

A Study of Modern Midwifery in Small Town America

By Victoria Karalun

Introduction

This article began as a class assignment. I signed up for Honors Sociology this semester, and part of the class requirement is to volunteer 25 hours of service to an organization in the local community. I currently work as a photographer, and have previously worked photographing labor and delivery. As a result, I have close ties with the birth community, so for my volunteer hours I decided to take pictures for a local home birth midwife who teaches midwifery students free of charge. These midwifery students will need pictures to advertise their business when they graduate and become midwives, so my pictures will help greatly.

Although my work started only as the need to fulfill this class requirement, it quickly grew into a bigger project as I realized that there is so much about the modern world of home birth and midwifery that the average person does not know or is misinformed about. The image that the layperson has of today's home birther does not match the reality. This led me to turn my simple 25-hour requirement into an ethnographic study in order to shine a light on the area of modern midwifery. My study happens to focus on small town America because the midwifery practice I have been spending my time with is in Yucaipa, a small town in California with a population of roughly 53,000.

I started the project by asking Karen Baker, the midwife in charge of the group that I had chosen to study, what I would be able to observe and photograph. She told me that I could come to prenatal appointments on Mondays. This is the day that students learn and practice their skills on expecting mothers. For the sake of simplicity for this article, I will focus only on prenatal appointments and birth, and not look into the other services that midwives offer, such as well woman checks, counseling, postnatal care, and lactation consultation.

Method

As for my method, I remained in the role of observer. When a prenatal appointment started, a midwifery student would introduce me and explain my service hours and project, and I would then remain silent and observe and photograph the entire appointment. I would occasionally write notes as time allowed. Between appointments, there was time for me to chat with the students and midwife about the profession and all that it involves. I feel that with this method, combined with my experience in photographing births, I have gained a fairly well-rounded knowledge of modern midwifery and am now in a position to educate the layperson.

A Brief History of Home Birth

Nancy Dye, in her essay “History of Childbirth in America”, explains that the 18th Century was pivotal in moving birth from “superstition” to “scientific understanding”. Before this point, mortality for mother and child during and soon after childbirth was fairly high. However, this turning point also brought drawbacks for the woman, as the man entered the birthing arena, and as a result, the woman found herself with fewer choices and less power. Laura Kaplan’s paper, “Changes in Childbirth in the United States: 1750–1950”, suggests that these new medical interventions “caused as many issues as they seemed to resolve”. As the home birth level dropped lower and lower during the first half of the 20th Century, interventions such as forceps, opium, and bloodletting were introduced in the hospital, frequently causing “uterine trauma and fetal defects ... newborn breathing difficulty, and hemorrhage.” Many of the interventions were driven by the new desire for a pain-free childbirth. This was something of a myth and was driven by the new phenomenon of ‘twilight sleep’, which did not in fact remove pain, but did remove memory of the birth upon completion. Twilight sleep was achieved with the use of drugs such as chloroform.

The CDC reports that in 1900, almost all births took place out of the hospital. By the 1940s, 44% were out-of-hospital, and by the 1960s, the figure was 1%. This affected the role of the midwife negatively as the huge majority of women opted for the hospital and the male doctor, despite its drawbacks. It is only in the 2000s that the number of home births has begun to rise again. The mortality rate for mother and child during home birth is now drastically reduced as midwives are highly trained and are able to give high quality medical care in the home or birth center, or transfer quickly to the hospital if necessary. Women are now realizing that they can return to the more natural forms of birth while incorporating modern science, in order to assert their power, reject patriarchy, and rediscover the strength and culture of the woman.

Midwifery

Midwifery itself has gained some interest in recent years, possibly in part due to the popularity of the television show *Call the Midwife*. However, this show being set in the 1950s does not help to convey modern midwifery to the casual viewer, and therefore may encourage an incorrect perception of midwifery today. As previously discussed, the popularity of midwifery in the mid-century was very low, as scientific research was being focused on the hospital.

Midwifery students today are highly trained in medical matters related to birth. As I chatted with one midwifery student, I learned that during training, they are expected to first observe 10 births, then attend 20 births as a part of the midwifery team, and finally attend 35 births as team leader. This is in addition to the strict academic work they commit themselves to. It takes years of study and work to finally become a midwife. It is true that the path to midwifery is quicker than that of becoming an OBGYN doctor, and herein lies the difference that still remains from the early 1900s – the midwife,

while highly trained, aims for the birthing woman to take control of her birthing experience, while the OB-GYN aims to control it himself. The midwife therefore invests much more time during the pregnancy into the woman than the doctor does, with the goal of imbuing knowledge and empowering the birthing woman.

It is true that not all OB-GYNs are male, and that the number of women in the profession is rising; however, it has been very much a male-dominated arena for over a century, and as such, the training is still focused on the doctor controlling the birth and therefore the birthing mother. For this reason, I am still considering it to be a part of patriarchy.

The Birthing Mother

I discussed the phenomenon of the rising rate of out-of-hospital birth with the midwifery students, and the consensus among them was that a large factor is the sudden availability of the internet and the new and easy ability of the current generation of birthers to educate themselves. The male doctor is no longer needed for education in this field as women are reclaiming their power by educating themselves in statistics and options. This is very different from the birthing mothers of the 1950s or 1960s, who would have little choice but to believe the doctor's words. Women who are fully researching their birthing options are learning that home birth is not the dangerous and primitive activity they have been led to believe.

Let us look at the picture below as an example. The birthing mother is relaxed. She is lying in a position in which she is comfortable, in warm water that is likely soothing her contraction discomfort. The relaxed state of her body and face supports this. She is surrounded by people who love her. The baby's father is steadfast and protective by her side, and she is being caressed by the baby's two grandmothers. The cup on the tub shows that she is encouraged to drink during labor, and the rubber duck adds a hint of light energy. Compare this to the sterile white environment of the hospital, with IV tubes, beeping machines, unknown nurses and doctors entering the room, and the stereotypical image of the mother screaming as a tray of instruments is wheeled in. Based on what we have learned above about the preparation of the birthing mother during pregnancy in each situation, we could theorize that the mother in the picture below is calm at least in part because she has been mentally prepared for this time and planned the birth of her wishes, while the hospital birther has been told only to arrive at the hospital when contractions start and doesn't have control over the birth after that point.

Indeed, in their study, "The Relationship Between Anxiety, Lack of Control and Loss of Control", Mineka et al. found exactly that. It makes sense, then, that the home birther will experience a lower level of anxiety. Further, a study by Tang & Gibson, "A Psychophysical Evaluation of the Relationship Between Trait Anxiety, Pain Perception, and Induced State Anxiety", found that higher levels of anxiety lead to higher levels of pain. We can logically come to the conclusion, then, that women birthing in the hospital will generally experience higher levels of pain than those birthing out of the hospital. My personal observations have supported this - in my years of being a birth

photographer, I noticed that home birthers tend to have a quiet and calm confidence for almost the entirety of the labor and delivery.



The Baby

These factors affect not only the birthing mother, but also the baby. The CDC reports that 68% of hospital-birthing mothers receive an epidural during the birth. Lurie, Aron O, et al. found in their paper, “Blood Concentration of Mepivacaine and Lidocaine in Mother and Baby After Epidural Anesthesia” that the babies whose mothers had received anesthesia had high levels of the anesthesia in their own blood hours after birth. In addition, Baumgarder et al. in their study, “Effect of Labor Epidural Anesthesia on Breast-feeding of Healthy Full-term Newborns Delivered Vaginally” found that babies whose mothers received anesthesia during labor were less likely to breast feed immediately after birth (69.6% compared to 81%), and significantly more likely to need supplementation of formula. Home birthed babies generally do not have these same obstacles to overcome, allowing their entrance to the world to be more peaceful and healthful.

Future Research

This article gives a quick look at some ways that the layperson may have misconceptions about out-of-hospital birth. Although I was a part of the birth community and familiar with many of the processes before the writing of this article, observing this group of midwives encouraged me to research and learn more about modern American home birth. Home birth is no longer for the out-of-touch hippie – many home birthers are highly educated and have not made the decision of where to birth lightly. Study beyond this article can be taken in many directions to investigate why people have the perceptions that they do and what the future of birthing may be. Future research will include mostly collecting quantitative data. Survey data will allow me to fully grasp the attitudes and beliefs that people have towards and about home birthing and midwifery. I will be able to look for any correlations between attitudes towards home birth and midwifery and factors such as gender, age, ethnicity, or social class. Ideally, this data will be collected from many sites and a wide variety of locations, in order to give a well-rounded group of participants.

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