

“War of births”

Midwifery under German Occupation in the Wartheland, 1939–1945¹

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Abstract *This article is dedicated to the question which roles and functions German and Polish-Christian midwives assumed in occupied Poland (1939–1945). After the military conquest of Poland, Nazi health policy-makers saw themselves as waging a ‘birth war’. German midwives, as experts in birth and reproduction were given a specific role in this. However, the help of Polish midwives could not be dispensed with. What options for action did this create for midwives and mothers?*

Nazi Germany invaded Poland on September 1st, 1939. A few weeks later, on October 26, the occupied western Polish territories were annexed to the German Reich as Reichsgaue Posen (later Wartheland or Warthegau) and Danzig-West Prussia, and as the government districts of Kattowitz and Zichenau. The occupied central Polish territories were placed under German rule and administration as General Government. In the annexed western Polish territories, some 10 million former Polish citizens came under German rule. The newly formed Reichsgau Wartheland, with its main cities of Poznań/Posen and Łódź/Łodz/

1 The text is based on my Habilitation thesis, which was accepted by Hannover Medical School and published 2025: *Hebammen im Wartheland. Geburtshilfe zwischen Privatheit und Rassenpolitik, 1939–1945*.

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Litzmannstadt³ contained about 4.5 million people, of whom 88% were Polish Christians, 9% Polish-Jewish and 7% “ethnic Germans”.⁴

The aim of the Nazi occupation regime was to “Germanise” the annexed western Polish territories by reshaping the population and transforming the infrastructure and public life.⁵ This involved the settlement of ethnic Germans from south-eastern and eastern Europe, the exclusion and deportation of Poles and Jews, and a population policy that encouraged the birth and care of German children and discouraged the birth of “foreigners”.⁶ Moreover, after the military victory over Poland, Nazi health policymakers saw themselves as engaged in a “war of births” with the Poles. They singled out Polish women in particular as opponents who sought to win the “war” biologically and thus countering the German aim of Germanising the territory.⁷ Nazi health policymakers regarded enabling (pronatalist) and disabling (antinatalist) population policies as crucial to winning the biological “Volkstumskampf” (ethnic struggle) in favour of the Germans.⁸ Thus, reproduction and reproductive practices became a major target of occupation and Germanisation policies in the annexed western Polish territories, based on the ideas of eugenics and race hygiene, with its evaluative logic at its core and its specific Nazi racist orientation.⁹ Arthur Greiser, the Reich Governor of the Warthegau was a radical proponent of the policy of “Germanisation”. He wanted to turn the Warthegau

3 The German authorities changed all Polish names into German for the aim of Germanising the territory. Cf. Haar, Genozid, 2009. In the following, when writing about western Poland under German occupation, I use the German names.

4 Cf. Pohl, Reichsgaue, 2007. Stiller, Politik, 2022, p. 348.

5 Haar, Genozid, 2009.

6 Cf. Stiller, Politik, 2022.

7 Grohmann: Erb- und Rassenpflege als Grundlagen biologischer Volkstumspolitik (Hereditary and racial tending as the basis of biological ethnic politics), 7 Oct. 1941. In: Archiwum Państwowe w Poznaniu (APP), 299 RSH/ 1137, p. 33.

8 Cf. Vossen, Typen, 2013.

9 By the end of the 19th century, eugenic ideas and the goal of “breeding” humans had spread throughout the world. Cf. Bashford, Levine, Eugenics, 2010, p. 3–24. Under National Socialism, eugenics was linked to racial policy, which was elevated to a state premise and became the defining political element, developing its specific radicalism under the conditions of dictatorship. Cf. Schmuhl, Entwicklungsdictatur, 2009. On the connection between population policy, racial policy and a radical Germanisation policy during the Second World War, see Haar, Genozid, 2009.

into a "model Gau" of Germanisation and promoted a radical Germanisation policy.¹⁰

However, pregnancy and childbirth affected and still affect women and their bodies, involving personal choices and emotions, and thus refer to a more private sphere, but also to social norms and values, and religious beliefs.¹¹ In the 1930s and 40s in both Poland and Germany, most births took place in women's homes, attended by a midwife.¹² Midwives thus had a central position in the female-dominated reproductive sphere of pregnancy, childbirth and early parenthood. The decentralized organisation of obstetrics allowed midwives and women to act autonomously. At the same time, the importance of reproduction for population policy meant that pregnancy and childbirth were of the utmost interest to the state.¹³ The German health authorities assigned German midwives, as experts in pregnancy, childbirth and postnatal care a "war-decisive" key position in the annexed Polish territories. They were expected to educate German mothers in order to improve their health and that of their children.¹⁴ The educational work of the midwives however, was not only intended to reduce maternal and infant mortality, but also to create an "extended ethnic community" (Volksgemeinschaft) in the annexed Polish territories.¹⁵ As a 1939 memorandum from the "Rassenpolitisches Amt" (Office for Racial Policy) in the Warthegau put it, the goal was "to create a racially and thus spiritually and politically united German population" in the annexed western parts of Poland.¹⁶

Despite radical Nazi propaganda promoting a "war of births" and racial segregation policies, maternity care in the Warthegau was not possible without the help of Polish midwives. In 1941 there were around 800 Polish midwives

¹⁰ Cf. Epstein, *Model Nazi*, 2010. Alberti, *Exerzierplatz*, 2006.

¹¹ Herzog, *Reproduction*, 2018.

¹² In 1939 in the German Reich about 61% of all births took place at home. In occupied Poland, in the district of Posen, in 1943 freelance midwives attended 93% of all births. Cf. Lisner, *Hüterinnen*, 2006. Midwifery Statistics, 1943, in: APP, RSH 299/1920, p. 19–20.

¹³ Cf. Lisner, *Hüterinnen*, 2006. König, *Wacht*, 2024.

¹⁴ Witte, *Haupttagung*, 1940, p. 228–229.

¹⁵ Cf. Kundrus, *Regime*, 2009.

¹⁶ Hecht, Wetzel, *Behandlung*, 1939, in: National Archives and Records Administration (USA), RG 238, PS-660. I thank Alexa Stiller for letting me use the source.

practising, compared with only 146 German midwives.¹⁷ How did this clash between population policy goals and their practical implementation affect the scope of action of midwives and mothers?

While Nazi Germany's birth policies and midwifery in the "old Reich" (Germany within its 1937 borders) have been well researched,¹⁸ there have been few efforts to explore the means of reproduction and the role and function of midwives in the context of German occupation policy.¹⁹ The following article uses sources from Polish archives and midwives' reports published in the Nazi midwives' journal to analyse the roles and functions of German and Polish midwives in the Nazi "war of births" in the Wartheland. The article thus contributes to the history of reproduction under National Socialism and of midwives in occupied Poland.

Population and Birth Policy in the Warthegau

Hitler proclaimed that the purpose of the invasion of Poland was to create a new "living space" for the Germans.²⁰ As Hitler explained in his speech to the Reichstag in Berlin on October 6, 1939, he envisioned a "new order of ethnographic relations, that is, a resettlement of nationalities".²¹ "Fragments of German nationality" living outside the German Reich without German citizenship were to be "resettled" (rückgesiedelt) into the German Reich.²² On October 7, Hitler entrusted the implementation of the "Volkstumspolitik" to Heinrich Himmler, who gave himself the title of "Reichskommissar für die Festigung des deutschen Volkstums" (Reich Commissioner for the Strengthening of the German Nation, RKF). Contrary to the use of the term in the early 1930s, the RKF apparatus no longer understood "Volkstumspolitik" to mean only the promotion of "ethnic German" groups outside the German Reich. Rather, "Volkstumspolitik" now included the exclusion of "foreigners" and "undesirable" population groups through expulsion, deportation and murder, in order to create

¹⁷ Abteilung II, Lagebericht der Abteilung II für das 4. Vierteljahr 1942, 20 January 1943, in: APP, 299/1880, p. 65–66; Berichterstattung über die gesundheitliche Betreuung der Zivilbevölkerung, hier: Hebammeneinsatz, 15 January 1944, in: APP, 299 RSH/2031.

¹⁸ Cf. Peters, Biographie, 2018. Lisner, Hüterinnen, 2006.

¹⁹ Cf. Haar, Genozid, 2009. Esch, Vehältnisse, 1998. Lisner, Hebammen, 2016.

²⁰ Wildt, Haupttagung, 2007.

²¹ Hitler quoted after Wildt, Haupttagung, 2007.

²² Ibid.

areas for German settlement and to secure conquered territories.²³ Approximately one million "ethnic Germans" from south-eastern and eastern Europe were resettled to the "incorporated" western Polish territories, especially to the Warthegau, and thus contributed to the "Germanisation". At the same time, about 281.000 Poles and Jews were deported to the General Government, another 254.000 were forcefully relocated within the Wartheland and about 12% of the Polish population was deported to the German Reich for forced labour. However, the Poles remained the largest group in the Wartheland until the war ended.²⁴

In addition to the settlement of ethnic Germans and the exclusion and expulsion of Poles and Jews, Greiser implemented measures to increase the German population. In October 1939, he introduced the "Deutsche Volksliste" (German Ethnic Register) to select Poles and Germans – Jews were completely excluded. In the Wartheland, about 12% of the former Polish citizens were included in the German Ethnic Register. Those classified as "German" were assigned to four different categories. The grouping of the German population in the categories I-IV was linked to the granting of varying degrees of citizenship rights.²⁵ The German Ethnic Register thus flexibilized the boundaries of Germanness.²⁶

However, as some health experts, such as Herbert Grohmann, medical officer in Litzmannstadt, pointed out, the "war of births" remained a problem for the successful Germanisation of the Wartheland.²⁷ In 1941 Grohmann noted that the Poles had lost the battle of arms, but were determined to win the "national struggle" through their greater biological strength, as evidenced by high marriage and birth rates.²⁸ Grohmann called for the "biological strength" of the Polish people to be broken.²⁹ In an effort to keep the number of children in the Polish population as low as possible, on September 10, 1941 Greiser introduced

23 Stiller, Politik, 2022, p. 15.

24 Cf. Stiller, Politik, 2022, p. 408–411. Linne 2013.

25 The Germans were categorised based on judgements about their past commitment to "Germandom", their ethnic ancestry and their potential social value as Germans. Especially those assigned to the groups III and IV had to demonstrate their Germanness and had to obey special regulations and restrictions. Cf. Heinemann, Rasse, 2003. Wolf, Herrschaftsrationalität, 2012.

26 Kundrus, Regime, 2009.

27 Cf. Vossen, Typen, 2013.

28 Grohmann: Erb- und Rassenpflege, 1941, p. 33.

29 Grohmann: Erb- und Rassenpflege, 1941, p. 33–34.

a minimum marriage age of 28 for Polish men and 25 for women. In addition, abortion was encouraged among Polish women as long as it was approved by a German medical board.³⁰

According to Grohmann, in order to win the “national struggle” it was also necessary to achieve a “numerical strengthening of the German ethnic group”.³¹ A report by Kurt Schmalz,³² deputy Gauleiter of the Reichsgau Wartheland, underlined this aim and specified the measures to be taken. He called for the prevention of miscarriages among German women and for better care for German mothers and infants to reduce the death rates caused – as he analysed – due to improper treatment and lack of education. As a key element in achieving this goal, he demanded “the elimination of all deficiencies in the field of obstetrics, maternity and infant care” – of course, only for the German population. In addition to the lack of medical care, Schmalz saw the “wrong attitude” and “ignorance” of ethnic German mothers as the main causes of the high mortality rates among German infants. The report emphasized that the mortality rate could be reduced through education in health-promoting behaviour.³³

Midwives Put Central Stage at the “War of Births”

German midwives played a key role in implementing the Reichgovenor’s plans to reduce maternal and infant mortality. Schmalz called for practical training of German mothers by German midwives.³⁴

30 Cf. Epstein, *Model Nazi*, 2010, p. 201, 216. Majer, *Fremdvölkische*, 1981, p. 257, 413.

31 Grohmann: *Erb- und Rassenpflege*, 1941, p. 28.

32 Kurt Schmalz (1906–1964) was deputy Gauleiter of the Warthegau from March 10, 1941–1945. Previously, he had been deputy Gau Leader in the Gau of South Hanover-Braunschweig. In the Warthegau, Hitler appointed Arthur Greiser from Danzig as Reichsstatthalter and Gauleiter. Cf. [https://de.wikipedia.org/wiki/Kurt_Schmalz_\(05.06.2025\)](https://de.wikipedia.org/wiki/Kurt_Schmalz_(05.06.2025)). <https://www.zukunft-braucht-erinnerung.de/uebersicht-der-nsdap-gaue-der-gauleiter-und-der-stellvertretenden-gauleiter-1933-1945/> (05.06.2025). For Arthur Greiser Cf. Epstein, *Model Nazi*, 2010.

33 Report of the deputy Gau Leader in the Warthegau, Ne/Wa., 1 Oct. 1941: concerning Midwife outreach in the Wartheland, in: IPN, GK 746/66, p. 89.

34 Report of the deputy Gau Leader in the Warthegau, Ne/Wa., 1 Oct. 1941: concerning Midwife outreach in the Wartheland, in: IPN, GK 746/66, p. 104.

As in the "Old Reich", the German health administration in the Warthegau relied on decentralised midwife-led obstetrics. Low hospital density, a shortage of beds and a lack of transport made any consideration of centrally organised maternity care in clinics null and void. In addition, the Reich Health Leader, Leonardo Conti, insisted that home births be encouraged in the Warthegau, as in the "Old Reich", in accordance with the Decree on the Promotion of Home Births of 1939.³⁵

From the autumn of 1939, the Reichshebammenschaft mobilised German midwives from the German Reich for temporary or permanent work "in the East" as part of the resettlement of ethnic Germans and to care for the German population in the settlement areas. One of the German midwives who volunteered was Margarete Riedel, a midwife from Berlin. After training at the midwifery school in Berlin-Neukölln, she settled in the district of Posen. She wrote in the National Socialist midwives' journal:

"My work here gives me great pleasure [...] My mothers often include resettled women [...] Thanks to the excellent training by Prof. Ottow [...] it is easy for me to give advice and help."³⁶

Like many of her colleagues, Margarete Riedel was enthusiastic about working in the "incorporated areas". In their reports, German midwives from the German Reich emphasised the independence of their work, the sense of community among the German population and the flat hierarchies in relation to doctors.³⁷ Within the racist social hierarchy established by the German occupation administration, with Reich Germans at the top, an intermediate ethnic German class, Poles as a labour reservoir and Jews at the bottom, they enjoyed privileges as the "master race" and experienced the Warthegau as a space of almost unlimited possibilities.³⁸ Gender and social hierarchies that had existed in the "Old Reich", such as those between doctors and midwives, seemed flatter to them because of the superimposition of the racist social hierarchy; the pronounced sense of community within the German population and the promised

³⁵ The decree was partly enacted to keep clinics free for wounded soldiers. Cf. Lisner, Hebammen, 2016.

³⁶ Riedel, Eindrücke, 1941. Prof. Benno Ottow (1884–1975) was head of the midwifery school Berlin-Neukölln and closely connected with Nanna Conti. Hansson, Peters, Tammsaare, Sterilisierungsoperateur (2011).

³⁷ Cf. Morsbach, Erlebnisse, 1942. Prinz, Erlauschtes, 1943.

³⁸ Cf. Röger, Kriegsbeziehungen, 2015.

“extended Volksgemeinschaft” were within reach.³⁹ In addition, the health administration offered a minimum wage twice as high as in the “Old Reich” as well as housing and financial assistance to buy equipment and a car.⁴⁰

It was precisely this sense of expanded opportunity and self-determination described by the midwives, that Nazi planners sought to evoke in the German population in order to make settlement “in the East” a success. In their November 1939 memorandum of the NSDAP’s Office for Racial Policy (Rassenpolitischs Amt der NSDAP), the two lawyers Erhard Wetzel and Günther Hecht stated: “The Germans in these areas must be given the feeling of more space and personal freedom of development, both in the city and in the country”.⁴¹

However, there were not enough German midwives to provide comprehensive care for the Germans. According to the 1941 report by Schmalz’s office, there was a shortage of about 400 German midwives to provide at least one in every district.⁴² As a result, German mothers were almost exclusively dependent on Polish midwives or the help of a neighbour.⁴³ However, even if most midwives were still Polish in 1944, the recruitment of German midwives was somewhat successful: By 1943 the number of German midwives had doubled from 146 in 1941 to 300. Most of the midwives came from the “Old Reich” seeking new opportunities in occupied Poland or because they couldn’t get permission to practice in their home districts.⁴⁴ In addition, some of the German midwives

39 Cf. Morsbach, *Erlebnisse*, 1942. Morsbach, *Arbeit*, 1942. Elizabeth Harvey concludes this for many women employed in the “Nazi East”. Cf. Harvey, *Women*, 2003.

40 Cf. Gebührenordnung (fee schedule), 14 June 1941, in: APP, 299 RSH/2070, p. 11–112. In the Wartheland, the occupation authorities often offered the best housing of the former Polish and Jewish inhabitants they had expelled to the Germans from the Reich. Cf. Kehle, *Hebammen*, 1941.

41 Hecht, Wetzel, *Behandlung*, 1939, in: National Archives and Records Administration (USA), RG 238, PS-660.

42 Cf. Report of the deputy Gau Leader in the Warthegau, Ne/Wa., 1 Oct. 1941: concerning Midwife outreach in the Wartheland, in: IPN, GK 746/66, p. 105.

43 Report of the deputy Gau Leader in the Warthegau, Ne/Wa., 1 Oct. 1941: concerning Midwife outreach in the Wartheland, in: IPN, GK 746/66, p. 92; Letter of the health officer in Leslau, 6 Aug. 1940. In: Archiwum Państwowe w Włocławku (APW), 829/43.

44 With the introduction of the settlement permit regulated in the Reich Midwifery Law, midwives could be “transferred” to other parts of the country. Cf. Lisner, *Hüterinnen*, 2006.

were ethnic German resettlers.⁴⁵ At the same time, the number of Polish midwives fell from 800 to 600. Thus, obstetric care for German mothers by German midwives improved in relation to the German population, which increased up to 23% by 1944. In 1944, there were 3.4 German midwives per 10,000 Germans, but only 1.7 Polish midwives per 10,000 Poles.⁴⁶

In October 1940, the health administration enacted the Reich Midwifery Law (Reichshebammengesetz) in the "incorporated eastern territories", which had been in force in the "Old Reich" since January 1, 1939, in order to regulate midwifery and to set ethnic bars straight according to the premises of racial segregation.⁴⁷ As in the "Old Reich", the law secured a monopoly for midwives in obstetrics by introducing the obligation to attend every birth and every miscarriage, thus strengthening their position as experts in pregnancy, childbirth and the postpartum period. The Reich Midwifery Law provided German midwives with extensive legal and economic protection. For example, it guaranteed them a minimum income, a pension and health insurance.⁴⁸ Polish midwives however, had no rights. They were only granted a licence, which was subject to "immediate revocation". This meant that German health authorities, such as public health officers, could ban Polish midwives from practising at any time with no possibility of appeal. As compulsory members of the Reich Midwifery Association, the Reich Midwifery Law placed Polish midwives under the supervision of the professional organisation, in addition to that of the public health officers. The head of the Reich Midwifery Association was Nanna Conti, the mother of the Reichgesundheitsführer.⁴⁹ The district midwives, many of whom were Germans from the German Reich, were given extensive supervisory powers to monitor the quality of the professional practice of Polish midwives – a task that had been reserved for public health officers in the "Old Reich". In addition, Polish midwives had to pay 20% of their income to the professional organisation, which used the money to support German members. The Reich

45 Almost 200 of the midwives were Reich German. Cf. Allgemeine gesundheitliche Versorgung der Zivilbevölkerung (Public health care for civilians), 7 Aug. 1943. In: APP, 299 RSH/1882, p. 69–70.

46 Own calculation based on population statistics of 1944 (1.012.343 Germans and 3.40.000 Poles). Cf. Stiller, Politik, 2022, p. 1240.

47 Verordnung zur Einführung des Hebammengesetzes in den eingegliederten Ostgebieten vom 7. Oktober 1940, in: Reichsgesetzblatt I, 1940, p. 1333.

48 Cf. Tiedemann, Standesorganisation, 2001.

49 Cf. Peters, Biographie, 2018.

Midwifery Law restricted the activities of Jewish midwives to the care of Jewish women. The occupation administration declared that it was not responsible for the health and obstetric care of Jews and left the organisation to the Jewish communities.⁵⁰

About the “Evil” of Polish Midwives

Both health politicians and German midwives stereotypically described the quality of Polish midwives’ work as poor. Margarete Riedel criticised that Polish midwives weren’t familiar with postnatal visits and would attend the birth with little resources and effort, and then neither look after the mother nor the baby’s navel.⁵¹

Just like Margarete Riedel, Nazi planners and health politicians regarded the admission of Polish midwives as an “evil” because of their training and professional practice.⁵² Above all, they rejected Polish midwives “as members of a foreign race”, as a 1941 report by Schmalz’s office put it. The report made it clear that because of their racial affiliation, Polish midwives did not provide the pregnancy counselling or postnatal education in the way that is “necessary in the interest of a healthy German offspring”. “This educational work can only be done by German midwives”, the report concluded.⁵³ The Schmalz office appears to have placed Polish midwives under general suspicion, assuming that they would counter the Germanisation and population policy objectives by making little effort to keep German mothers and children healthy.

In the Nazi midwives’ journal, German midwives reported their shocking encounters with ethnic German traditions and thus emphasising the need to educate the ethnic German women. Midwife Ingeborg Morsbach, for example, told her colleagues in the “Old Reich” that ethnic German mothers – especially former Polish citizens – exclusively breastfed their babies for nine months or more without any supplementary porridge.⁵⁴ Her colleague Juli Prinz added

⁵⁰ Cf. Hecht, Wetzel, *Behandlung*, 1939. In: National Archives and Records Administration (USA), RG 238, PS-660, p. 41.

⁵¹ Riedel, *Eindrücke*, 1941.

⁵² Cf. Report of the deputy Gau Leader in the Warthegau, Ne/Wa., 1 Oct. 1941: concerning Midwife outreach in the Wartheland, in: IPN, GK 746/66, p. 95.

⁵³ Report of the deputy Gau Leader in the Warthegau, Ne/Wa., 1 Oct. 1941: concerning Midwife outreach in the Wartheland, in: IPN, GK 746/66, p. 95.

⁵⁴ Cf. Morsbach, *Erlebnisse*, 1942.

that the mothers would let their babies crawl on the dirty floor and often used rags instead of nappies. She also criticised the fact that the woman giving birth was usually surrounded by a crowd of women, neighbours and relatives. Julie Prinz and Ingeborg Morsbach like German health experts, found these practices disturbing and dangerous to the health of both mother and child. As a result, Julie Prinz concluded, it was not surprising that only some of the ethnic German children survived their childhood.⁵⁵

Health authorities in the Wartheland expected German midwives to intervene in traditional practices and also to discipline their clientele to practice comprehensive hygiene, such as washing their hands before each contact with the baby, and to feed the babies in a way that was considered healthy, which included breastfeeding at fixed times and for a fixed length of time.⁵⁶ Ethnic German mothers were to be modelled into NS-German and thus integrated into an "extended ethnic community" ("erweiterte Volksgemeinschaft") beyond the borders of the "Old Reich".⁵⁷ Belonging should be established and maintained through certain cultural practices and behaviours, as well as through a certain standardised approach and care of infants that is understood to be health-promoting.⁵⁸

However, due to the shortage of German midwives until the end of the war, Polish midwives were an "evil" that could not be avoided, as the report by Schmalz's office concluded. More than one German health expert complained, that Polish midwives didn't intervene when they witnessed "health-threatening" practices among their clients.⁵⁹

Despite the complaints of the Nazi authorities', Polish midwives and lay obstetricians were popular among the population. The Reich German midwife Julie Prinz reported: "I never heard any of the women who provided midwifery services being reprimanded; on the contrary, they were fanatically defended".⁶⁰ The involvement of a Polish midwife in a birth gave (ethnic) German women the opportunity to escape the control and discipline of a German

55 Cf. Prinz, Erlauschtes, 1943. See also Lisner, *Hebammen*, 2016.

56 Cf. Dr. Boening, Hauptamt für Volkswohlfahrt, Posen, 3 Feb. 1942: Anleitungen zur Säuglingsernährung. In: APP, 299 RSH/2073, p. 5–9.

57 Cf. Lisner (2016). On the concept of the "extended ethnic community" Cf. Kundrus, *Regime*, 2009.

58 Harvey, *Women*, 2003.

59 Report of the deputy Gau Leader in the Warthegau, Ne/Wa., 1 Oct. 1941: concerning Midwife outreach in the Wartheland, in: IPN, GK 746/66, p. 95.

60 Prinz, Erlauschtes, 1943, p. 202.

midwife from the Reich and to shape birth and the puerperium according to their own ideas and traditions. Due to the racist hierarchisation and disenfranchisement of the Polish population, it would hardly have been possible for Polish midwives to assume a position of disciplinary authority over their German clientele and to enforce Reich German standards. In addition, Polish midwives had long-standing contacts with the local Polish and ethnic German population, which enabled trust based relationships. They were also familiar with local social norms and values. Reich German midwives, who had only lived in the Warthegau for a short time, did not have such contacts.⁶¹

In the district of Leslau, the public health officer tried to break down the relationships of trust between the population and the Polish midwives by means of controls. He forced the midwives to report separately all births in German families and to give reasons for them. The most common reason documented was “sudden birth”, which the medical officer accepted in view of the poor transport conditions and the shortage of German midwives.⁶² With the increasing presence of German midwives since 1941, however, these contacts came under scrutiny by the authorities.⁶³ Inspections by the Nazi Women’s Office, ordered by the public health officer, show that German families who chose to use a Polish midwife despite the presence of a German midwife in the district were under surveillance.⁶⁴

Conclusion

In line with the aim of Germanising the incorporated Polish territories and winning the declared “war of births” against the Poles, Nazi health authorities implemented a birth policy based on racial segregation. Thus, pregnancy and childbirth in the Warthegau meant very different things, depending on one’s racial classification e.g. in the German Ethnic Register. The occupation regime supported German mothers financially and materially, and placed great emphasis on the health of both mother and child in order to increase the German

61 Cf. Lisner (2016).

62 Note of the health officer in Leslau, 10 May 1943. In: APW, 829/44.

63 German midwives were not distributed equally over the Wartheland. In some districts, mainly in the bigger cities, there were more German midwives than in the countryside. However, since 1941 their number continuously raised. Cf.

64 Cf. Schreiben der NS-Frauenschaft, 3 Feb. 1944. In: APW, 829/41. See also Lisner, Hebammen, 2016.

population. Even more, they prioritised health resources for them. For example, midwives were instructed to give priority to German women.⁶⁵ The health of Polish mothers and children was only of interest in maintaining the Polish labour force. Polish women were only allowed a minimum period of maternity leave, and because all Poles were obliged to work from the age of 12, Polish mothers couldn't stay at home to take care of their children.⁶⁶ Abortions were encouraged for Polish women, some health experts even suggested not intervening if Polish women had miscarriages, and all resources such as midwifery, medicines, hospital treatment, but also baby cloths and feeding bottles were diverted to the German population.⁶⁷ The occupation administration denied any responsibility for the health and maternity care of Jews, leaving the organisation to the Jewish communities.⁶⁸ The Nazi birth policy practised in the "Old Reich", with its interdependent pronatalist and antinatalist orientation was transferred to the incorporated Polish territories, but adapted to the aims of the "war of births", which meant fighting the Poles "biologically". Health care and midwifery thus became instruments of racial segregation and Germanisation. At the same time, the assumption of being in a "war of births" with the Poles was reflected in the "Old Reich" and determined the treatment of Polish female forced labourers.⁶⁹

In the annexed Polish territories, however, the aims of the Nazi birth policy clashed with the shortage of medical personnel in the incorporated Polish territories and the need for Poles as a work force. Although the number of German midwives increased by the end of the war, there were never enough to serve the entire German population, let alone the Polish. Particularly in rural areas,

65 Note of the Reich Minister of the Interior, 17 Jan. 1944, in: APP, 299 RSH/2070, Bl. 8.

66 Majer, Fremdvölkische, 1981, p. 373–385, 411. Albert Coulon: Bericht betr. Gegenwärtiger Stand der Polen-Politik im Reichsgau Wartheland im Rahmen der gesamten Polenfrage, 30 July 1941, in: Bundesarchiv Berlin (National Archive Berlin, BArch), R 138 II/2, p. 38.

67 Cf. Czarnowski (1996); Albert Coulon: Bericht betr. Gegenwärtiger Stand der Polen-Politik im Reichsgau Wartheland im Rahmen der gesamten Polenfrage, 30 July 1941, in: Bundesarchiv Berlin (National Archive Berlin, BArch), R 138 II/2, p. 38–42.

68 Cf. Lisner, Midwifery, 2020. See also: Wetzel/Hecht: Die Frage der Behandlung der Bevölkerung der ehemaligen polnischen Gebiete nach rassenpolitischen Gesichtspunkten, 25 Nov. 1939. In: National Archives and Records Administration (USA), RG 238, PS-660, p. 41.

69 Cf. Brüntrup, Verbrechen, 2019.

midwifery could not be provided without Polish midwives. Due to the decentralised organisation of midwifery care, birth attendance in women's homes provided scope for action that was not only geared to population policy but also to the wishes and needs of women and their families. The use of a Polish midwife offered German families the opportunity to escape the disciplinary grip of German midwives, who were mandated to educate their clientele and, in particular, to train them to obey German ideas about pregnancy, childbirth, postpartum and hygiene. Because of the racially inferior position of Polish midwives, they offered (ethnic) German mothers and families a somewhat greater room for manoeuvre and autonomy. Polish midwives as Poles subject to draconian punishment if they objected to Germans, had just few opportunities to educate their German clientele. Aware of this situation, Nazi health authorities tightened their control over Polish midwives, although they were unable to dismiss them. German midwives together with public health officers, were entrusted with the supervision of Polish midwives and were thus able to increase their scope of action and power. In addition, members of German organisations such as the "Nationalsozialistische Volkswohlfahrt" (NSV, National Socialist People's Welfare) and the "NS-Frauenschaft" (NSF, National Socialist Women's League) were called upon to monitor encounters between Germans and Poles. In this way, the Nazi regime attempted to increase its hegemony over the female sphere of pregnancy, childbirth and postpartum and to invade the private sphere under occupation in a multi-ethnic environment.

As has been shown, questions of reproduction played a central role in the occupation and Germanisation policy in the incorporated Polish territories. An important question for further research would be the significance of birth policies and midwives in other countries occupied by Nazi Germany, such as Slovenia, where the German occupiers pursued a similarly radical Germanisation policy as in the Warthegau.⁷⁰

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70 Cf. Stiller, Politik, 2022.

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