh rodov* (Ivanogo: Gosudarstvennoe izdatel’stvo Ivanovskoi oblasti, 1936): 26. Knowledge of Western methods of pain relief in childbirth was widespread both before and after 1917. I intend to elaborate the history of these ties more fully elsewhere. These connections are well illustrated in the book Ganna Raion, *Obezboleznennye rodov v “sumerechnom sne:” Skopolamin-morfinovy metod po dokladam vrachei i lichnym perezhivaniiam materei*. M. Bedelar, trans. (Moscow: Moskovskoi izdatel’stvo, 1917) [originally published as Hanna Rion, *The Truth about Twilight Sleep* (New York: McBride, Nast and Company, 1915)]. The “Queen’s anesthesia” [rendered in Russian as a bastardization of the French: *narkoz* (Fr: *narcole*) à la reine] derives its name from the fact that Queen Victoria was the first to use ether during childbirth and her success with this method of pain relief led to its popularization across Europe and North America. See also F.V. Bukoemskii, *Obezbolivanie normal’nykh rodov vdykhaniiami efira i khloroforma* (St. Petersburg: V.A. Vatslika, 1895).

“from the janitor to the doctor, to treat [the parturient] in a singularly respectful, attentive, and tactful manner.” Every institution should maintain a clean and calm atmosphere, which worked to “suggest a feeling of complete safety.” For the sake of avoiding even inadvertent iatrogenesis, Khmelevskii emphasized the importance of utilizing the patient’s suggestibility to promote her sense of “vigor, calm, and security.” Considerable danger to the patient allegedly lay in a careless negative word spoken by a physician or other member of the medical team. For the sake of encouraging the parturient and not undermining her physical or emotional state, the medical staff had to maintain what Kharkov psychotherapist Konstantin Platonov referred to famously as “the sterility of the word.”

Just as the physical atmosphere required special care and attention in order to retard the transmission of disease, so too the clinical environment demanded care with words, which could have a deleterious effect on the patient’s behavior, experience and, ultimately, outcome. Above all else, Khmelevskii maintained that it was crucial that the entire staff of the birth facility “deeply believed in the application of pain relief measures and conveyed this faith to every parturient.”¹⁷ In subsequent years, as problems arose in the pharmacological relief promoted by Khmelevskii and others, it was this psychotherapeutic dimension of pain relief that came to overshadow other approaches.

During the course of 1949 and 1950, additional missives at both the republic and national level of the Ministry of Public Health sought to clarify the protocol for pharmaceutical pain relief

¹⁷ TsDAVO. f. 342, op. 14, spr. 4157, ark. 7-8 Instruktsiia. Here this phrase is mistakenly attributed to I.P. Pavlov. Platonov’s student and founder of PPM I.Z. Vel’vovskii attributes it to Platonov in I.Z. Vel’vovskii, V.A. Ploticher, and E.A. Shugom, “Psikhoprofylacticheskoe obezbolivanie rodov,” *AiG* 26, no. 6 (November-December 1950): 9.

in childbirth, but insurmountable obstacles stood in the way of widespread application.¹⁸

Indicative of an urban/rural divide across Ukraine and the USSR, Zhitomir's Regional Department of Public Health [*oblzdravotdel*] reported that at birth facilities in Zhitomir and several other small cities, medical practitioners utilized pain relief measures in a respectable 60 to 80 percent of births. By contrast, smaller towns around the region reported pain alleviation efforts in only 20 to 30 percent of cases.¹⁹ But while these numbers suggest at least a positive trend in the application of pain relief measures during labor and delivery, they say nothing about the quality of obstetric care and the efficacy of these pain relief measures.

In addition to the indifference of some medical workers to labor pain,²⁰ two central concerns, the doubtful efficacy of the measures recommended in the April 1948 instructions and a dire shortage of pharmaceutical supplies, had a negative effect on the ability physicians and midwives to realize Minzdrav's objectives for pain relief in childbirth. Missives during late 1949 and 1950 from oblminzdravs on the Khmelevskii Method report failure rates of close to 50 percent in some areas. Massive supply shortages of just about everything recommended in the Khmelevskii instructions of 1948 and in Moscow's Temporary Instructions of 1950 further undermined the effective application of recommended pain relief measures throughout this period. In the face of these supply shortages and low efficacy of the Khmelevskii Method,

¹⁸ TsDAVO f. 342, op. 14, spr. 7002, ark. 115-20 Prikaz no. 258 po Ministerstvu zdravookhraneniia Ukrainskoi SSR "Ob osushchestvlenii massovogo obezbolivaniia rodov v respublike," 19 September 1949. The Ukrainian Minzdrav order from September 1949 was a response to central Minzdrav Order no. 537 from July 22, 1949 "On pain relief in childbirth," reference to which is made in a follow-up report to the USSR Minzdrav from Ukraine. See TsDAVO f. 342, op. 14, spr. 4245, ark. 39 Dopolnenie k spravke o vypolnenii prikaza MZ SSSR no. 537, 22 July 1949. "Ob obezbolivanii rodov." Prikaz no. 258 can also be found in TsDAVO f. 342, op. 14, spr. 4202, ark. 36-38. See also, TsDAVO f. 342, op. 14, spr. 4244, ark. 26 Spravka o vypolneniia prikaza MZ SSSR No. 537, 22 July 1949 g. "Ob obezbolivanii rodov."

¹⁹ TsDAVO f. 342, op. 14, spr. 4202, ark. 82 Pis'mo nachal'niku otdela roddomov i zhenkonsul'tatsii MZ Ukrainskoi SSR tov. Shukinu, A.I., 8 November 1949.

²⁰ TsDAVO f. 342, op. 14, spr. 530, ark. 412 Reshenie kollegii ministerstva zdravookhraneniia Ukrainskoi SSR, 8 December 1948 (Protokol No. 36).

almost every single oblzdravotdel requested nitrous oxide machines. At the time, only 9 operated in the entire territory of Ukraine.²¹

The Rise of Psychoprophyllaxis

A handful of obstetricians operating in pockets across Ukraine were drawn to pain alleviation rooted in psychotherapeutic methods, which had enjoyed a long, if always marginal place in Soviet obstetrics.²² Disappointment with the performance of pharmacological methods recommended by Minzdrav and with the limited availability of all pharmaceutical options bolstered support for psychotherapeutic approaches.

In developing PPM, Kharkov psychotherapist I.Z. Vel'vovskii sought to overcome the limitations of hypnosis and posthypnotic suggestion and he did so in an atmosphere increasingly welcoming of alternatives to pharmacological pain relief in obstetrics. Despite years of research that supported its efficacy, the use of hypnosis and suggestion had never gained wide currency and showed no promise of it in the future, in large part because there existed no simple, accessible way for psychotherapists to train obstetricians and midwives in this method.²³ It also

²¹ TsDAVO f. 342, op. 14, spr. 4202, ark. 74 Doklad ot rodil'noe otdelenie 5-go meditsinskogo ob"edineniia poselka Dimitrova (Dievka), 28 November 1949. Of course, not all reports were this negative. Kharkov Birth Center no. 2 reported, rather vaguely, "very good results" with the Khmelevskii Method during the second stage of childbirth. See TsDAVO f. 342, op. 14, spr. 4192, ark. 17 Otchet o rabote 2-go Khar'kovskogo rodil'nogo doma za 1949-i god. Kirovograd, Stalino, Poltava, and Denpropetrovsk oblasts all reported +++ results for between 24 and 32 percent of parturients. However, complete failure or negligible results were reported in from 26.5 to 47.5 percent of cases. See TsDAVO f. 342, op. 14, spr. 4245, ark. 83 Soobshchenie po vypolneniiu prikaza MZ SSSR no. 537, 22 July 1949 to 22 May 1950.

²² Because of spatial constraints, I will not describe this early history in detail. Suffice it to say here that Platonov, Vel'vovskii, Nikolaev, and others had been working on psychotherapeutic methods of obstetric pain relief since the early 1920s. The use of hypnosis and posthypnotic suggestion in Russian birth dates from the late-Imperial period. I intend to analyze these deep roots of PPM elsewhere.

²³ DAKhO f. R-5833, op. 1, spr. 176, ark. 8 Platonov, "O znachenii slova v obezbolivanii rodov." Though marked by archivists as "no earlier than 1948," the piece can not predate 1950. Platonov refers to the method of

typically demanded a lot of physician-patient contact, both in the weeks prior to birth, and during labor and delivery itself. Amid personnel shortages, hypnosis and suggestion on a mass scale proved impractical. Vel'vovskii set out to overcome these obstacles through an approach that was "simple for [and] accessible to any rank-and-file doctor and any ordinary midwife, [and] feasible in any [rural] birth facility."²⁴

What exactly the method encompassed in those early days, before Vel'vovskii and his collaborators published their findings in late 1950 and the 1951 USSR Minzdrav decree that made PPM national policy, we do not know. Vel'vovskii left no published memoirs and has no personnel papers in public repositories. His daughter, who still lives in Kharkov, refused my request for an interview, and none of his collaborators are alive. I have only his published works, in particular an article published in *Akusherstvo i ginekologiya* in late 1950 and the 1954 textbook on the subject, to illuminate how exactly they prepared women for childbirth using PPM.²⁵ The method's originators define psychoprophylaxis as

a system of measures aimed at preventing the appearance and development of labor pain and effected through influences exerted on the higher divisions of the central nervous system....The system...includes obstetrical and general medical measures aimed at preventing deviations and complications in the course of labor and diseases that may provoke pain. It likewise includes special psychoprophylactic measures consisting of safeguarding pregnant and parturient women against influences by words whose meaning may serve to condition, provoke and reinforce pain sensations in labor.²⁶

As this quote states, psychoprophylaxis consisted of a combination of medical attention to address any complications from which pain might arise and the maintenance of Platonov's "sterility of the word" around the parturient during labor and delivery. Childbirth education

psychoprophylaxis using this word, rather than psychotherapeutic, which circulated prior to Nikolaev's coining of the term PPM in December 1949.

²⁴ TsDAVO f. 342, op. 14, spr. 4246, ark. 22ob Pis'mo ot I.Z. Vel'vovskogo M.D. Burove [1950].

²⁵ Vel'vovskii et al, "Psikhoprofilakticheskoe obezbolivanie;" Vel'vovskii et al, *Painless Childbirth*.

²⁶ Vel'vovskii et al, *Painless Childbirth*, 167-68.

removed any fears of the impending event and, if anxieties persisted, psychotherapy served to assuage them. Vel'vovskii explicitly distinguished PPM from hypnosis with his emphasis on the active, fully conscious participation of the parturient. From a Pavlovian psychological perspective, he stressed that whereas hypnosis and suggestion worked to suppress cortical function, psychoprophylaxis mobilized it in the elimination of pain.²⁷ According to Platonov, the method's innovation lay in its effort to recondition the cerebral cortex in order to undo conditioned reflexes that obstructed the body's proper, natural, painless childbirth function.²⁸

Vel'vovskii posited the rewiring of the cerebral cortex's reception of stimuli perceived as pain through a series of educational sessions with the parturients. Through these lessons, women arrived at birth centers in labor already "immunized to labor pain."²⁹ Women underwent a minimum of six lessons conducted over a two to three week period. The first session consisted of a one-on-one consultation with their healthcare provider, but subsequent meetings gathered groups of women together "in accordance with the cultural level of their members," which he described as referring to their "general development" and "preparedness." While this likely sorted parturients along educational lines, it also may have separated primiparas from multiparas.³⁰

The collective nature of group classes made this method not only ideologically appealing, but considerably less of a burden on human resources than hypnosis or posthypnotic suggestion,

²⁷ Vel'vovskii et al, *Painless Childbirth*, 168, 174; Vel'vovskii et al, "Psikhoprofilakticheskoe obezbolivanie," 6. See also, TsDAVO f. 342, op. 14, spr. 4202, ark. 225 Sostoianie obezbolivaniia rodov po Khar'kovskoi oblasti na 1 ianvaria 1950g.

²⁸ DAKhO f. R-5833, op. 1, spr. 157, ark 11 Platonov, K.I. "Kontseptsiiia uslovno-reflektornogo proiskhozhdeniia rodovoi boli i ee profilaktika v svete ucheniia Pavlova." Doklad, 30 January 1950.

²⁹ Vel'vovskii et al, *Painless Childbirth*, 170.

³⁰ Vel'vovskii et al, *Painless Childbirth*, 178, 218; Vel'vovskii, "Psikhoprofilakticheskoe obezbolivanie," 6. Though labor usually proceeds more rapidly after a woman's first birth, Vel'vovskii did not consider multiparas easier to prepare using PPM. These women carried with them negative memories of their earlier labor(s) that conditioned their response to their current pregnancy and forthcoming labor. Establishing the belief in the painless nature of childbirth for primiparas may for this reason have been easier. Vel'vovskii et al, *Painless Childbirth*, 227.

which required intensive one-on-one work over an extended period of time. The six preparatory classes would identify any psychological issues, convince women that childbirth could be painless, rid women of fear through education about the birth process, and familiarize them with simple comfort measures should discomfort arise.³¹

The physician-led sessions began at the 32nd week of pregnancy. The first session included a physical exam and, through conversation with the parturient, the physician had an opportunity to gauge the expectant mother's fears. Beginning the group lessons, the second session discussed the structure of the female body and the physiological changes during pregnancy. It also introduced the stages of labor and the notion of the painless nature of a normal birth. It was through this and subsequent lessons that "the expectant mother must be convinced that childbirth is a physiological act and, like any normal physiological act, it will be painless, that painless or slightly painful labor is the norm for which we must strive."³² The third and fourth sessions taught women to recognize the onset of labor, explained in greater detail the process of dilation, and trained women, not in pain relief measures, but in "pain prevention techniques."³³

These methods included many with which those trained in the Lamaze Method today would be familiar: patterned breathing, effleurage, and the use of pressure points, especially on the lower back and hips. The instructions also emphasized the parturient's walking, timing contractions, and staying alert during the first stage of labor in order to facilitate the process and to track progress.³⁴ The fifth session offered instruction for the second stage of labor, including

³¹ Vel'vovskii et al, *Painless Childbirth*, 212-14, 218.

³² Vel'vovskii et al, *Painless Childbirth*, 233-44. Quote taken from p. 240.

³³ Vel'vovskii et al, *Painless Childbirth*, 245.

³⁴ Vel'vovskii et al, *Painless Childbirth*, 245-59. Whereas Vel'vovskii advocated deep inhaling and exhaling, Lamaze promoted the short, panting breaths, perhaps in response to concerns that deep breathing could

body positioning and bearing down during expulsion. Pain prevention during this stage “boils down to *teaching* the parturient woman how to *strain well and properly*....The physician must make the pregnant woman understand that the ability to strain properly helps at once to prevent pain and expedite labor. This is essential because fear of pain sometimes impels the parturient woman to try to suppress the urge for straining or to prevent proper straining, something which may prolong the course of labor.”³⁵ This point well-illustrates how PPM emerged clearly within a medicalized model of childbearing and located authority over the process in the hands of obstetricians. Parturients were to find knowledge not in their own bodies, impulses, or instincts, but in the teachings of obstetricians.

In the last lesson of PPM training, the state’s demands and the physician’s control became even more transparent. The sixth lesson was conducted not at the women’s clinic, but at the birth center. The physician oriented women to the birth center’s layout and facilities, explained how their admission would proceed, and what policies and procedures would take place when they were in labor. Specifically, the doctor described how women would upon admission have her genitalia shaved, be given an enema, and take a shower. Medical personnel explained the vaginal examinations to which she must submit herself during labor in order to verify the progress of dilation and effacement. The doctor then advised “the pregnant woman to be ready to fulfill the requirements of the maternity home personnel precisely and to be considerate of them. This will prove particularly easy since the maternity home personnel are trained in the spirit of solicitude for the expectant mothers.”

trigger hyperventilation. Over time the number of breathing patterns recommended for different stages of labor became quite complex and cumbersome, though it is the panting breaths that are most widely associated with PPM in popular culture. By the late 1960s, there were about 20 types of breathing patterns in the Lamaze Method. See Schlesinger Library, Racliffe Institute, Harvard University, Boston Association of Childbirth Educators [BACE] Records, MC515, Box 12, folder 10 Birth Reports, November 1968-March 1969.

³⁵ Vel’vovskii et al, *Painless Childbirth*, 262. Emphasis in original.

Finally, the obstetrician explained to the parturient “that the solicitude of the maternity home medical personnel . . . is part of the state patronage of the mother. In analyzing the concern of the state and society for motherhood the physician should emotionally emphasize motherhood’s high social virtues confirmed in the Soviet Union by the establishment of government awards—orders and medals—and honorary titles to mothers of many children.”³⁶ On the eve of their birth experiences, women learned that their concerns were secondary to the demands of the medical personnel who were supposedly there to assist them. To be a good patient meant to be compliant and respectful of the doctors’ and nurses’ demands. Further, the “joy of motherhood” that Vel’vovskii describes, in fact meant gratitude toward the regime for the material support and social status it accorded mothers, and had apparently nothing to do with the emergent relationship between the mother and her newborn.³⁷

In order to comprehend these lessons and the ideas about labor that they attempted to part, one must have at least a basic appreciation for Vel’vovskii understanding of the origins of labor pain. Like Britain’s Dr. Grantly Dick-Read, originator of the term “natural childbirth,” Vel’vovskii asserted that “labor pain is not an inborn attribute of women or an inalienable element of normal birth; this pain emerges only under certain conditions and has become a mass phenomenon historically.”³⁸ Psychotherapy before labor had the potential to rid women of fear, the root cause of labor pain in a normal birth.

³⁶ Vel’vovskii et al, *Painless Childbirth*, 269-275. Quotes from p. 274

³⁷ Vel’vovskii et al, *Painless Childbirth*, 269.

³⁸ Vel’vovskii et al, *Painless Childbirth*, 168. On Grantly Dick-Read, whose work greatly influenced the application of PPM in North America, see Grantly Dick-Read, *Childbirth without Fear: The Principles and Practice of Natural Childbirth* (London: Heinemann, 1943); A. Noyes Thomas, *Dr. Courageous: The Story of Dr. Grantly Dick-Read* (New York: Harper Books, 1957); Valery Allen, *The Legacy of Grantly Dick-Read* (London: National Childbirth Trust, 1991); Mary Thomas, ed. *Post-war Mothers: Childbirth Letters to Grantly Dick-Read, 1946-1956* (Rochester, NY: University of Rochester Press, 1997). I have no evidence that Platonov, Vel’vovskii, Nikolaev, or other major actors in the rise of PPM knew about Grantly Dick-Read’s work. The physiological foundation of PPM, which sought explanation for labor pain in the functioning of the cerebral cortex and attributed the method’s efficacy

Whereas Read attributed this to the “fear-pain cycle” within the individual’s psyche, Vel’vovskii emphasized social conditioning accumulated over the course of millennia of human existence and distilled into the experience of each parturient. PPM’s supporters stressed that pain was not a biological inevitability, but the product of collective and individual conditioning, as is clear when Nikolaev states, “if the head is in any way responsible for labor pain, it is not the head of the fetus but that of the mother.”³⁹ In both preparatory lessons and during labor and delivery, “physicians must normalize and reorganize the minds of women poisoned by erroneous ideas, cultivated over many centuries, that labor pain is inevitable.”⁴⁰ Not only could reeducation of parturients eliminate their experience of pain, but mass propaganda to Soviet society at large had the potential to erode the deep-seated social underpinnings of the historically conditioned, universal belief that pain naturally and unavoidably accompanied labor and delivery.⁴¹

The issue of childbirth pain and its physiological causes were not purely theoretical considerations with ramifications felt only in the clinical setting. The politics of the time demanded that Vel’vovskii, like other ambitious medical and scientific researchers of the time, resort to scientific rationale consonant with the regime’s political dictates. Political forces conspired to provide an ever-widening opening for medical researchers and clinicians who had

to Pavlovian explanations of suggestibility find no parallel whatsoever in Dick-Read’s work. While some Western researchers consider Dick-Read’s “natural childbirth” almost identical to PPM and perhaps even more rigorously studied, Vel’vovskii’s ability to marshal the language of Pavlovian science played a critical role in its rise to prominence and its ability to eclipse Dick-Read’s method. Dick-Read’s work is infused with quasi-Christian ideas about the spiritual dimension of childbirth for women and such discourse proved ill-suited to winning consensus for his ideas within the medical community. For a comparative examination of Dick-Read, Vel’vovskii, and Lamaze that is equally critical of all three, see N.C. Beck, E.A. Geden, and G.T. Brouder, “Preparation for Labor: A Historical Perspective,” *Psychosomatic Medicine* 41, no. 3 (May 1979): 243-58.

³⁹ Quoted in Vel’vovskii et al, *Painless Childbirth*, 130.

⁴⁰ Vel’vovskii et al, *Painless Childbirth*, 170.

⁴¹ Vel’vovskii et al, *Painless Childbirth*, 177. The debates surrounding the origins of childbirth pain warrant fuller examination. I intend to explore this issue in detail as part of the larger project from which this paper is drawn.

already devoted their lives to resolving the question of psychotherapeutic pain relief in childbirth. The political atmosphere during 1949 and 1950 offered an environment ripe for the promotion of their work, so long as its social significance and scientific rationalization found articulation along the particular lines authorized by the Stalinist state.

Certainly, physicians stressed the supposed, though not fully demonstrated physiological benefits of childbirth pain relief. As Shchukin noted in July 1949, “mass pain relief in childbirth has tremendous practical meaning, not only for ridding women of suffering during birth, but also in that establishing the course of birth as pain relief facilitates the birth process, lowers maternal and infant mortality, and lowers the incidence of perineal tearing.”⁴² More often than not, however, Soviet medical and public health officials emphasized not the clinical, but social and political significance of both pharmacological and psychotherapeutic measures.

In keeping with an atmosphere informed by Andrei Zhdanov’s ideological dictates, cold war considerations figured prominently in the way Soviet officials articulated the meaning of pain relief initiatives.⁴³ In the sciences in general, this influence is most well-known in terms of the rise of Lysenkoism.⁴⁴ Lysenko’s ability to triumph over other agronomists and biologists lay in his skill in constructing an ideologically desirable Soviet version of biological science, irrespective of the scientific merit of his theories. In the highly politicized environment of the

⁴² TsDAVO f. 342, op. 14, spr. 4202, ark. 47 Pis’ mo ot A. Shchukina, nachnika otdela roddomov i zhenkonsul’tatsii mindrava Ukrainskoi SSR zav. vsem oblzdravotdelom, 23-25 July 1949.

⁴³ On Zhdanov, see Werner G. Hahn, *Postwar Soviet Politics: The Fall of Zhdanov and the Defeat of Modernism, 1946-1953* (Ithaca, NY: Cornell University Press, 1982); Kees Boterbloem, *The Life and Times of Andrei Zhdanov, 1896-1948* (Montréal: McGill-Queen’s University Press, 2004). On the atmosphere of postwar Soviet politics more broadly, I recommend Yoram Gorlizki and Oleg Khlevniuk, *Cold Peace: Stalin and the Soviet Ruling Circle, 1945-1953* (New York: Oxford University Press, 2004).

⁴⁴ On Lysenko and Lysenkoism, see David Joravsky, *The Lysenko Affair* (Cambridge, MA: Harvard University Press, 1970); Nils Roll-Hansen, *The Lysenko Effect: The Politics of Science* (Amherst, NY: Humanity Books, 2005).

late 1940s, such considerations eclipsed all others. These forces played themselves out with respect to the question of pain relief in childbirth, as well.

Official discourse from the late 1940s presents high quality women's and children's health in general and pain relief in childbirth in particular as alternately a signifier of the regime's benevolent and progressive nature and a stark contrast to the limited privileges enjoyed in the West. Article 122 of the 1936 Soviet Constitution guaranteed "government defense of mother and child,... [and] an expansive system of birth centers, crèches and kindergartens."⁴⁵ And, while it was incumbent upon Soviet ob/gyns to "raise considerably our scientific work to a level worthy of our wonderful socialist motherland," the right to quality maternal and infant care codified by the constitution knew no parallel in the West.⁴⁶

Despite the fact that the problem of childbirth pain had yet to be conquered, that it was even on the regime's agenda offered an opportunity to score political points. As A.P. Nikolaev stated in 1949, "the problem of mass pain relief in childbirth could be raised and successfully resolved only by the Soviet public health system—the public health system of the country of socialism, which set for itself a principled, new government form of organized defense of the population's health."⁴⁷ When giving the closing speech at the December 1949 conference of psychoprophylaxis, Platonov claimed that "successes have been achieved because none other than Soviet power pursued public health in such breadth and with an appreciation of the

1. ⁴⁵ Quoted in I.I. Feigel', "Akusherstvo i ginekologiiia za 30 let," *AiG* 23, no. 5 (September-October 1947):

⁴⁶ Feigel', "Akusherstvo i ginekologiiia," 16.

⁴⁷ Nikolaev, "K probleme obezbolivaniia," 3.

importance of the problem of pain relief in childbirth and the liberation of women from suffering and strife.”⁴⁸

In the context of the cold war, Soviet authors in particular underscored the failures of Western obstetricians to serve women with equal skill and compassion across class lines. “Soviet obstetricians have a right to be proud ...[as] the USSR has left the US far behind.”⁴⁹ Specifically, “pain relief in the bourgeois countries is a privilege of the rich; in the Soviet nation, all women, women workers and women collective farmers, enjoy the benefits of scientific achievements.”⁵⁰ Women suffered because capitalist science served not the masses, but the almighty dollar, with pain relief offered only to those who could pay.⁵¹

Proponents of psychoprophylaxis specifically stressed how their approach to pain relief was uniquely Soviet and unknown in the West. When reporting on the December 1949 Leningrad conference on psychoprophylaxis to M.D. Burova, Ukrainian Deputy Minister of Public Health, Vel’vovskii emphasized that not only was this the first conference of its kind in the USSR, but in the entire world, as “no one in the bourgeois countries is conducting” research on the same theoretical or methodological foundation.⁵² Soviet scientists were familiar with Western medical innovations in pain relief and, as in other technological and cultural arenas during the cold war, they took pride in their ability to compete on the international level with their capitalist colleagues.⁵³

⁴⁸ DAKhO f. R-5833, op. 1, spr. 164, ark. 3 K.I. Platonov, “Zakliuchitel’noe slovo na konferentsii po psikhoterapevticheskomu obezbolivaniu rodov: Stenogramma, 23 December 1949.”

⁴⁹ Feigel’, “Akusherstvo i ginekologiya,” 2.

⁵⁰ Kaplan, *Uchebnik akusherstvo* (1948 ed.), 127.

⁵¹ E. Babinskii, “Gordost’ russkoi nauki: 100-letie so dnia rozhodiennia I.P. Pavlova,” *Pravda Ukrainy* (September 27, 1949): 3.

⁵² TsDAVO f. 342, op. 14, spr. 4246, ark. 21 Pis’mo ot I.Z. Vel’vovskogo.

⁵³ For example, research on the use of vitamin B₁ reveals familiarity with similar French investigations. F.P. Patushinskaia and E.I. Filina, “Vitamin V₁ v obezbolivanii rodov,” *AiG* 24, no. 5 (September-October 1948): 36. Researchers on PPM were well aware of French and other foreign studies on the method after its international

The ability to present one's research as thoroughly Soviet, rooted in Russian and Soviet achievements, and a rejection of Western, bourgeois science proved essential to the promotion of one method or theory over another in those years. The founders of PPM used this opportunity to promote their approach. In September 1949, the one hundredth anniversary of Ivan Pavlov's birth served as an occasion for celebrating his contributions to Soviet and world science and touched off a flurry of efforts to connect medical teaching and research to his theories of human physiology and psychology, including the origins of pain. Medical schools and societies across the nation mobilized to celebrate the occasion with conferences, public talks, and drives to integrate Pavlov's ideas into the agendas of research institutions and the curricula of medical educational facilities.⁵⁴

For example, every department at the Kharkov Medical Institute conducted its own celebration of Pavlov's centennial and offered an educational program about the relationship between its specialty and Pavlov's research.⁵⁵ For the issue of pain relief in childbirth and the development of psychoprophylaxis, this timing of the Pavlov birthday anniversary proved fortuitous. Supporters of the method repeatedly drew attention to PPM's rationale in Pavlovian ideas about the physiological bases of pain. This pattern is most pronounced and fully

launch. See Vel'vovskii et al, *Painless Childbirth*, 377-93, 404-06. See also Nikolaev's discussion of the American use of Demerol in comparison to Soviet use of lydol. Nikolaev, "Theoreticheskie osnovy," 22.

⁵⁴ On this occasion as it was celebrated in Ukraine and around the USSR, see for example "Torzhestvennye zasedaniia, posviashchennye stoletiiu so dnia rozhdeniia I.P. Pavlova," *Pravda Ukrainy* (September 28, 1949): 1; V.G. Butomo and V.A. Povzhitkov, "I.P. Pavlov i otrazhenie ego idei v akusherstve i ginekologii," *AiG* 25, no. 5 (September-October 1949): 3-7; TsDAVO f. 342, op. 14, spr. 3347 Materialy iubileinoi sessii posviashchennoi 100-letiiu so dnia rozhdeniia akademika Pavlova (tezisy doklady), tom I, 5 July -3 Oct 1949; TsDAVO f. 342, op. 14, spr. 3348 Stenogramma sessii, posviashchennoi 100 letiiu so dnia rozhdeniia akad. Pavlova, tom II, 30 sept-3 oct 1949; TsDAVO f. 342, op. 14, spr. 4781 Materialy po provedeniiu Pavlovskikh sessii (protokoly, plany, i dr.), 11 September-25 October 1950, especially ark. 1 Vypiska iz protokola no. 25 zasedaniia prezidiuma uchenogo meditsinskogo soveta ministerstva zdravookhraneniia Ukrainskoi SSR, 11 September 1950, and ark. 32-39 Studencheskaia nauchnaia konferentsiia posviashchennuiu fiziologicheskomu ucheniiu akademika I.P. Pavlova, Kharkovskii Meditsinskii Institut, 9-10 December 1950.

⁵⁵ TsDAVO f. 342, op. 14, spr. 4751, ark. 77-109 Vnedrenie ucheniia Pavlova v prepodavanie i nauchnoi rabotu Kharkovskogo medinstituta za 1949/50 uch. god.

articulated in the 1954 textbook of Vel'vovskii and his collaborators. In their lectures on PPM, the method's founders devoted two of 17 lectures to Pavlov's work on pain, states of consciousness, and conditioned reflexes. All subsequent lectures made liberal reference to Pavlov's ideas set forth in those first two lectures.⁵⁶

As Platonov stated around 1950, Pavlov's work on human physiology gave a material foundation to PPM and armed physicians and psychotherapists with the means to induce at will specific physiological responses in the human body under controlled conditions.⁵⁷ Pavlov's contribution to the understanding of the mind-body connection stood in contrast to what they considered to be Freudian abstractions. Vel'vovskii himself underlines this distinction, albeit indirectly, when in 1950 he wrote to Burova that his new method "marries educational and psychotherapeutic (physiological) methods."⁵⁸ Whereas Freudian analysis rooted psychological and psychosomatic ills in an intangible subconscious, Pavlovian physiology offered a materialist, neurophysiological explanation for these phenomena grounded in an understanding of cortical function. In the late 1940s, this was the only path open to Soviet psychotherapists.⁵⁹

This invocation of Pavlov dates back in the work of PPM's supporters to the 1930s and the method's antecedents in hypnosis and suggestion. John Bell suggests that the reliance on Pavlov can be understood as merely an opportunistic sleight of hand for the sake of self-promotion and self-preservation in a politically charged and highly circumscribed atmosphere.

⁵⁶ Platonov authored these two lectures. See Vel'vovskii et al, *Painless Childbirth*, 9-69. See also A.P. Nikolaev, "Teoreticheskie osnovy," 13-23; V.N. Shishkova, R.M. Bronshtein, and E.I. Ivanova, "Psikhoprofilakticheskoe obezbolivanie rodov," *AiG* 27, no. 1-2 (January-February 1951): 25, 26; B.K. Korabel'nik, D.Ia. Daron, O.G. Serdiukova, E.E. Melerovich, and N.I. Musatova, "Opyt obezbolivaniia rodov psikhoprofilakticheskim metodom," *AiG* 27, no. 1-2 (January-February 1951):31.

⁵⁷ DAKhO f. R-5833, op. 1, spr. 176, ark. 3 Platonov, K.I. "O znachenii slova."

⁵⁸ TsDAVO f. 342, op. 14, spr. 4246, ark. 22ob. Pis'mo ot I.Z. Vel'vovskogo.

⁵⁹ On the history of Russian psychology, see David Joravsky, *Russian Psychology: A Critical History* (New York: Blackwell, 1989). The emphasis on Pavlov's contribution to Soviet science, including obstetrics, is well analyzed in John Bell, "Giving Birth to the New Soviet Man: Politics and Obstetrics in the USSR," *Slavic Review* 40, no. 1 (1981): 4-8.

He argues that the justification of PPM on the grounds of Pavlov's theory of conditioned response and his notions about the origin and transmission of pain were rhetorical strategies to promote the method under the restrictive ideological conditions that governed Soviet science in the late Stalinist period. I would argue that while the frequent invocation of Pavlov's name and theories was essential to the method's success, proponents in fact deeply believed this explanation and their pursuit of a method of painless childbirth predates the conditions that necessitated its emphasis during the late Stalin period.⁶⁰ In a January 1950 speech, Platonov reminded his audience that his school of psychotherapists had spent the last quarter-century building on the implications of Pavlov's work for pain management during childbirth.⁶¹

In order to persuade the medical community of the method's efficacy, Vel'vovskii and his collaborators published their initial findings in a late-1950 *Akusherstvo i ginekologiya* article.

⁶⁰ According to Bell, Vel'vovskii borrowed "the pretentious style of Lysenko and the Neo-Pavlovians" and "donned this Neo-Pavlovian armor." See Bell, "Giving Birth to the New Soviet Man," 9. While I would agree that the excessive emphasis on Pavlov's theoretical contribution to PPM was a product of the times, Vel'vovskii can not be classified as a neo-Pavlovian, when he, Platonov, and others interested in hypnosuggestive pain relief in labor had long rationalized their approaches with resort to Pavlov's theories. On early references to Pavlov in connection with the hypnotic and posthypnotic suggestive approaches to pain relief in childbirth that preceded both the cult of Pavlov and the turn to PPM, see, for example, F.I. Rabinovich-Brodskaiia, *Obezbolivanie normal'nykh rodov*, 47. Among others, Rabinovich-Brodskaiia makes reference to the work of Nikolaev in this area. See also K. Skrobanskii, *Kratkoe rukovodstvo po obezbolivaniu normal'nykh rodov* (Moscow-Leningrad: Gosudarstvennoe izdatel'stvo biologicheskoi i meditsinskoi literatury, 1936): 40. Those who continued to support and investigate to use of hypnosis during labor and delivery in order to manage pain continued to turn to Pavlov's work in order to offer a physiological, materialist explanation for their findings. See, for example, M.I. Koganov, "Obezbolivanie rodov vnusheniem bez predvaritel'noi gipnoticheskoi podgotovki," *AiG* 27, no. 1-2 (January-February 1951): 31-34. The author of this article was at odds with Vel'vovskii, Platonov, and the Kharkov School around Platonov. I plan to write elsewhere in detail about this professional conflict. Suffice it to say for now that Vel'vovskii took great pains to distinguish PPM from Koganov's advocacy of hypnosis without prior parturient training. See Vel'vovskii et al, *Painless Childbirth*, 91-92, 173-74. Koganov claimed that the method Vel'vovskii took credit for was indistinguishable from work he had pursued since the late-1930s. The conflict between these two men and Koganov's insistence that PPM was in fact his idea and what he had advocated for years required adjudication at the highest levels of first the Ukrainian and then the Soviet Ministry of Public Health. See TsDAVO f. 342, op. 14, spr. 4246, ark. 22 Pis'mo ot I.Z. Vel'vovskogo; TsDAVO f. 342, op. 14, spr. 4202, ark. 30 Pis'mo Prof. A. Lur'e ot Oblastnogo akushera-ginekologa po Poltavskoi oblasti Koganova, 1949; GARF f. R-8009, op. 2, d. 1641, ll. 1-4 Protokol no. 38 Stenogramma zasedaniia Biuro Prezidiiuma Upravleniia Meditsinskogo Soveta Minzdrav SSSR i materiali k nim, 1951. On the politics of Stalinist science in general during this era, see Nikolai Kremmentsov, *Stalinist Science* (Princeton, NJ: Princeton University Press, 1997).

⁶¹ DAKhO f. R-5833, op. 1, spr. 157, ark. 1 K.I. Platonov "Kontsepsiia uslovno-reflektornogo proiskhozhdeniia radovoi boli."

The article offers the first published assessment of PPM’s success rate. With a group of 562 parturients prepared in PPM, Vel’vovskii claimed good to excellent results in 82.7 percent of cases. Vel’vovskii abandoned Khmelevskii’s +/- system in favor of scores that ranged from two to five, which in fact correlates to Khmelevskii’s – to +++ ratings. A two denoted cases where PPM offered no help and “the parturient conducted herself during the course of labor as in a birth without pain relief.”⁶² A parturient’s performance received a three if she exhibited some pain and unrest, a four if such complaints of pain and restless behavior were minimal, and a five if “from the beginning to end of labor the woman was active and demonstrated no unease or pain”⁶³ (see Table 2).

Table 1: Rate of Efficacy of Psychoprohylaxis in Labor, Kharkov, 1948-49

Parturient group	Evaluation of births								Total	
	5		4		3		2		Absolute number	%
	Absolute number	%	Absolute number	%	Absolute number	%	Absolute number	%		
Primiparas	741	41.8	169	40.6	54	13.0	19	4.6	416	100
Multiparas	76	52.4	46	31.4	20	13.4	4	2.8	146	100
Total	250	44.5	215	38.2	74	13.2	23	4.1	562	100

Source: Vel’vovskii et al, “Pikhoprofilakticheskoe obezbolivanie,” 10.

To illustrate the factors that stood in the way of positive outcomes, Vel’vovskii and his coauthors offered three detailed patient histories. All three were first-time mothers. Patient K., 18 years old, served as an example of complete failure. She complained of pain during her entire labor and when instructed to undertake relief measures reportedly stated that “I don’t need them” and “I have forgotten everything.” During both the first and second stages of labor, she seemed restless and “lost contact” with medical personnel. In a subsequent interview, K. revealed that her husband had died unexpectedly a few days prior to the onset of labor.

⁶² Vel’vovskii et al, “Psikhoprofilakticheskoe obezbolivanie,” 10.

⁶³ Vel’vovskii et al, “Psikhoprofilakticheskoe obezbolivanie.”

Twenty-two year old M. initially seemed headed for success. She was calm until she saw the “bloody show,” when the mucus plug that seals the cervical canal during pregnancy was expelled. This sight frightened M. “The staff’s explanation was poorly received, contact was lost, and pain relief measures ceased. Complaints of pain began. In that condition M. gave birth, becoming very agitated and complaining of pain the entire time.” M.’s close relative had hemorrhaged to death after her birth and the sight of the “bloody show” triggered terror in M. Finally, 26 year old A. experienced no pain and went through her labor quite calmly. However, during her 24 hour labor, she vomited frequently and increasingly over time. In the period of active labor, she vomited after every three to four contractions. During the second, bearing-down stage, she vomited after every one or two pushes. Afterwards, she stated that “the vomiting—that was the worst, just like my mother said.”⁶⁴

In each of these cases, Vel’vovskii and his collaborators identified post-partum a pre-existing trauma, fear, or conditioned reflex that obstructed PPM’s success. Vel’vovskii argued that had the physician in each case been able to identify these psychological hurdles in advance, psychotherapy could have rooted them out and paved the way for more successful outcomes.

How doctors evaluated PPM’s success or failure came bundled with physician expectations for parturient behavior during labor. As I discussed in the previous section, patient conduct was an important indicator for the method’s evaluation.⁶⁵ What exactly were physicians looking for in order to rate PPM or, for that matter, pharmacological pain relief successful? How did a failed parturient behave? In describing pain relief measures, including pharmacological

⁶⁴ Vel’vovskii et al, “Psikhoprofilakticheskoe obezbolivanie,” 11.

⁶⁵ Vel’vovskii specifies in assessing the method’s efficacy “the following elements and designations: (1) Detailed obstetrical diagnosis; (2) designation of the stage of labor subject to evaluation; (3) course of labor according to stages; (4) conduct of the parturient woman during the various stages of labor; (5) the parturient woman’s verbal account of her own sensations (complaints).” Of the five factors, four were entirely for the physician to define and even the last one was for him to interpret. Vel’vovskii et al, *Painless Childbirth*, 310-11.

interventions and suggestion, in Vinnitsa, one 1949 report identified two “nervous types among women and the character of their pain sensations.”

The nervous system of the first type of woman led her to exhibit “a subjective overestimation of pain, fear, [and] a hysterical and nervous mentality.” By contrast, the nervous system of the second type of women resulted in “a calm and even relationship to the birth act, [and] an ability to distinguish between subtle degrees of pain [*epikriticheskii kharakter bolei*].”⁶⁶ While Vel’vovskii made explicit that the relative strength and weakness of a woman’s nervous system did not determine the outcome of PPM preparation, he and his supporters similarly characterized desirable and undesirable behavior.⁶⁷ Physicians expected Soviet women to exhibit discipline, by which they meant remain calm and controlled, and always defer with complete confidence to the superior knowledge and experience of the medical staff.⁶⁸

These behaviors contrasted with those that the medical community rejected as inappropriate and undesirable. Women who showed restlessness, nervousness, or writhing were characterized as failures. Above all else, Vel’vovskii and others exhibited anxiety about and disapproval of women moaning, seen through repeated reference to the undesirability of this act, and its indication that a woman was out of control, unable to communicate effectively with attendant medical personnel, and lost to an exaggerated, subjective experience of her pain.⁶⁹

When pharmacological pain relief was used, it was a woman’s screams that triggered its

⁶⁶ TsDAVO f. 342, op. 14, spr. 4202, ark. 57 Dokladnaia zapiska.

⁶⁷ Vel’vovskii et al, *Painless Childbirth*, 152.

⁶⁸ For example, see Vel’vovskii et al, *Painless Childbirth*, 113, 179, 181, 230, 313-14, 316-17; Shishkova et al, “Psikhoprofilakticheskoe obezbolivanie rodov,” 26.

⁶⁹ Vel’vovskii et al, *Painless Childbirth*, 136, 149, 164, 179, 180, 313, 314, 317.

administration, as physicians read these screams as the primary indicator for whether women had or had not been effectively anesthetized.⁷⁰

By contrast, supporters of PPM found themselves with an empty toolkit once a woman began to scream or writhe in pain. Unable or unwilling to admit the method's failure or limitations, they resorted to attributing such outcomes to poor preparation, the woman's nervous system, or another factor not intrinsic to the method itself. Curiously, these male supporters of pain relief in childbirth saw no irony in their assertion of authority to assess women's experience of labor pain as subjective or out-of-proportion with any physical reality despite the fact that not one of them had ever experienced it first hand.

Conclusion

In 1947, the Soviet government faced enormous obstacles in rebuilding the USSR after the devastation of World War II. Nowhere had the war been fought harder or wreaked more destruction than in Ukraine. Amid a frantic reconstruction effort, famine, and the nation's struggle to get back on its feet, Ukraine's Dr. Khmelevskii answered a call for a method of simple pain relief during labor and delivery. In April 1948, his instructions were issued and widely circulated for the next two-and-a-half years. In January 1950, the central government itself issued its own temporary instructions on pain relief in childbirth, also emphasizing

⁷⁰ TsDAVO f. 342, op. 14, spr. 4244, ark. 35 Pis'mo ot A. Lur'e [1950]. That a woman's screams triggered the administration of pain relief medication, rather than any standard protocol for obstetric pain management, continued into the late Soviet period. As one Kharkov ob/gyn explained to me, referring to practices in the 1970s and 1980s, "if a doctor heard a woman screaming he would say to the nurse or midwife, 'why is that woman screaming? Give her something for the pain,' but that was only in the best, most well-equipped hospitals." The situation only began to change in the early 1990s. Author's interview with Dr. Ol'ga Valentinovna Grishchenko, Department of Perinatology and Gynecology, Kharkov Medical Academy of Postgraduate Studies, April 3, 2006, Kharkiv, Ukraine.

pharmacological pain relief in labor and advocating the routine use of even stronger drugs. In particular, both Moscow's temporary instructions and letters from Ukraine's oblasts tell a story of support for the use of nitrous oxide in labor. But the Soviet Union's pharmaceutical industry could not keep pace with these demands and much of Ukraine, like the rest of the USSR, simply went without the necessary supplies to enact either the 1948 instructions from Kiev or the 1950 directive from Moscow.

In this atmosphere of personnel and pharmaceutical scarcity, PPM seemed like an ideal alternative. Justified in the politically fashionable language of Pavlovian physiology, it built on decades of work in hypnosis and posthypnotic suggestion to offer at least some women real relief from labor pain. PPM allowed the government to claim to take pain relief in childbirth seriously despite its inability to produce nitrous oxide and other remedies widely used in the West. It is no surprise that when a report from Kharkov oblast to Ukraine's Minzdrav College in January 1950 described the condition of the obstetric pain relief drive it put considerable emphasis on what it termed "suggestive influence," by which it clearly referred to the emergent method of PPM. The report touted the technique's applicability in rural settings, where only nurses or midwives might be in attendance. It also underscored that the method "does not demand any financial expenditure, which makes it absolutely appropriate for pain relief on a mass scale."⁷¹

I began this paper asking Margaret Jacob's question, "why at certain times and not others does interesting science (and technology) occur in the first place?" Numerous factors fed PPM's adoption by USSR Minzdrav as national policy in February 1951. Pavlov's theories made the method politically palatable to the state, and justifiable within the accepted parameters of the medical community's shared epistemology. In contrast to pharmacological solutions, which may

⁷¹ TsDAVO f. 342, op. 14, spr. 4202, ark. 223 Sostoianie obezbolivaniia.

have been more effective, PPM was feasible in the current, limited economic climate. It did not demand the expense of training doctors to staff rural facilities, or the development of a pharmaceutical industry to meet demands for pain relief medication. These political, economic, and medical factors conspired to make the time ripe for PPM's emergence in the USSR.

The story of what happened to psychoprophylaxis in the USSR after 1951, as well as its transfer to the very different environments of France and the US awaits telling elsewhere. Suffice it to say here that, once out of the hands of PPM's creators, the method met with limited success on the ground once it became national policy in the USSR. The required prenatal lessons persisted. Minzdrav gathered statistics on pain relief in childbirth annually and year after year it asserted almost universal pain relief for Soviet women, almost always with the use of psychoprophylaxis. PPM satisfied the regime's desire to claim it did something to alleviate the pain of childbirth, without requiring any investment or even real results.

The lack of medicine as a consumer commodity left women with no leverage to make demands for change. Situated transnationally, the role state socialism played in the destiny of PPM and Soviet parturients becomes clear. Even before second wave feminism and the women's health movement developed, Western women began to use their power as consumers to attain the kind of childbirth experience they desired. Soviet women enjoyed no such privilege. In the hands of an ultimately indifferent state, Soviet women's childbirth experiences took on completely different contours than their Western sisters, despite the relative stability in the content of the psychoprophylactic method itself across national boundaries.

What are the Soviet origins of the Lamaze Method? It is important to remember that what we think of Lamaze today and what it was in the past are different things.Â But, of course, at the same time in the post-war conditions, there wasn't a whole lot of money lying around to invest in the pharmaceutical infrastructure that would allow the mass production of nitrous oxide which was widely accepted as an effective pharmacological means of pain relief, that was actually used for the first time worldwide in childbirth in Russia in.Â And Lamaze went on a junket to the Soviet Union. And the previous year before he did that, this Leningrad obstetrician named Nikolaev had given a paper on psychoprophylaxis in Paris and Fernand Lamaze was curious about it.