



# The reproduction of life at capitalist tempo. An approach to institutional childbirth from marx's theory of value<sup>1</sup>

La reproducción de la vida a tempo capitalista. Una aproximación a los partos institucionales desde la teoría marxista del valor

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## Abstract

The institutional model of childbirth care started along with modern medicine and in the transition to capitalism. In fact, its institutionalization took place during the 18<sup>th</sup> and 19<sup>th</sup> centuries. It went from being a home event assisted by women to take place in nascent health centers and in charge of new medical professionals. This article analyzes institutional birth/labor in relation to capitalism as a mode of (re)production of goods and people, based on the hypothesis that it is governed by the spacetime dynamics and social relationship of capital. Through a theoretical reconstruction, categories of the Marx's Theory of Value are articulated—

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considering its derivations from feminisms—with theoretical productions focused on the anthropology of reproduction by exploring intersections and relationships between these conceptual fields, given the lack of developments in this matter. Therefore, I propose lines to reflect on the institutional childbirth model from a Marxist perspective in terms of gender.

## Keywords

Human reproduction; Capitalism; Marxism; Feminism; Anthropology of reproduction; Medical hegemony; Commodification of life.

## Resumen

El modelo institucional de atención al parto se erigió de la mano de la medicina moderna y en plena transición al capitalismo. De hecho, su institucionalización se dio durante los siglos XVIII-XIX, pasando de ser un evento hogareño y asistido por mujeres a realizarse en los centros de salud incipientes y a cargo de los nuevos profesionales médicos. Este artículo analiza el parto/nacimiento institucional en relación con el capitalismo como modo de (re)producción de bienes y personas, partiendo de la hipótesis de que este se encuentra regido por la lógica capitalista de organización espaciotemporal y de relación social. Mediante una reconstrucción teórica, se articulan categorías de la teoría marxiana del valor —atendiendo a sus derivas desde los feminismos— con producciones teóricas enfocadas desde la antropología de la reproducción, explorando cruces y relaciones entre estos campos conceptuales dada la vacancia de desarrollos en esta dirección. De esta manera, se proponen líneas para pensar el modelo institucional de partos desde una perspectiva marxista y en clave de género.

## Palabras clave

Reproducción humana; Capitalismo; Marxismo; Feminismo; Antropología de la reproducción; Modelo médico hegemónico; Mercantilización de la vida.

## Introduction

The hegemonic model of childbirth care<sup>2</sup> started along with modern medicine and in the transition to capitalism. In this sense, in addition to being based on the rationalist and patriarchal foundations of scientific biomedicine (Sadler, 2004; Busquets, 2019), its origin and functioning is marked by this mode of economic production and social organization.

In fact, childbirth was institutionalized during the 18th-19th centuries, going from being a home event attended by midwives (under a community aid dynamic) to being carried out within incipient health institutions and in charge of new medical professionals, mostly men (English & Ehreinreich, 1981; Federici, 2015). In addition, going from home to the institution brought with it a whole transformation in the process of giving birth and being born, both in its new centralized spatiality that separated this event from everyday life (the hospital) and in the adjustment to the abstract, linear, and uniform temporality, typical of capitalist production<sup>3</sup>, but totally alien to the rhythm of nature (Coriat, 1982; Dörre, 2016), therefore, to body materiality and its physiology.

The objective of this work is to relate institutional birth/labor to capitalism as a mode of production and reproduction of goods and people. I start from the hypothesis that the hegemonic model of birth, in Western societies, is configured by (while reproducing) the capitalist production of goods, since many of its characteristic aspects can be traced in the practices imposed on the labor market in the advent of capitalism, as well as in the spacetime dynamics that structure the creation of “value” within said system. In this sense, I seek to account for possible connections and material articulations between this specific social labor and macro-structural economic aspects.

It is worth clarifying that some authors—especially from the anthropology of reproduction—have referred to capitalism as a way of being and doing that is printed in the institutional model of births, for example, when talking about “Technocratic model of births” (Robbie Davis Floyd, 1993, 2001), “Birth as an assembly line” (Emily Martin, 2001); “The baby as a product” (Magnone, 2010; Montes Muñoz, 2007). Anyway, when deepening on these notions, there is a gap in their connection with the theories of political economy from which they come. Moreover, the problem of the hegemonic and institutional model of obstetric care has been worked on from gender approaches, highlighting the sexist and patriarchal

<sup>2</sup> In general, the “hegemonic medical model” refers to the “set of practices, knowledge and theories generated by the development of so-called scientific medicine which, since the end of the 18th century, has established as subordinate to the set of practices, knowledge, and ideologies dominant in social groups until then” (Menéndez, 1988, p. 451). The character of hegemony has to do, precisely, with the fact that it is considered the only legitimate way to treat the disease. That legitimacy is given by scientific criteria and also by the State as a regulatory institution of society.

<sup>3</sup> Following Harvey (1998), I prefer to speak of spacetime, insofar as they refer to indivisible dimensions of existence.

aspect that expertise (discourses, practices, and relational models) entails when conceiving inherently defective female bodies and gestational processes as pathological (Montero & Leida, 2017).

But, as Harvey (1998) warns, because capitalism is materially expansive, no aspect of sociocultural life escapes the dynamics of circulation of capital and money, and this is not the exception. The challenge is to place social life phenomena in a global framework for interpretation that presents them as part of an interrelation process and reciprocal definitions.

## Background And Methodology

Accounting for the intrinsic relationships between economic production and the reproduction of life is one of the main objectives of social reproduction feminist theorists. They focus on making visible and analyzing the social function and centrality of domestic and reproductive labor within capitalism (especially in the daily and generational replacement of the “labor force”). In this way, these thinkers question the separation of the productive and reproductive spheres established by classical political economy (Federici, 2015; Pérez Orozco, 2019; Lázzaro, 2020b). They affirm that social relations involving human reproduction must attend to the capitalist context in which they unfold, while considering both spheres in their internal relations and reciprocal definitions, that is, as dialectical moments within a totality (Brown, 2012, p. 75; Picchio, 2012; Luparello, 2017).<sup>4</sup>

In this vein, this reflection seeks to analyze how specifically capitalist dynamics establish limits and conditions to a whole range of institutions and social reproduction practices (in this case, institutional births), but without conceiving them as a productive unit themselves, rather, theorizing them in relation to the structural dynamics that govern the production of capital.

To this end, I follow the proposal of Kathryn Russell (1994) who, from political economy, takes the conceptual framework of Marx’s theory of value in *Capital* (1867/2008) as a reference. Her work shows how, within the new technologies of assisted and *in vitro* fertilization, surrogacy, sale of eggs and sperm, etc., gestational processes are increasingly introduced into the market, thus generating a true “birth industry”. As the “new engineering of procreation” becomes more closely related to “other types of capitalist social labor,” the author believes that Marx’s Theory of value can shed light on it. Russell (1994) says:

<sup>4</sup> The lack of economic consideration that reproduction tasks entail has led social reproduction feminists to discuss the inadequacy of Marx’s Theory of value to account for the sexed character of capitalist production/accumulation as well as for social complexity as a whole. In this, they mainly criticize a restricted conception of the concept of labor (and “productive labor”) within this scheme, to the extent that it does not recognize (socially) the centrality assumed by reproductive tasks both in the origin and development of capital (Ferguson and MacNally, 2013; Federici, 2015).

In late-capitalism, and hand in hand with genetic engineering, gestation and childbirth are material and purely economic processes and as they separate genetics, gestation, and kinship relationships, there is a new form of social relationship that proposes an abstract equivalent between the ways of creating children and other modes of social labor. In such a way that it can be considered as a productive activity... Contemporary social and technological developments point to a greater valorization of births, deepening the theoretical aspects of value and making it increasingly crucial to turn to Marx's theory to account for it. (p. 291)

Certainly, we have different perspectives because, when talking about institutional births, I am not referring to the market built around the purchase/sale of eggs, sperm, tissues or even creatures, but to the dominant way of giving birth and being born in Western or Westernized societies. In any case, I believe that, from its own institutionalization-hospitalization, this process is configured by macro-structural economic dynamics that alienate it from the needs of capital, even if the “valorization process” does not reach its complete form.

For this, I propose a theoretical reconstruction that takes up specific productions on the subject of institutional births (especially from the anthropology of reproduction) articulating them with the main categories of Marx's theory of value (2008) in *Capital* and some of its interpreters, as well as with reappropriations made from the feminist “theories of social reproduction” (Luparello, 2017). In this way, I seek to provide rudiments to build a conceptual framework that illuminates this social phenomenon from a macro sociological perspective from Marx's and gender theory.

In terms of presentation, I divide the discussion into three sections. In the first, I propose a brief history of the institutionalization of childbirth in the context of capitalism, giving an account of how some basic guidelines and formats that were applied to the labor market, are present in the procreative sphere, especially in the spacetime structure that was imposed (rationalized, abstract, uniform). In the second, following the line traced by Russell (1994), I make a conceptual reflection seeking to establish connections between this specific social activity and some nodal categories of Marx's theory of value in *Capital*, laying some foundations for this articulation.<sup>5</sup> Finally, to the extent that the relational-linked aspect of this social activity has been mainly analyzed from a gender perspective, these considerations are taken up in that light, rethinking some of the limits and possibilities.

<sup>5</sup> It is important to bear in mind that the premises outlined here are tentative and exploratory, since they present the challenge of adaptation and categorical adjustment to an area that is not part of Marx's theory.

## Discussion and results

### The new life at a capitalist pace

From the institutionalization of labor/childbirth (18<sup>TH</sup> century in Europe, 19<sup>TH</sup> century in America) there were some changes that intrinsically reconfigured this activity. In tune with the new forms of subjection of workers in the factories, hospitals gave rise to ways of discipline for all people, especially women<sup>6</sup>. Since its emergence, biomedical knowledge defined bodies with the capacity to gestate as risky, so this and other life cycles began to be treated as diseases until they were continuously controlled and externally corrected (Lazzaro, 2020.a). In this way, childbirth in hospitals meant the loss of the role of pregnant in this event, having to adjust to the new techniques of regulation and biomedical intervention that aimed to make it an efficient process within the new scientific parameters, while having more effective control over birth (Luparello, 2017).

At the same time, the hospitalization process of childbirth becomes possible through the material and symbolic elimination of midwifery, more precisely midwives and any person (specially women) who possesses some traditional medicinal knowledge. The main elimination device of the dispossession of ancestral knowledge and reproductive practices was the well-known “witch hunt”, a systematic process of persecution and killing that lasted just over two centuries (Federici, 2015).

Thus, two transformations occurred: one relating to the spatialization of these processes and another related to the social relationships involved. If childbirth was a “women’s issue” (Correa, 2000), it would now be mediated by new knowledge-power relationships between parturient and birth attendants—mostly men—, acting from the incipient scientific biomedical criteria. For its part, the chronometer, as a new regulator of the times of economic production, imposed a linear, uniform and external temporal pattern—untethered from the cycles of nature—as a compass to which labor processes and bodies had to adapt. Consolidating its power in the factories, the new capitalist spacetime split life from work, making it an autonomous instance and superior to the other spheres as an organizing principle of social life as a whole<sup>7</sup>.

<sup>6</sup> For this writing, I use the term women as a social collective especially affected by the sociohistorical configuration of the biomedical model of birth. However, and although the identity discussion around gender is not the purpose of this reflection, I want to highlight that it is a discussion that is not closed within feminisms, with positions in tension existing (see Butler, 1990).

<sup>7</sup> This generated a growing separation between work and life, the public and the private, the production of reproduction, which deepened the inequality between social classes and, also, between genders based on the division between productive and reproductive labor and the associated forms of domination (Dörre, 2016, p. 29).

The hospital, like so many other modern institutions (prisons, schools, barracks), acted in tandem with the new imperatives of capital, functioning under the premises of industrial production and its scientific management of work and coupling, from the first decades of the 20<sup>th</sup> century to the Fordist chain production. The assembly line, says Coriat (1982), which aimed at mass production through the serialization and standardization of the production process, assumed the authoritarian, mechanical direction of the cadence of labor, until almost absolutely regulating the corporeality of the workers. In this way, through “*a particular mixture of paternalism and police-type surveillance...* Fordism inaugurates the calm and absolute despotism of the times and body movements... generating a cycle of acceleration of productive capital” (pp. 43-64).

Thus, the regulation of time not only had the economic virtue of increasing production and profitability over it, but became an effective instrument for the regulation, control and subjugation of people in a fragmented, uniform, and perpetually rotating dynamic. Indeed, the ways of giving birth and being born within medical institutions were reconfigured from these innovations, adapting the evolution of this social activity to the productive model based on the amalgam of paternalism and police surveillance of factories. Hence, the American anthropologist Emily Martin (2001) proposes to understand “childbirth as an assembly line” (p. 57-66), which gives an account of how the capitalist dynamics applied to childbirth is perfectly embedded in the patriarchal one, to the extent that women are conceived as mere bodies degraded to machines, reified as simple carriers of wombs at the service of the social reproduction of capital. Parturient are considered mere “wombs to evacuate” (Eraso, 2013, p. 49). Wombs that, understood as reproductive machinery, carry the inherent faults that associate instability and risk to the pregnant bodies, which is why they must be closely monitored, directing each step, each movement and expression to guarantee a good product (the baby) (Magnone, 2010)<sup>8</sup>.

Also, in this line, Blázquez Rodríguez (2009) refers to the “productivism” (p. 92-5) of childbirth within the hegemonic biomedical model, to the extent that its itinerary is based on biologism, standardization and product-centered medicalization, while there is an increasing tendency towards acceleration, as happens in the capitalist pace (Rosa, 2016). Therefore, says Canevari (2022), in the hospital model of childbirth “the use of space and time is a form of domination over women” (pp.96-97) and, consequently, of the productive process over reproduction.

<sup>8</sup> An example of the evolution of childbirth in the “assembly line” is observed in routine medical protocols, which involve a marked medical and pharmacological intervention on the pregnant bodies without considering their differences or the physiological times necessary for a natural birth. In this, I refer to the systematic application of synthetic oxytocin, an artificial drug that emulates the hormone oxytocin, naturally produced in the body, to cause the onset of labor, contractions, and dilation. The supply of synthetic oxytocin has a double function: to artificially induce childbirth and accelerate its process, so that it is decoupled from the (indeterminate, unpredictable) time proper to physiology. Likewise, police surveillance is observed in the prohibition of free body movement for women in labor, under the pretext that their actions may hinder and delay medical action. The same happens with the position of lithotomy (lying on the back) mandatory for childbirth, which is totally contrary to the force of gravity (so necessary for the descent of the fetus), but which facilitates efficient medical observation and action (Lazzaro, 2020.a).



Here too, monitoring technologies, mainly ultrasound scans, are arranged as acceleration factors to the extent that the technologically provided data command the temporality of gestation while deleting, once again, all body and subjective records (Lazzaro, 2020). Pregnant bodies are at the mercy of standardized protocols and their guarantors, medical personnel, are the ones who take the lead in the birth process. Even in medical jargon, it is often said that they are the ones who “make the deliveries” or, also, that the “baby is taken out” (Castro, 2014; Reano, 2018; Castrillo, 2019), which invalidates the parturient not only in their knowledge and feelings, but by expropriating them from their body and separating them from *their* labor. Hence, Canevari (2011) concludes that these are not only expropriated bodies, but also alienated ones.

Given that these traits are exacerbated by a technological role *in crescendo*, the anthropologist Robbie Davis Floyd (1993, 2001) warns that we are in the presence of a “technocratic model of births” (p. 6). Like its industrial predecessor, technocracy is a society hierarchically organized under the ideology of progress as a culturally dominant reality. Thus, the “medical system remains faithful to its role as a microcosm of society, rigidly structured in terms of the power of physicians as a group ... and in terms of individual needs to standardized institutional practices and routines” (Davis Floyd, 2001, p. 6).

Having reviewed some contextualization elements of institutional birth within the capitalist transformations of society, henceforth I propose to articulate some basic notions of Marx’s theory of value with institutional births to illuminate possible expressions of the commodity dynamics in this social activity.

## Reproduction of value in institutional births

As a guide to this reflection, and from Marx’s perspective of value, I problematize the possible relationships between the institutional births model and the capitalist production of commodities. Then, the first questions arise: What is created in institutional births? Are goods produced? What type of labor is involved in these processes? In what specific sense does the timing of institutional births fit the needs of capital?

As a first approach, I start from Kathryn Russell’s statement (1994): “Procreational labor can be seen as concrete and useful work because it is an activity whose form is defined and has a specific objective. In this sense, it can be understood as a creator of use values” (p. 291)<sup>9</sup>. Thus, the process of gestation and childbirth—no matter where this happens—creates use values, since it points to the birth of people and, in this, to the social need for the reproduction of the

<sup>9</sup> According to Marx (2008), the utility of a thing makes it a “use value”, as a value that is materialized in its use or consumption. Therefore, any process or activity that aims to satisfy social needs is a creator of use values.



species. From this point of view, the creatures that are born are the end of the process, the result to which it is directed or, also, the product. But, not all products, says Marx (2008), for social use refer to goods:

To produce a commodity, you must not only produce use value, but use values for others, social use values. To become a commodity, the product has to be transferred through exchange to the one who uses it as a use value. (pp. 50-51)

In other words, “only something that is exchanged is designated as a *commodity*; therefore, something that besides its *use value* has an *exchange value*” (Heinrich, 2008, p. 58). The use value of a thing is nothing more than its utility, which is based on its specific content or substance, whether material or immaterial, as in the case of services<sup>10</sup>. But this content—which refers to its natural form—is distinguished from its social form as exchange value from which the product can be exchanged for others. To conduct this exchange, however, any product and the labor that made it possible must be abstracted from its specific substance or content, in order to be comparable with other products of human activity and to be able to participate in the world of goods where they acquire their value<sup>11</sup>. In this sense, according to Marx (2008), all works have a social character, but it is different when it refers to its social condition as a useful product for society—use value—from a form of abstract equalization of its relationship with any other type of labor.

Thus, exchange value, as a pure social form, cannot be considered as an isolated thing—the product or service by itself—but it occurs and operates in the relationship between commodities, that is, between products of “abstract labor”: “The products of labor outside of exchange have no value, nor are they, therefore, commodities; they are only so in the process in which they are equalized” (Ruiz Sanjuán, 2008, p. 22), materializing in the form of money as the result and condition of their interchangeability.

From these considerations, I understand that creatures, as products or material results of the process of gestation and childbirth, do not assume the condition of merchandise, since they are not willing to exchange between products of different species, *ergo*, their production does not become abstract labor (except in the cases of surrogacy, sale of babies, etc., referred to by Russell [1994]). So, in what ways could institutional birth be related to the productivism of capital? In other words, what implications did, and does, the institutionalization of childbirth have on the capitalist reconfiguration of this ancestral social activity?

<sup>10</sup> Also, services can be exchanged, sold, and thus become commodities. The difference, says Heinrich (2008), between a material product and an immaterial service is that, in the first case, there is a deferred temporal relationship between production and consumption, while in services the act of production and consumption coincide immediately (p. 61).

<sup>11</sup> According to Marxist theory, “abstract labor” is that which abstracts from the various forms that specific labor assumes: “That common substance of commodities cannot be other than the labor that created them: it is the only identical thing in otherwise immeasurable commodities.” (Jappe, 2016, p. 35). It is from that ‘gelatin of undifferentiated human labor’ that commodities are given value.

Since its hospitalization in the 18<sup>TH</sup> century and the progressive consolidation of obstetrics as a medical specialty legitimized/authorized to supervise and regulate this process, births begin to produce more than just creatures. In previous paragraphs, it was pointed out that home birth accompanied by midwives and other women were prohibited and eliminated, which led to the forced need for intervention and medical control. Thus, as a consequence of its institutional reconfiguration, a new variable emerges from this social activity: the medical assistance at birth, which I believe takes the form of merchandise as far as it is based on the sale of the “force/work capacity”<sup>12</sup> of the doctor as a worker. In fact, as far as it is plausible to sell/exchange, this social service is expressed in the form of money. Whether it is free or paid for by users is anecdotal. In any case, each birth has a monetary cost, as it is covered in the health services market.

From this perspective, “childbirth health care” is transformed into a properly capitalist form of labor. Whether they are salaried workers, as in public hospitals, or charge for each service provided, the commodity that is exchanged is their force/work capacity. Hence, childbirth assistance becomes abstract labor, and can be homologated to other forms of social labor. As Jappe (2016) states:

In commercial society, labor is not interchangeable, and consequently social, only as far as it is abstract. The commodity cannot be exchanged before it has been transformed into money, because money is the only commodity that can be exchanged directly for any other. (pp. 47-48)

However, although childbirth assistance is a commodity sold by doctors to their employers in exchange for wages, to users directly in exchange for an income—being able to split into a use and exchange value—this does not imply that the valuation process is completed. Indeed, we can refer to two notions of “productive labor” from Marx’s perspective. One of them refers to the production of use values: “Here, productive labor is valued as such as long as it produces something that can be used by individuals and society as a whole” (Brown, 2012, p. 216). On it, Heinrich (2008) says:

Regardless of its formal economic determination, the purpose of the labor process is the production of a certain use value. From *the standpoint of the labor process*, labor that creates use value (or participates in it) is productive labor. (p. 131)

<sup>12</sup> I understand that the idea of force contained in the notion of “labor force” is mainly related to physical and muscular strength. For this reason, I incorporate the idea of capacity to expand its meaning to those works that are based, above all, on mental and intellectual activity.

However, taking *the point of view of the capitalist production process*, Marx refers to a restricted idea of productive labor where the determining factor is the production not only of value, but of surplus value for the capitalist: “For Marx, the only productive labor—in a capitalist view—is that which creates surplus value that can be reinvested” (Jappe, 2016, p. 126).

In short, from the point of view of the labor process, as far as they aim to satisfy a fundamental social need for the reproduction of societies, institutional births are productive labor. But, taking into account the point of view of capitalist production, we do not come to the same conclusion, at least not in all cases.<sup>13</sup>

It is important to pay attention to the fact that, whether or not a job is productive labor—in the capitalist view—it does not depend on its nature, but on the economic conditions in which it is performed. In other words, every labor process is socially determined, or surplus value is a social product, or as Jappe (2016) refers:

It cannot be decided based on an isolated case whether labor is productive; this depends on its position in the whole process of reproduction. Only at the level of global capital can we see the productive or non-productive nature of a labor ... For a labor to be productive, it is necessary that its products return to the process of capital accumulation and that their consumption feeds the expanded reproduction of capital, being consumed by productive workers or becoming investment goods for a cycle that effectively produces surplus value. (p. 128)

From this approach, then, different scenarios could arise with respect to the phenomenon we analyze here, for example, the sale of the direct service to the user—creating use and exchange value—as happens in home births paid out of pocket. Here, a mercantile exchange has been generated, that is, a form of commodity in relation to the assistance offered, but not a profit in the capitalist sense, that is, there is no production of surplus value. Therefore, it constitutes unproductive labor from the economic perspective of mercantile society. If it is the obstetrics service of a public-state institution where health personnel are salaried, but without generating surplus value for the institution, we cannot speak of productive labor in the capitalist sense either, since such assistance has generated an expense for the State rather than a profit, even though they are extremely necessary expenses for the operation and development of capitalist production.

<sup>13</sup> Something similar happens in relation to domestic and care work. From feminist economics, they question the lack of productivity that this type of work entails within Marx's theory of value (Picchio, 2012). Some authors even postulate that these activities (by reproducing the particular commodity of labor power) are essential for the production of surplus value (Dalla Costa & James, 1971; Falquet, 2017). Others refer to these works as essential for capitalist production (so they must be taken into account for a thorough analysis, articulating production and reproduction), but without necessarily being value formers in the strict sense (Vogel, 2000). For his part, Brown (2012) emphasizes that the productive/unproductive distinction does not have, in Marx, any normative character, so they operate as mainly descriptive categories of the different forms of labor within capitalism. For her part, Roswitha Scholz (2016) makes an acute criticism of the value form as a capitalist form of wealth, pointing out the limitations of an ontologizing notion of work and public/private separation, and how the latter—far from being derived from the first—is split by being constituted by activities opposed to the logic of value (protection, care, emotionality, among others) and that are feminized.

Now, if the service is offered in an entity managed in a capitalist way, such as a private clinic, where the owner keeps a percentage of the work done by the health personnel he has hired (profit), then, it is productive labor.<sup>14</sup> In this way, if analyzed from the perspective of the theory of value in the strict sense (capitalist), we can say that, except for some cases, such as the clinic managed in a capitalist way and the birth industry to which Russell (1994) refers, institutional births refer to “unproductive labor”, since they do not generate surplus value.

In any case, we can glimpse how some of the principles and dynamics that govern this mode of production are present in these contexts. For instance, in the very creation of assistance as a force/work capacity commodity that doctors sell and, very especially, in the spacetime dynamics that the process assumes through the regulation, control/monitoring and constant acceleration of labor within institutions.

At this point, a central aspect of this perspective refers to “working time” as a decisive element to create value. To the extent that specific works are not comparable to each other, unless they assume their abstract-social form, the point of comparison, which is then translated into a quantitative sum of money, refers to the time invested in their production:

*As far as use value is concerned, the labor contained in the commodity counts only qualitatively; as far as the magnitude of value is concerned, it counts only quantitatively, once that labor has been reduced to the condition of human labor with no other quality than that (abstract labor). There, it was about the how and what of labor; here about how much, about its duration. (Marx, 2008, p. 56)*

Like all abstract labor, its value does not refer to the labor time spent by each producer individually, but only to the “socially necessary labor time”: “The socially necessary labor time is that required to produce any use value, under the normal conditions of production in force in a society and with the average social degree of skill and intensity of labor” (Marx, 2008, p. 48).

This time is determined by the conditions of productivity and socially normal intensity of work, an average of the time necessary to produce a commodity according to the progress of the productive forces in that socio-historical moment. This can be seen in institutional birth attendance, which was adapted to the socially necessary time to give birth according to the degree of scientific evolution, in relation to medicalization (pharmacopoeia) as the machinery that monitors it, while the whole process usually occurs in an artificially produced way and its development is constantly accelerated.

<sup>14</sup> Marx (2000) offers a similar example when referring to teaching: “A teacher is not such a productive worker. But if he works in a private school creating surplus value for his employer, he becomes productive (of capital)” (Capital 1, 2, p. 616, as cited in Jappe, 2016, p. 126).

In this way, we talk about the possibility of carrying out a greater number of deliveries per unit of time as well as that they can be ordered according to the serial organization of these processes—something that would otherwise be impossible to foresee, to the extent that the natural/biological duration they entail is not regular or uniform. Thus, the socially necessary labor time, as in other capitalist production works, is what determines the temporary development of institutional births, although this activity does not necessarily generate surplus value. As Jappe (2016) warns, given that productive jobs are the “essence of capitalism”, the number of non-productive jobs should be limited and transformed, as much as possible, into surplus-value-producing jobs.

In this way, and although the acceleration of childbirth, via a reduction in the socially necessary time for this process, is a pressing trend, it is not possible to refer to “mass production” itself. This issue represents a limit to think about this phenomenon from the theory of value in the strict sense. Despite gestational processes are increasingly integrated into the market “until they have become production with all the rules, their valorization will not be completed” (Russell, 1994, p. 303).

In short, even if institutional births do not fully respond to the dynamics of capitalist production in the restricted sense, the mercantile character they entail and the temporal organization that governs them—which is evidenced in the separation of the physiological factor to adjust to the administration of an objective time tending to acceleration—places them as a field configured by and reproducing macroeconomic dynamics. “Capitalism, as Dörre (2016) says, can be understood as a continuous search for spacetime adjustments of capital, encompassing the entire social life and preventing the progressive destruction of the natural foundations.” (p. 126)

## Value as a social mediation in doctor-patient relationships

Now, from the perspective of productive labor in the broad sense; that is, from the point of view of the *work process*, the question about the participants involved in this social activity and their place/position in it arises. First of all, it should be noted that, since the dawn of humanity, women, given their physiological capacity, have carried this process forward. With or without assistance, in the hospital, at home or in the mountains, the productive labor of carrying and giving birth to a child is something they do.

However, from the hospitalization of the birth, as well as the dispossession of their reproductive practices and knowledge, its assistance and management became an (almost) inescapable necessity for all pregnant. So much so that, to this day, medical action, based on their scientific know-how, is responsible for directing, controlling, organizing, accelerating, etc., the birth process, while parturient cannot make decisions about the course of events, even when their corporeality and their labor force are totally involved.

However, through their “labor” they continue to produce use values, ergo, doing productive labor in the broad sense. For its part, and even if it does not necessarily generate surplus value, medical care, as a sold force/capacity of work, takes the form of a commodity.

Certainly, in the remuneration of this process, the assistants completely absorb the labor performed by parturient, something that, in part, could explain the standardization and acceleration of the process. As abstract labor, medical care assumes “the pure form of mediation, and consequently something entirely social, which has no relation to nature and matter” (Jappe, 2016, p. 101) or to the subjectivities involved in it. Pregnant are directly annulled, standardized in their material and symbolic differences and their bodies, again as Sadler (2004) said, expropriated.

Let us now turn to the following paragraph, Marx (2008) says on the capitalist and *his* worker:

The labor process, as a process in which *the capitalist consumes labor power*, shows two peculiar phenomena. The worker works *under the control of the capitalist*, to whom the capitalist's work belongs. The capitalist ensures that the work is carried out in the proper way and the means of production are used according to the assigned purpose, i.e., that raw material is not wasted, and the work instrument is economized, that is, it is only worn out to the extent that its use in work requires it. But secondly, *the product is the property of the capitalist*, not of the direct producer, the worker. (p. 224)

Again, although institutional births refer to an unproductive labor process in the capitalist sense, the first phenomenon is perfectly valid for thinking about doctor-patient relationships in births. Making analogies, doctors would act as capitalists, although possessors of another type of capital than the economic one: “cultural capital” (p. 20) —*sensu* Bourdieu (1998)—of scientific medical knowledge whose possession gives primacy over the activity in question, knowing how to power, while appropriating the labor process carried out by the laborers. Moreover, since they sell force/work capacity in exchange for a salary or remuneration, their position is that workers as such are subject to and respond to productivism.

Without going any further, in cases where births take place in private clinics, the surplus value of their work is expropriated by the employer. While, in the cases of working for a public entity (and always receiving the same salary), accelerating labor and organizing it to increase the amount per unit of time only increases the intensity of their workday. In this sense, although their position in the labor process is privileged with respect to pregnant as patients, who does not make them free in relation to subordination to the dynamics of capital and neither can they, in individual terms, influence the consolidated institutional mechanisms.

Therefore, although adhering to Marxist categories in the strict sense does not allow me to illuminate the sexed aspects and other nuances assumed by the domination of capital within reproductive social activities, this approach offers clues to account for the alienating subjectivation processes that the capitalist mode of production outlines, since all participants are immersed in the fetishism of the commodity and money; that is, to the mystification of the form of wages and their domination over the relationships between real individuals and, in general, to the dynamics of value as social mediation.

Hence, the dehumanizing features that are exacerbated in the institutional model of childbirth care reflect gender inequalities, the product of a medical model and a sexist and patriarchal society, and without a doubt, of social relations reified and subsumed to the dynamics of capital as a principle of organization of activities and (re)production of life.

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## Conclusion

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This research proposed to relate the institutional model of childbirth to some structuring aspects of capitalism as a mode of commodity production and social organization. Since the institutionalization of childbirth took place in the midst of the consolidation of capitalism, the first step was to contextualize this evolution by relating the spacetime dynamics of capitalist production to this particular reproductive sphere. In the same way as the factories, hospitals assumed a centralized and hierarchical power structure, establishing unequal relationships within them under the imperative of a new linear, abstract, and uniform temporality, which reproduction had to conform to. These trends deepened over time, taking a quantitative and qualitative leap through the scientific organization of labor and the Fordist assembly line. From its beginnings, in addition to producing goods, capitalism meant a form of reproduction of people by disciplining bodies and the reorganization of social life as a whole under the imperatives of capital.



In a second section, relationships between some of the central categories of this perspective and institutional births as a specific social activity were proposed. This was based on the premise that, even if gestation and childbirth do not refer to productive activities in a capitalist sense, in the very process of institutionalization/hospitalization the germ of the commodity appears and reconfigures procreative tasks under productivism. In this sense, it was argued that the labor (childbirth) performed by parturient, although essential and unavoidable for the process, does not fall into the logic of value (since it only produces use value), while the (medical) assistance to childbirth, as a paid activity in the health services market, assumes the form of the commodity force/capacity to work. Hence, professional medical action and socio-institutionally established procedures are aligned with the capitalist way of producing goods and human relations are alienated by the fetishism of the commodity.

Finally, to the extent that the unequal, hierarchical, objectifying relationships between birth attendants and pregnant refer to a central point of criticism of the hegemonic model of births—mainly worked on from the anthropology of reproduction and gender perspectives. These considerations were taken up again, trying to shed light on them from capitalist relations. Here, however, there is a peculiar situation; on the one hand, we could say that medical professionals appropriate the labor performed by parturient (and expropriate them from their bodies, considered mere evacuation machines), to the extent of considering that they are the ones who “make the deliveries”. But, at the same time, since they sell their labor force/capacity, they are equally subordinated to the logic of capital. In some ways, in line with feminist critiques of classical economic theory, what this perspective fails to illuminate is the variety of capitals at stake and how gender inequality and exploitation are elementary aspects within productivism and capitalist reproduction of life.

As Brown (2012) argues, although many of these questions do not find their development in the Marxist theory of value, this does not imply that it denies or totally excludes them. Indeed, this has been and is the path followed by many thinkers who, since the mid-20<sup>th</sup> century, have proposed different ways of interpreting Marx’s theory in a feminist key. That reproductive labor in all its forms is considered outside of value creation, it is not necessarily a mere theoretical blindness, but, perhaps, one of the main evidences of the social devaluation that these activities have in capitalism as a mode of economic production and organization of life as a whole. In this way, from this perspective, the dynamics that governs births only reinforces the material and symbolic place of women and feminized bodies within the patriarchal capitalist system.

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## Conflicts of interest

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The author declares that there is no conflict of interest with any commercial institution or association.

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