Abstract: This paper examines the shift in childbirth from home to hospital that occurred in the United States in the early twentieth century. Using a panel of city-level data over the period 1927-1940, we examine the impact on maternal mortality resulting from the shift of childbirth from home to hospital. Results suggest that increased operative intervention on the part of physicians and a resultant greater risk of infection increased maternal mortality until the late 1930s. The introduction of sulfa drugs in 1937 enabled doctors to reduce maternal mortality by enabling them to do potentially life-saving procedures (such as cesareans) without the risk of subsequent infection. The advent of sulfa drugs combined with more judicious use of medical interventions by physicians helped reverse the impact of hospitals on maternal mortality in the late 1930s. Regressions estimated separately by race suggest that the impact of medical care on maternal mortality differed for blacks and whites. Relative to whites, hospitals posed a greater risk for black mothers prior to the late 1930s, and were less beneficial for them afterwards, suggesting that blacks may have received lower quality medical care.