

A LINE ON LIFE

12/23/91 (Updated 5/30/99)

The Return of the Midwife *

David A. Gershaw, Ph.D.

About 95% of U.S. births currently take place in hospitals with physicians. However, some women are having their children assisted by a **midwife** (meaning "*with wife/woman*") at home, in birthing clinics, or at a hospital. Although this may seem new to some, midwifery was commonly practiced in earlier days. What has caused these changes in the use of midwives?

Until the 1800s, **childbirth** had been a *female-centered* event, taking place in the home under the supervision of a skilled female midwife. (This bias was so strong that, in 1552, a Hamburg physician named Werdt was burned at the stake for posing as a woman to attend a delivery.) Typically physicians took a dim view of childbirth. As late as the 1700s, physicians considered it beneath their dignity to care for a pregnant woman, and their notions of modesty kept them from assisting in labor.

Beside the midwife, many female relatives and friends attended the new mother to either contribute their knowledge or learn from the event. However, unlike today, childbirth was not seen as a joyous event. In contrast, it was seen to reveal the power of God and nature over women. The pain of childbirth was to remind women of God's curse on Eve for tempting Adam into eating the forbidden fruit. In addition, the fear was even greater, since women frequently died of childbirth.



If the midwives could not get the baby through the birth canal, the baby was killed and then dismembered with sharp hooks. The device that stopped this practice also ushered in male midwives and later obstetricians. Invented in the early 1600s (but not becoming well-known until centuries later), this device was the forceps. **Forceps** look like two enlarged spoons with handles that could be used to draw out a baby in a difficult delivery.

As the forceps became well-known, male midwives used them. However, for some unknown reason, female midwives did not. Male midwives not only used forceps for difficult births, but they also used forceps to speed up natural labor. This gave them a distinct advantage over female midwives.

When the first U.S. medical schools were established, midwifery was the first medical specialty. In the 1800s, medicine was neither a rich or highly respected profession. To increase their status and income, physicians tried to become more scientific. In doing so, they rejected female midwives as being untrained and scientific. Although a medical school education did not necessarily give physicians much expertise, midwifery was attacked, and male midwives became known as **obstetricians**. By the mid-1800s, most middle-class women gave birth at home attended by a male obstetrician. Eventually the process was transferred from the home to the hospital.

In 1847, a physician administered **chloroform** to a woman in labor. His horrified colleagues feared that the anesthesia would stop the contractions. However, the labor was normal, even though the woman was unconscious. Now women had the possibility of giving birth without pain.

But when women began to ask for anesthetics to relieve pain, there was an outcry from the religious community — *painless childbirth was a blasphemy against God!* In Christian tradition, the birthing pains had been given religious significance as Eve's punishment for tempting Adam and leading him astray. However, in 1853 when **Queen Victoria** delivered her eighth child under chloroform, religious opposition discreetly disappeared.

With the use of pain killers for childbirth, a new attitude developed toward women and their relationship to pain. The Victorian culture encouraged women to be more sensitive to pain and to openly express their aches and illnesses. Thus pain was subjectively perceived as being worse than before, and women were seen as no longer being capable of enduring it.

To meet increasing demands for painless childbirth, birthing moved from the more natural, female-centered process in the home to one dominated by males, requiring medical skill, and centered in the hospital.

With the advent of **women's liberation**, women sought more control over all areas of their lives — including childbirth. To many, the hospital setting made childbirth an *impersonal, expensive, and needlessly medicalized* procedure. Only a minority of deliveries has problems, which require a physician's help. In Great Britain, for example, midwives deliver 60-80% of the babies. At Yuma Regional Medical Center between October, 1998, and March, 1999, midwives participated in over one-third of all deliveries.

**Very early in pregnancy,
women need to know
the birthing choices available to them.**

Currently, in many communities women can choose between a standard delivery in a hospital or natural childbirth at home with a midwife. However, the home birth with a midwife is a safe choice *only* if it is a **low risk pregnancy** — it has progressed normally and there are *no* anticipated complications.

* Adapted from Bryan Strong and Rebecca Reynolds' *Understanding Our Sexuality*, West, 1980, 112-113.