

A Kaleidoscope of Voices: Stories of Midwives

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PREFACE

Four years ago, when I was pregnant with my first daughter, I felt alienated but did not understand why. I followed the role society prescribed me. This meant scheduling prenatal visits in the hospital. During my first visit, my fingertips turned icy cold; my face went pale; and my stomach twisted. I felt the same physical sensations at my second visit, and I decided to listen to my intuitive voice before, as one midwife so aptly stated, "I got did."

There for, I researched pregnancy and childbirth intensively, for myself, as well as my unborn child. I was familiar with homebirth from my grandma's experience; however, I believed it to be an artifact of her generation. After countless hours of research, I decided to have my child at home. On November 24, 1993, at 12:19 a.m., my beautiful daughter, Michalah, burst forth, and we eagerly began our life as a family. The births of both my daughters, Michalah and Alexandria, were incredibly powerful experiences, both spiritually and emotionally.

From these two personal experiences, I have grown increasingly more interested in midwives, their practice and the role they serve in our culture. The five midwives in this paper reflect diversity, yet they share one common theme, helping women through a normal and natural process in life. . . childbirth. Therefore, these five stories speak for themselves.

Contemporary midwives are as diverse as the women they serve. Is it possible to determine what defines contemporary midwifery, and how that definition becomes practice? As we approach the 21st century, in which direction are midwives drawn? What future(s) do they envision for themselves? This paper, based on in-depth interviews with five midwives, explores multiple aspects of their lives, including education, politics, law, economics, and societal pressures. I will utilize their diverse stories and voices to analyze the emergence of a definition of midwifery specific to the culture, circumstance, and political economy of late twentieth century Wisconsin.

Although each midwife's story is unique, similar issues do unite them. For example, Paula, a practicing lay midwife from 1975 to 1983, was sued by the state of Wisconsin for infringing on a franchise--in other words taking services away from licensed doctors and midwives. As a direct result of the lawsuit, Paula closed her home based practice. In 1992, she obtained her degree as a Certified-Nurse Midwife and is presently employed in a hospital.

Desiring to help other women, Alice, a Native American traditional midwife, continues her practice of seventeen years. As a result of her own homebirths, she began lending a hand to other women who sought her help for similar reasons. Alice acquired her expertise through workshops, meetings, reading books and periodicals as well as telephoning other experts in the midwifery profession.

Pierre, a licensed, general physician of thirty-five years, had the largest homebirth practice in the state of Wisconsin from 1973-1983. He quit practicing as a midwife and closed this part of his business in 1983 because of a complaint filed against him. This complaint resulted in the state of Wisconsin conducting an investigation and subsequently "suspending his license pending further evaluation." Childbirth professionals are heavily controlled in Wisconsin by the department of regulation and licensing, and the charges maintained that Pierre stepped outside an unwritten medical hegemony. Moreover, the case is still in litigation today, sixteen years later.¹ Currently, he practices medicine at home where he has a well equipped office.

Carla is now seeking a license as a direct-entry midwife after being ostracized from the nursing school in Winona, MN, as a result of an instructor's discovering her lay midwifery practice of nineteen years. She believes in helping and encouraging women through "this intense sexual rite of passage."

Stacey, an independent midwife, started practicing in 1992 after several years of training and apprenticeships with other midwives. Her story relates to Alice's, in that as a result of her own homebirths, Stacey, began lending a hand to other women who sought her help for similar reasons. Stacey served as a birth assistant, helping an experienced midwife at births for years before feeling comfortable being a midwife.

Multiple aspects emerged as each person expressed his or her experiences as a midwife. They believed themselves to be honest, diligent, willing, motivated, and supportive. Moreover, as people, they are companions, teachers, helpers, life guards, facilitators, and friends. Midwives help a woman through a challenging time. As Stacey eloquently states,

I see the role of the midwife as a facilitator of a right of passage that women go through, someone who's willing to stay by the side of another woman as she goes through this difficult passage. Not to do it for them, not to tell them how to do it, hut to stay and help them with their confidence as they go through it.

Alice had similar thoughts when she defined a midwife as,

A woman who's willing to help another woman. Period. That's my whole definition. It doesn't cut off with how many births you've gone to, or how much education or training you've had. It's your willingness and the fact that you're there. To me, that's what makes you a midwife. And it's a strange philosophy to a lot of midwives who are out there right now, even lay midwives. They feel that they

¹Since this interview, Pierre's case settled in December of 1997. The State of Wisconsin found him not guilty; furthermore, he is not allowed legally to file counter suit for damages on his behalf, and the state placed gag order on him.

are midwives because they've gone through training and they've gone to workshops and they've established themselves and they've had so many births and this and that and all the other things. But that isn't what made them midwives in my eyes. In my eyes, it's the fact that women sought their help and they answered the call.

Carla had similar notions, but asserted her thoughts as,

Midwifery is needed and I feel good about doing it. Part of me feels like a rebel because it is such a radical thing to do and a revolutionary act.

According to Pierre, "(A) midwife is a compassionate person who attends the natural processes of pregnancy and birth with diligence, informed attention, and constant teaching and motivation."

For one midwife, Paula, the definition was simple, "(A) midwife is a woman who helps women have babies."

In all definitions one major theme became apparent, helping women through a natural rite of passage, not doing it for them and certainly not taking the process away from them. A midwife's role is helping and encouraging women in special, personal ways. Midwives truly believe in a woman and her capabilities; furthermore, they encourage her to empower herself through this natural process. At times, this may mean challenging the very norms of our society. Midwives help women explore their options in maternal care; moreover, women choose what is comfortable for them, individually. Midwives offer options both technologically and holistically. Therefore, a strong future for midwives in this country does exist.

The five midwives recognize this future and believe that their profession will continue to flourish into the twenty-first century; however, their views on the direction it will take vary.

Pierre states,

(Midwifery) will always be there, always. How much of it will be above ground or above board, I don't know. It depends on the progression of managed care and control of physicians and accessories by the state.

Stacey believes,

Midwifery is becoming the primary form of care for all pregnant women. I aspire to a goal of all women having midwives and only some women needing the services of an obstetrician. Not all women are going to have homebirths. There's really going to be a distinct population that will be better served in the hospital and those better served at home, but I definitely see midwives being a part of every birth.

In Alice's eyes,

I want to have a midwife on every block. A woman who is a trusted, respected, woman/mother that other women could seek advice from and could count on to help them if they needed her help. As far as I'm concerned, there should be someone within walking distance of every woman.

Paula hopes,

Midwifery keeps a very strong foot in the natural, biological process, and midwives stand very firmly rooted in it. I hope in the future we can keep that continuum and we can see midwives span that whole continuum. It's to the advantage of the most technologically advanced midwife to have a sister counter-part who does not subscribe to that technological approach to childbirth because it's a saving grace for us. In my opinion, it's a very important anchor and counter balance.

Carla believes midwifery will come more above ground and many more midwives will train in it, and in her words, "It would be great to have lots more midwives, like 150,000, in the United States."

From the interviews, an issue the midwives expressed concern over was education and its implications on the midwifery profession. The Wisconsin Statute 448.10(5) states, "Any person who, on May 7, 1953, was practicing midwifery in this state under a certificate of registration issued by the examining board may continue to so practice."

After this specified date, midwives require licensing by the state, as a Certified-Nurse Midwife, which means obtaining certification from an accredited institution in order to practice. The five midwives find this Wisconsin Statute problematic because it forces them to meet the standards established by an institutionalized, medical hierarchy. Moreover, a midwife is paid in most cases from insurance companies who in turn will only pay if she or he has a Certified-Nurse Midwife degree. Therefore, an independent midwife is denied payment by insurance companies because she or he is classified as a "non-qualified" midwife. It is a vicious cycle that reinforces the control the state medical licensing board has in Wisconsin.

On the same point, medical schools educate students by requiring specific course requirements to obtain certification as a Certified-Nurse Midwife (CNM), although they lack understanding in the basic, natural processes of the human body. The five midwives believed institutions use a medical model based on linear thought processes to train midwives.

In our culture, people are socially, economically, and politically pressured to become certified in their jobs: accounting, engineering, teaching etc. What does certification mean? Stacey believes,

(In our society) We feel what we do is not valid unless we have a certificate, a degree or an overall seal of approval. We aren't a valid practitioner without it. Yet, I don't think that component of our society really serves a whole lot of good because simply jumping through the hoops that it takes to get a degree of some kind does not necessarily mean that one is qualified or capable. It shows that they are capable of taking tests, sitting through certain classroom situations, and it may even show that they are capable in a very controlled and clinical setting to perform certain functions of their job.

Therefore, does a certificate mean that a person is qualified? Is it possible one can be licensed and not competent? With society becoming so focused on certificates and degrees, are we really addressing true needs of people? During a conversation with

Pierre, he concludes,

A license, in and of itself gives you a certification that allows you to play a game. My medical license should have something to do with my competency as a physician, but I can assure you it doesn't. Unfortunately, licensing through the department of regulation and licensing in various states, eventually gets taken over by special interest groups and then used to screw the competition. Licensing becomes very political. As soon as doctors and midwives get into licensing they're sure to get into control. It starts out with ideals in mind, but soon changes. It's a private enterprise market. It's an entrepreneurial game which a licensing board tries to control.

On the same issue, Alice reaches similar conclusions.

I think when you go to school and think you've learned about birth from that school all you've really learned is medical treatments and protocols: time to do the snip, time to do the shot; time to do the catheter, time to do the prep, and time to do the suction. When that's all you've learned is the procedures and protocols like some person who understands a lot about medicine and the protocols, but doesn't understand much about the flow and process of birth, I think it's gotten in the way of your midwifery.

While Carla observes, it's more training when you self-educate and draw from your own personal experiences because when you go to that birth you have the whole experience of the birth versus what just the doctor does, the nurse does, cooking, and cleaning up. To me, each birth was like a college class. I don't know if nurse-midwifery training gives you all that, it's more medically oriented.

In this paper, I shared personal as well as professional perspectives on midwifery. To me, midwives serve an important role in our culture because they provide women with necessary support and encouragement in a natural, normal passage of life, versus traditional medicine which focuses on diagnosing and treating disease. In Pierre's words, "Pregnancy is not a disease; it's a state of health."

Midwifery provides options in health care for pregnant women. Multiple views are reflected by these midwives and their practice. As these five midwives transition into the twenty-first century, they collectively strive for increased recognition from society for the midwifery profession.