

### Midwifery in the United States

Imagine being a nervous mother-to-be with a low-risk pregnancy. Instead of delivering the baby at a hospital, you decide to birth at home with the attendance of a midwife. The big day comes and you are relaxed in every way; at home in your own comfortable environment, being able to move freely and in a small pool of water to make the delivery smoother. The midwife is there to keep you calm and bring positive vibes to the birth so that pain is the last thing on your mind. Before you know it, your child is born. Sounds peaceful, right?

The outlook of the roles of midwives and birth has drastically changed throughout the history of the United States. Midwives, like nurses and physicians, are important professionals in the health care field, but in a different perspective. Currently, midwives are often looked upon as unskilled and uneducated; however they were once essential to births in America. Despite the perception of midwives in the United States today, the role that midwives play in their profession is still relevant.

According to the American Pregnancy Association, midwife comes from an Old English word meaning “with women” and is defined as “a health care professional who provides an array of health care services for women that can include medical histories and gynecological examinations, contraceptive counseling, prescriptions, and labor and delivery care. Providing expert care during labor, delivery, and after birth is a specialty of

midwives that makes them unique.” The most unique thing about a midwife is their “let nature take its course” philosophy on childbirth. They believe that childbirth is a natural life event and should be treated as such. They also believe that a woman’s environment should be one that is very relaxed and comfortable for her. Midwives tailor each birth specifically to each individual mother-to-be, making every birth story a different story.

Despite typical belief, midwives are trained professionals who go through schooling to receive certification and/or licensure. There are four main types of midwives: Certified Midwife (CM), Certified Nurse-Midwife (CNM), Certified Professional Midwife (CPM) and Direct Entry Midwife (DEM).

CM’s are educated strictly in midwifery and certified by the requirements of the American College of Nurse-Midwives. CNM’s are educated in both nursing and midwifery and also certified by the American College of Nurse-Midwives. CPM’s are knowledgeable, skilled and professional independent midwives that have been certified by the requirements of the North American Registry of Midwives. They are qualified to provide the “midwifery model of care” and are the only type of midwife required to experience out-of-hospital settings. DEM’s are independent practitioners educated in midwifery by self-study, apprenticeship, midwifery school or a college/university program. (MANA)

Although the majority of midwives are certified and/or licensed, traditional midwives often refuse to because of personal, religious and/or philosophical reasons. These midwives are called traditional or community based because they serve the people with close ties to them such as family members or those in the community. Traditional midwives believe that midwifery should not be legislated and that it is a social contract and

bond between the midwife and their patient. These types of midwives are seen more on a global scale than in America. (MANA)

Pregnancy and childbirth in America has changed from a natural occurrence to a medical emergency. According to the movie, *The Business of Being Born*, in the United States, the use of midwives has rapidly decreased. In 1900, 95% of births were at home and attended by midwives, it decreased to 50% in 1938 and since 1955 less than 1% of births are done at home.

With the rise of OBGYN, the “normal” in society to have children at home with midwives quickly changed to the “normal” being to have the child in the hospital with an obstetrician to guide you throughout your pregnancy. When changes in society shift to promote a business, in this case obstetrics and gynecology, motivations quickly change and the quality typically decreases.

After the spread of obstetrics and child delivery, the pharmaceutical companies quickly hopped on the scene to produce products that would help ease the pain of pregnancy and /or to make delivery happen quicker. While some of these medicines seem to be temporarily helpful, a lot of them had adverse outcomes. One main example is pitocin, which is used to induce contractions for a quicker labor and delivery time. Pitocin more than likely puts the baby at distress which can lead to an emergency c-section to get the baby out of the stressful environment. In the earlier days, many medical procedures in regards to pregnancy harmed the mother and infant rather than helped. In the 1920s an international drug scopolamine was given during pregnancy to help relieve the pain, instead it took away memory and self control where mothers would be chained up to beds for days until the medicine wore off. This was known as “twilight sleep” which was

basically an amnesiac and forceps were used to pull the baby out. In the 1930s, physicians x-rayed pregnant women's pelvises and in 1940 they realized the radiation gave babies cancer. In 1990 cytotact was a drug given to induce labor which led to ruptured uteruses and dead babies. There is no careful study of medical prenatal interventions and things are always figured out by trial and error. All of these issues can leave a lingering question in one's mind whether the current system of birth is beneficial or harmful.

While researching, I found out that when doctors first started attending births, outcomes for mothers and infants got worse. At this time, doctors didn't pay much attention to sanitation and the potential spread of infections. All they worried about was relieving pain, delivering babies and booming their new business. Once the connection between sanitation and birth outcomes was realized, things began to change. (Nova Birth Center). According to the CIA as of 2013, the United States is currently rank #137 in maternal mortality rates in close proximity with Saudi Arabia, Grenada and Hungary; falling in last place for developing countries. The U.S. is also rank #174 in infant mortality rates, also falling last. . This can only make one think, with mortality rates like they are in the U.S., could this once again be an issue?

Today, there are about 15,000 practicing midwives in the United States. Society negatively looks on midwives as unskilled and not trustworthy because of their practice methods. Many people would describe birth with a midwife as "risky" or "absolutely crazy". However, they tend to overlook the positives of birth with a midwife. Pros include a comfortable birthing setting (whether it be a birthing center or at home), privacy; the extraordinary experience one could only have with a home birth, low maternity care costs, reduced morbidity and mortality, lower intervention rates and fewer recovery

complications. The business of obstetrics has clouded the minds of many Americans to make them think that hospital births are the safest and most sanitary when that is not necessarily true as stated above. If it was, then the United States would not be one of the lowest ranked countries for maternal and infant mortality.

Stigma is defined as “a set of negative and often unfair beliefs that a society or group of people have about something.” This is something the midwives themselves and mothers who opt to birth with a midwife face in American society. Midwives are often discredited because they do not have a DR before their name. Many people assume that they are less knowledgeable and less skilled than a physician. American women who decide to birth with a midwife also get looked down upon because they chose an “unconventional route”. Comments and opinions about their birth choice are inevitable. This can cause American women to be scared to go against the “normal” of hospital births.

In the past, midwives were praised and essential to the birthing process. Not only did they deliver babies, they provided mothers with prenatal care and post natal care, gynecological exams, family planning and educated mothers on nutrition, exercise, contraception and infant care. They didn’t choose their career in hopes of making a lot of money; they did it because they had a passion for caring for women and delivering children.

In conclusion, I believe that medicalizing childbirth has led to the stereotype and stigma placed on midwives and those who choose to have a midwife attend their birth. Midwives are not only skilled but they provide a personal experience for the mother to be with respects to their wishes, culture, religion etc. It has also been shown that midwife

births are safer and more cost-effective than hospital births for low-risk pregnancies.

Hopefully one day midwives will regain the appreciation they deserve.

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