‘Golden age’ versus ‘bad old days’: A discursive examination of advice-giving in antenatal classes.

Abstract

Childbirth is seen as a medical event and pregnancy, a time when parents-to-be are in need of advice. This paper provides a discursive analysis of how such advice is given in antenatal classes. Using audio-recorded data from National Childbirth Trust (NCT) antenatal classes, we identify a pattern of advice-giving in which class leaders construct ‘Golden age’ or ‘bad old days’ stories variably to contrast the practices of the past (‘then’) with current practices (‘now’). These contrasting repertoires operate against a backdrop of medicalization and societal expectations that are both current and out-dated, providing a constitutive framework to support class leaders’ evaluations and advice on pregnancy, childbirth and infant care.

KEYWORDS: pregnancy, childbirth, advice-giving, discursive psychology, medicalization.

Introduction: Antenatal classes, advice giving and the medicalization of pregnancy

As many commentators have claimed (e.g. Brubaker & Dillaway, 2009; Cahill, 2001; Oakley, 1985; Reissman, 1992), pregnancy and childbirth are now considered as medical events. Reissman notes that: "[m]edicalization is a particularly critical concept because it emphasizes the fact that medicine is a social enterprise, not merely a scientific one" (p.125). In this sense, it becomes apparent that by studying the ways in which information is presented and framed to expectant parents, we are able to demonstrate how these norms are operating at a local, interactional level.The focus of the present paper is to examine how advice is given to participants in an antenatal class, considering the contexts of medicalization and informed choice in maternity care.

Historically the medicalization of pregnancy occurred within the twentieth century and large changes in how pregnancy was medically represented changed over a short period (Barker, 1998). However, since pregnancy was conceptualised in this way, medical interventions, accepted practices and types of advice have continued to change, at times quite rapidly. It has been argued that the increased medicalization and control of childbirth is "inextricably linked to patriarchy" (Henley-Eionion, 2003:175), with medical discourses seen as male and midwifery discourses seen as more woman-focused (Pitt, 1997). However, a crucial aspect of current maternity provisions is empowering women to make informed choices about their maternity care (Kirkham, 2004), culminating in a national framework (UK Department of Health, 2004) and set of guidelines (UK National Institute of Clinical Excellence February 2007, September 2007).

Advice giving in pregnancy is common: from lay advice given from complete strangers (e.g. Gross & Pattison, 2007; Parry, 2006), to biomedical advice from health professionals (see Barker, 1998, for a historical perspective on this). In a sense then, antenatal classes become an interesting arena to research as they become precisely where the intersection between medical advice and women's choice and role in their pregnancy occur. Antenatal classes offer expectant parents the opportunity to learn about and discuss important issues concerning childbirth, infant feeding and caring for a new baby, and are considered one way of bolstering confidence in expectant parents (e.g. Nolan, 1998; Williams & Booth, 1985). In particular, since the invention of the parenting charity, the National Childbirth Trust in 1956, the aim of the organisation has been to promote and support the parental role in pregnancy and beyond, with a focus on more natural forms of childbirth and infant feeding (Kitzinger, 1990). This notion of it being a supportive influence to new parents continues to the present day (NCT, 2009)[1].

A range of discursive studies on institutional talk provide a background to our analysis. The most relevant focusing on how information is provided and advice given (e.g. Heritage and Sefi, 1992). Heritage and Sefi (1992) examined how advice was offered in first meetings between health visitors and first time mothers in the UK, noting the asymmetrical nature of the advice. Identifying a number of discursive strategies by which health visitors promoted the 'official' line, they argued that mothers were actively encouraged to rely on health visitors as 'baby experts', leading to a state of disempowerment and further advice seeking.

The following analysis examines the discursive strategies used by class leaders (CL) to inform, advise and persuade the participants. We will show how advice-giving and the evaluation of medical practices are commonly embedded in class

leaders' informal stories comparing 'then' and 'now'. Furthermore we examine how constructions of these stories attends to a range of concerns between participants, and, how such contrastive stories frame information-delivery, support, reassurance and advice-giving in educating class members.

Method

This study is based upon audio-recorded data gathered by the first author from antenatal classes held by the NCT for expectant parents[2]. These voluntary antenatal classes provide a useful forum for seeing how maternity care and parenthood are talked about in interaction.

Participants were initially contacted for the study by inclusion of a letter in their welcome packs. The letter disclosed information about the nature of the study and promised the participants anonymity and the right to withdraw from the study. Prior to the study it was ensured that all participants were over eighteen and had given informed consent. Overall, four antenatal courses containing approximately fifty hours of data were collected between July 2005 and March 2006. The data was collected and subsequently transcribed verbatim.

The method of analysis is based on a form of discursive psychology (Edwards & Potter, 2001) that has its origins in discourse analysis (Potter & Wetherell, 1987), ethnomethodology (Gilbert & Mulkay, 1984) and rhetorical analysis (Billig, 1996). The analytic focus is on the class leaders' teaching and advice-giving that takes place in the context of a class discussion, framed against the wider, contextual backdrop of medical models of pregnancy. As such, the paper aims to identify how class leaders use 'then' and 'now' stories when giving advice and to what purpose. The transcripts

of the audio recordings were first coded to identify the places where ‘then’ and ‘now’ constructions were employed, before analysis was performed.

Analysis

Our analysis of selected extracts from the antenatal classes showed that ‘then’ and ‘now’ stories are utilised in two different ways. First, and represented in theme one, ‘then’ is constructed as worse than ‘now’.It is used as a means of ridicule, where the class leader sets up how much better pregnancy care and childbirth practices are ‘now’. This is often accomplished using an extreme ‘horror’ story about medical interventions and standard practice in the ‘bad old days’. The second form, represented in theme two, is where stories construct the past as better than the present, and produce accounts of a ‘golden age’. This makes implicit reference to the changing roles of women within our society, marking current practices, demands and expectations of pregnancy, childbirth and the postnatal period as unreasonable and unattainable by comparison. ‘Then’ and ‘now’ constructions were found to be embedded in evaluations that the Class Leader (CL) used to persuade the class members that one set of practices are better than another. The two themes of ‘then’ and ‘now’ provide a way of organizing the analysis. However, in practice they are not strictly separate since speakers often treat them alongside one other and in relation to one other. In our analysis, we demonstrate how such themes are constructed and what kind of discursive work they accomplish in the context of giving support and advice in antenatal classes and within a wider contextual backdrop of the medicalization of pregnancy. In the extracts below,CL refers to the class leader and pseudonyms are used for the other class members.

Theme One: The 'Bad old days': 'Now' as better than 'then'

In theme 1, we look at instances whereby the class leader ridicules maternity care and medical practices in times gone by, and sets up a contrast with how medical care has since improved. Extract 1 shows a typical example of how the extremity and 'horror stories' of the past are constructed when the early stages of labour are being discussed.

Extract 1, NCT 1:1, July 2005 page 33.

CL: So it's early bit of labour there is a huge variation in how people may feel. That is the time when in the good old days people were told as soon as they felt a contraction they should rush into hospital and then they would have an enema to clear the bowel out. They would have a pubic shave to make things easier for staff to see what was going on, and they would be placed in a bed and given a dose of pethidine and so, in the early fifties, they would have wards full of women lying in bed, not really with it.

((group laughter))

CL: and when you have given birth hear people saying well, I don't know, grandma saying 'I- don't you remember giving birth? How can you go through that and not remember?' but I mean they were drugged, they were out of it and the babies were taken away and just brought back every four hours. You got this baby you fed it, you gave it back, you didn't cuddle babies. You didn't hold them. I think um

Beth: I was speaking to Ben's Nan who is 91 and she said she didn't see Ben's mum for two days. They just took her

22 away and it's just incredible.

The class leader (CL) begins a discussion of what to do in the early stages of labour through the comparison of the 'good old days' (produced in an ironic way) when women in early stage labour were advised to 'rush' into hospital when they had their first contraction. A three part list (Jefferson, 1990) documents the routine 'horrors' that awaited them 'enema…pubic shave…pethidine' in the old days. As noted elsewhere (e.g. Hutchby and Wooffitt, 1998), three part lists are often used to make a point more convincing. The listing represents the old fashioned practices as an inclusive package deal that was delivered to *all* women. The final coda (Labov, 1972) that there were 'wards full of women…not really with it' parodies the old days as a humorous but shocking story. The group laughter at line 11 demonstrates that the CL's reference to the 'good old days' has been heard as ironical, serving to ridicule outdated practices and hold them up as bad examples of how to handle early labour. By implicit contrast, current practices are evaluated as much improved. This has implications for the role of CL in giving supportive advice for how to handle labour now: that the women should, or would, not be as powerless as in the 'bad old days'. It also serves to demonstrate to the participants that in the past, women in labour were treated as a homogenous group, having the same treatment and experiences, and thus a contrast is inferable that childbirth now contained differing experiences and elements of choice.

The class leader continues in this manner to discuss the effect of pethidine on women in labour, using active voicing of what a 'grandma' might say. The use of 'grandma' is a membership category (Sacks, 1992) that does a number of things in this setting. First, it stresses the generational aspect of childbirth practices. The use of

reported speech makes the account of what 'grandma' would say more credible regardless of how extreme it might appear 'don't you remember giving birth? How can you go through that and not remember?' (lines 13-14). In this case a hypothetical example is used to report a generic situation that was reputedly the common experience of many women. CL then goes on to explain that women were 'drugged', babies were taken away and only brought back every four hours to feed. Again, this three part list constitutes the routine and almost mechanical nature of these practices as a 'package deal': 'you got this baby, you fed it, you gave it back' (lines 16-17). The coda is constituted as extreme, general and rather shocking in comparison with modern sensibilities: 'you didn't cuddle babies, you didn't hold them' (line 18).

This account of the 'bad old days' is bolstered by a specific example from one of the class members whose Nan had no contact with her child for 'two days' following her birth. This extreme case works to build up the authenticity of CL's negative evaluation of practices in the old days which might otherwise seem 'just incredible' or based on her own opinion (line 22). The overall design is to ridicule the past by portraying an extreme 'horror' story[3], ironised as the 'good old days'. In the above example, it is precisely the extremity of the account that makes it both shocking and humorous. The three part listing of enema, pubic shave and either pethidine (or episiotomy[4] as the third part, is one that is common to all of the teaching sessions and appears to be a theme that is well rehearsed by the class leaders.

In the second extract we consider how advice following the birth of the child is presented. In this case it refers to taking care of the belly button following birth and once more after the class leader has given advice of what to do in the present, she contrasts this with a description of the 'bad old days' and 'old wives' tales'.

Extract 2, NCT 3:4, January 2006, page 18

1 CL: I think the only thing that you can practically do is
2 keep it clean, keep it dry and so when you put a nappy on
3 your baby you make sure that you turn the nappy, the part
4 of the nappy down. Cos when you've got a newborn and
5 you've got the newborn nappies they're still like up to
6 their armpits.
7 Jon: Heh heh heh
8 CL: So you just (.) fold it over. On the front (.) so its
9 just turned at the, you know the front's just (.) getting
10 a bit more air.
11 Andy: Is there anything you can do to stop it going in and
12 coming out?
13 CL: No.
14 ((group laugh and discuss, inaudible))
15 CL: And if your grandma tells you you can put an old penny on
16 to suck it down ((inaudible))
17 Liz: Heh heh heh
18 CL: Apparently that's what they used to do.
Liz: Really?20CL: Yeah, tape them down with an old penny (.)
shiny penny.

This extract begins with advice-giving from the class leader on how to look after a newborn baby's belly button. She begins by telling the class what needs to be done in order to 'keep it clean, keep it dry' (line 2). After this advice has been delivered assertively using imperatives (e.g. Heritage & Sefi, 1992), the class leader returns to the jocular, referring to newborn babies' nappies being 'up to their armpits' (lines 4-6). More practical advice regarding how to change the nappy follows. It is only when Andy comes in at lines 11-12 to ask a question about how to manage the

shape of the belly button, that CL answers with a definite and authoritative 'no'. The laughter from the class indicates some trouble in relation to CL's abrupt answer but the class leader's 'then' story works to soften her response and provide a humorous mocking of grandma's 'old wives' advice to 'put an old penny on it to suck it down' (lines 15-16). She locates such actions in the past 'apparently that's what they used to do' (line 18) 'tape them down with an old penny (.) shiny penny' (line 21). CL's earlier advice-giving is sanctioned in contrast to the advice of the hypothetical grandma, and once more, we have the CL's advice presented as rational and common sense, in comparison with a generic grandma's 'old wives' tale'.

The two extracts above demonstrate how the class leader represents the 'bad old days' in stories that work to sanction her own advice and endorse the rightness of her current teachings. Where attempts are made to discuss troublesome topics in current medical practices, the CL typically deflects these into a story about thepast . These 'bad old days' as set up as something to be mocked, in relation to the practices of modern childbirth. This is seemingly done against the backdrop of the medicalization of pregnancy. In considering the aims of the NCT as an organisation, it also demonstrates its ideals to support parents and provide information for preparation for childbirth and beyond. The ridiculing of out-dated medical practices serves to position and locate those practices as 'then' rather than 'now'. The 'then' practices ae constructed as unnecessary, out-dated and at times constructed as 'horror stories'. In contrast, the class leader does not criticise modern childcare and medical policies, rather she invoked the 'horror' of the past at precisely the moment, when the practices of the present could be called into question. One might speculate as to why the present was not critiqued, but if we consider that the role of the class leader is to give

knowledge, advice and support for choices, criticising current practices, without being able to give viable alternatives, would be counterproductive.

The following theme investigates what happens when practices of the old days are portrayed as better than current practices of the present day. Rather than focusing on medical practices, the constructions of 'then' as better than 'now' point to societal and individual expectations of pregnancy and early parenthood.

Theme Two – 'A Golden Age': Then' as better than 'now'

Throughout our analysis, we found occasions where 'then', rather than being mocked for its practices, was positioned as better than 'now'. In theme one, 'then' was positioned as being linked to out-dated medical practices. Variability is a common feature of discourse and here we see the class leader picking up on the positive aspects of a 'golden age'. Such 'golden age' narratives work in a contrastive way when positioned against negative aspects of modern culture and practice. In the following extracts we see the class leader using the 'golden age' narrative to set up the changed roles of women and the differing prioritised and expectations following childbirth.

Extract 3, NCT 1:3, July 2005, page 12,

CL: If you are up and dressed by lunchtime in the first week after the baby then you are doing really well, and that is what you should be aiming for. Not cooking, not shopping, not washing, not racing out, taking care of yourselves. If you think back, my eldest child is 17, and we had to stop work at 28 weeks. You had to go and be signed fit to carry on working beyond 28 weeks. So consequentially most people didn't go beyond 32 weeks because it was too much of a

hassle had to go every week to be signed fit. Which is what we had to do. I think there was a reason for that – it gives you time to switch off and calm down, where as now people work closer to their due date your still in your busy mode and you haven't switched off. Likewise we were told we shouldn't go out for ten days after the birth, most people were putting up for about a week, but we were told you should stay home and do nothing for 10 days. Not lie in bed because of thrombosis things but that's what we were told and that's only 17 years ago. Now people are back at the gym within a week, and entertaining, you know, who wants to visit the baby, it's not realistic.

Here the class leader gives advice about reasonable levels of activity following childbirth in the first week, if the new parents are dressed by lunchtime they 'are doing really well' (line 2). Similarly to the Health Visitors in Heritage & Sefi's study (1992), CL uses 'verbs of obligation' to advise that this level of activity is what they 'should' (line 3) be aiming for. She contrasts this with a list of unadvisable activities 'not cooking, not shopping, not washing, not racing out' (lines 3-4) which collectively amount to 'taking care' of themselves (line 4). This advice whilst directly given to the mothers, is also implicitly and indirectly addressed to the fathers, that they should be taking care of their partners (and indeed need to be instructed to do so). Directly after giving this advice, the class leader tells a story about the past. In contrast to the previous, mocking versions of 'the bad old days', CL begins her 'golden age' account with a description of personal experience. By invoking personal experience of having children in the past, she is able to support her advice giving for the institutional role of class leader and 'baby expert'.

The ‘golden age’ story describes an ideal of women who stopped working at twenty eight weeks gestation. Her observation, ‘I think there was a reason for that’ (line 10) constructs the ‘Golden Age’ practices, when women were not expected to work to late pregnancy, as more rational. This is supported by a series of contrasts between ‘then’ and ‘now’. For instance, stopping work early is conducive to ‘switching off’, compared with not doing so as they work close to the due date. She contrasts differing past and present levels of activity in early parenthood: In past times staying in and doing nothing for ten days is contrasted with current practices where ‘people’ are back at the gym within a week…entertaining…who wants to visit the baby’ (lines 18-20). Again, the inclusiveness of the three-part list constructs a package deal of the frenetic modern lifestyle where new parents continue to do everything they did before they had a baby. The class leader advises against such extremes of activity with her evaluation of modern practices as ‘not realistic’ (line 20) supported by personal experience. The advice given above by CL is counter to the current trends, and suggests that new mothers should be allowed more time to rest. The current trend for frenetic lifestyles seems to resonate with what Woollett & Marshall (2000) have noted, “it is assumed that women recover rapidly after delivery, require little in the way of postnatal care and are immediately able to take care of their infants” (Woollett & Marshall, 2000: 315)

Extract three focused on the construction of a ‘then’ story that underlines differences between what happened in the past compared to the present. CL’s advice orients to the changes in working policies and the role of women ‘then’ compared with ‘now’ but the upshot of her advice is that we ‘now’ have unrealistic expectations about what can be accomplished. Differences in societal practices and in particular the

role of women are also a feature of the final extract. In extract four, below, the class leader advises women about physical activity during pregnancy.

Extract 4, NCT 2: 3, December 2005, Page 11

CL: The thing is when you were saying about birth being quite natural in (.) things have changed a lot for women (.) Erm in so much as in the olden days (.) In the olden days people would do lots of washing by hand (.) leaning forward (.) they would stand and do lots of ironing they would sweep they would make fires and with all these things you are leaning forward (.) If you're leaning forward what happens is the baby tends to lean the baby's body comes forward and the head drops down (.) so in those days most babies were in a good position because what you want is your baby's head down and it's spine out (.) if you could choose that's what you're looking for (.) Erm what happens these days women sit around a lot at work (.) and sit and lean back like this so the baby's head can't actually get down into the pelvis as well (.) so you end up with baby (.) tilting round so their spines are against mum's spine (.) Erm so people who still stand a lot people like hairdressers, beauty therapists, anything like that where you're up where you're up right and leaning forward tend to get babies in a much better position then those who sit around (.) Erm you know we sit back in settees and things

CL begins by taking up an earlier comment from a class member about birth being 'natural' (see also Locke, 2009; Parry, 2006). This is followed by a description of how 'things have changed a lot for women' and what 'people' did in the 'olden

days' (line 3). Her attempts at gender neutrality orient to a dilemmatic: As course leader in the present, she must address gender equality, but her 'olden days' story constructs a time when childbirth was more 'natural' and it was usually women who did housework. She lists the activities that 'people' would do: 'washing by hand…lots of ironing…sweep…make fires' (lines 4-6) and the resulting 'leaning forward' from all of this activity (line 4 and line 7). Clearly, 'people' refers to pregnant women since there is a linking of these activities and the desired 'birthing position' for the baby 'head down…spine out' (lies 10-11). This she contrasts with the common working position of today's 'women' (line 12) describing how the birthing position of the baby is negatively effected 'these days' (line 12) by pregnant women who 'sit around a lot at work' (lines 12-13). Such 'sitting down' jobs would imply more office-based, professional working activities for women, rather than housework or more physically active jobs. CL's use of 'people' (line 16) and their careers of hairdressers, beauty therapists, and 'anything like that' (line 18) is an attempt to acknowledge (albeit stereotypical gendered) professions in which the activities entail 'leaning forward' (line 19) so that the baby is in a better birthing position. She compares them to 'those' or 'we' as she aligns herself with this description of sedentary working women who 'sit around…sit back in settees and things' (lines 20-21). There have been numerous studies examining the effects of working on pregnant women, particularly in late pregnancy (e.g. Henriksen, Savitz, Hedegaard, & Secher, 1994) with studies reporting that working in pregnancy appeared neither detrimental or beneficial to pregnancy outcomes, with the onus on women to be responsible in their pregnancies and early parenthood (e.g. Gross & Pattison, 2007). The advice being given by the CL here is doing much the same. She is focusing on the changing role of women in terms of activity levels and work and adopting a physiological argument, suggesting that either

housework or more physical (and gendered) professions in the olden days (cf. Romito, 1989) produced easier childbirth experiences. This is in sharp contrast to her suggestions that there is currently too much parental activity going on in the postnatal period. One explanation for this is that the needs of the infant are being positioned above the needs of mothers in both antenatal and postnatal care. On the other hand this might simply be a realistic commentary on what help is currently available to parents in the post-natal period.

These final two extracts have focused on examples whereby the class leader constructs a 'golden age' account as better than 'now'. She manages the twin concerns of unreasonable expectations and changing roles within our society by an acknowledgement of working mothers. and There is an underlying nod towards changes in women's status but this is managed by drawing on the physical aspects of pregnancy: the position of the baby prior to childbirth. . Whilst the 'bad old days' have been previously mocked as outdated, they are here being praised as a time when birth was more 'natural' due to women having more appropriate expectations regarding antenatal working practices and postnatal levels of activity.

Discussion and Conclusions

This paper examines how advice is given to prospective parents in antenatal classes. We have noted how the class leaders use accounts of practices in the past in the context of giving advice for the present. Our analysis treats discourse as a form of social action whereby advice-giving about pregnancy, labour, childbirth and infant care is embedded in class leaders' contrastive accounts of the past with the present, not as simple reflections of what might have happened in the past in comparison with the present. These accounts are set against a backdrop of medicalization in pregnancy,

cultural change and the need to make informed choices. The analytic focus is the interactional and rhetorical work that 'then' and 'now' constructions perform, considered in the light of larger concerns and norms around antenatal care and parenting.

Throughout our data set the class leaders' advice-giving is constructed in two ways through stories of the 'bad old days' and 'golden age' narratives. Both kinds of account are used variably in the context of making evaluations of good or bad practices, advice-giving, or offering reassurances about current medical practices. We noted that the class leaders build credibility into their arguments by positioning themselves as both 'class leader' and 'mother' who have expert and personal experience of pregnancy and childbirth practices both now and in the past.

Class leaders position 'then' and 'now' as a cultural comparison, in time rather than place (cf. Marshall, 1992). For example, certain practices are constructed as more 'natural' and women are implicated in a range of competing moralities and accountabilities about their antenatal and postnatal activities. It is of particular interest how 'horror stories' of the past are invoked as a contrast to current medical practices which are positioned as better by comparison. Maternity care is thereby portrayed as greatly improved. As a strategy, this enables the class leaders to avoid making claims or even criticisms about the efficacy of childbirth scenarios in the UK at present, whilst still offering, as representative of the NCT, a supportive and advisorial role for new parents.

Present day practices during labour, childbirth and during the postnatal period are obviously very different from those in times past, as Kitzinger (1978: 9) pointed out, 'mothering is a product of culture'. That culture is embedded in medical knowledge and practice constitutes an 'official line' on childbirth (e.g. Heritage and

Sefi, 1992). In this paper we have seen how class leaders in antenatal classes endorse an official line of medical expertise in the here and now, in contrast to the out-dated medical approaches of the 'bad old days'. The endorsement of current medical practices is however to some extent offset by the consideration of issues of maternal choice and responsibility.

Finally, advice-giving is a risky activity and often rests on an assumption that it has been requested through a description of a problem. As other studies have demonstrated (e.g. Heritage and Sefi, 1992), unsolicited advice-giving can alienate the recipient rather than influence them to accept the advice. As our analysis has demonstrated, the antenatal class leaders use storied comparisons of then and now as strategies to overcome this. With regards to health promotion and the giving and accepting of advice, we believe that close attention to the ways in which information and advice are presented in health education settings (e.g. Heritage & Maynard, 2006) can provide a crucial role in understanding the complex nature of health interactions.

Notes

[1] In the UK there are two types of class that can be chosen to be attended by expectant parents, those run by the National Health Service which are free, and those run by the National Childbirth Trust, which incur a charge. The NHS courses have a selection of women only courses and usually an evening or weekend course that the partner/father can attend. The NCT courses are typically attended by both partners.

[2] In terms of the advice given within the antenatal classes, a key contextual difference must be noted between these other studies of institutional talk and NCT antenatal classes, in that participants have chosen to attend the classes and be instructed in *Parentcraft*. NCT classes are staffed by class leaders who may, or may not, be health professionals. Their status as 'experts' and their power to influence the class members is therefore ambiguous. This is in direct contrast to National Health Service classes in the UK that are staffed by health professionals usually midwives and health professionals.

[3] Previous research (e.g. Maclean, McDermott & May, 2000) has noted the subjective distress of women following medical intervention and assisted deliveries. Thus, the 'horror' story here may have a double significance, both of 'then' as extreme and backward, and of medical intervention more generally.

[4] An episiotomy is a surgical incision through the perineum made to enlarge the vagina and assist childbirth. Once commonplace, they are now only used when the baby is in distress or the mother needs an assisted delivery, such as ventouse or forceps. In the UK in 2006-2007, episiotomies were used in 13% of deliveries (NHS Choices, 2009).

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