Isabel M. Córdova, *Pushing in Silence: Modernizing Puerto Rico and the Medicalization of Childbirth*. Austin: University of Texas Press, 2018. 234 pp. (Paper US\$29.95)

Isabel M. Córdova's excellent study of the dramatic history of birthing is one of several new contributions to the expansion and reevaluation of modern Puerto Rican history. Midcentury Puerto Rico (1940–70) underwent rapid industrialization, urbanization, and demographic change, and medical practices and services were not exempt from transformation and innovation. Córdova traces how new forms of medical evaluation and technologies, as well as faith in science, redefined the practice of childbirth. In the 1940s, most women birthed at home under the trusted guidance of midwives, but by the 1970s, birthing had become a medicalized hospital procedure directed by male obstetricians. "This change was swift: it took less than twenty years for birth to become almost universally medicalized and for midwifery to disappear" (p. 111). *Pushing in Silence* balances the broader structural history of modernization and the professionalization of medicine with an analysis of the changing practices, preferences, and demands of midwives and pregnant women.

The study is organized chronologically, in five phases. During the first (the years before 1953), most births were attended by midwives at home. An uneven shift toward institutionalization occurred in the second phase (1954–58), as mothers chose to birth in hospitals rather than at home, with midwives continuing to attend most deliveries. The most dramatic shift occurred in the third phase (1959–65), when for the first time home births under the direction of midwives were in the minority; mothers birthed in hospitals, the process was medicalized, and physicians or obstetricians were in charge. It was in the fourth phase (1966–77) that new technologies (EFM) and practices (perinatal medicine) became standard. This was when "the fetus ... became an autonomous actor and a new patient" (p. 118); there was little evidence that midwives guided home births and "hospitals consolidated their power" (p. 14). By the final phase (1980s–90s) the technocratic model of birthing had become hegemonic and obstetrics was constrained more than ever by a corporate-legal framework. Nevertheless, a group of five *novoparteras* emerged and provided mothers an alternative to highly medicalized birthing. Novoparteras, while "related to midwives of the past, ... recast their practices and identities within the conceptual framework of modern industrial values" (p. 14). The conclusion and epilogue evaluate the state of birthing in the early 2000s.

Córdova's study is based on sources from the University of Puerto Rico School of Medicine archives, including government documents, medical publications, newspapers, and journal articles. She interviewed doctors, mothers who birthed between 1940 and the 1960s, and midwives. In addition, she

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worked with the oral histories collected in 2000 by undergraduates at the Inter-American University of Guayama. These sources allowed her to explore the culturally constructed concept of biomedicine and the rise of a technocratic model of birthing. She gives attention to regional and historical contexts and to the way class, gender, and geographic space “stratified reproduction.”

Córdova concludes that unlike in the United States, there was no organized state-led campaign against midwifery in Puerto Rico, and that the medicalization of birth was not imposed from above. Rather, access to science and technology and changes in cultural practices related to birthing facilitated the transformation from home births to medicalized ones. By the 1960s, “there were more women seeking hospital beds than institutional medicine could provide. This demand furthered the medicalization of birthing and signified that the mothers themselves were behind many of the changes” (p. 97). In addition, “midwives themselves ... let go of traditional modes of living and instead participated in ways they equated with progress and modernity” (p. 4).

Córdova provides a foundational understanding of the history of birthing on the island. Building on this study, future scholars could provide a *racial* analysis of what “stratified reproduction” looked like. Córdova is careful to distinguish uneven changes in urban and rural regions; private and public hospitals; male obstetricians and female nurses and midwives; and the health care experiences of elites, the middle class and workers. Midcentury Puerto Rico was also racially heterogeneous, so complementary studies could evaluate how blackness and discrimination shaped women’s birthing choices, the history of doctors and practitioners, infant and mother mortality rates, and ideas about progress and modernity. If government and institutional sources document race and color, or if these identities emerge in oral testimonies, scholars could explore how race also shaped access to health care and the medical professions, as well as other aspects of twentieth-century Puerto Rican history.

Pushing in Silence is a thorough, carefully documented, multilayered history. Faculty may assign it both to undergraduate and graduate courses on the topic of Puerto Rico, the modern Caribbean, the history of medicine, science and technology, and the history of modernization in Latin America.

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