Midwifery

YESTERDAY AND TODAY

COMMUNITY MATTERS

By Wendy Flansburg, Certified Nurse Midwife

COLONIAL MIDWIFERY

Historical sources indicate the earliest midwifery recorded in the U.S. was on the Mayflower in colonial times. The record shows that three babies were delivered on the two-month journey. However, it wasn’t until 1660 in New Amsterdam, that the first midwife was employed. The midwife attended births for the poor and was paid 100 guilders a year, equal to $55.86 in today’s dollars.

Midwifery was highly respected in colonial times. There was usually a midwife in each community that was called upon for her services once labor started and the midwife could be away for hours or even days. Midwifery was considered woman’s work as a matter of morality since female anatomy was involved. The only time a surgeon, which was a man, was called upon was if there were complications. The surgeons would use instruments and whatever means necessary to deliver the infant. This usually meant a fetal or maternal death, so the surgeon at that time was thought of in a negative connotation.

Many of the midwives were under church supervision. Due to the high infant mortality rate, it was important that the infant should be baptized as soon as possible – even before birth by using baptismal water injected into the mother’s womb. That process was not sterile, and many times, it would cause maternal death from infection.

The church supervision had many implications. Besides baptism, the midwife was to extract the name of the father from any unwed mother. Then the father was forced to marry her. If a child delivered into the hands of a midwife was born with birth defects, the midwife was unfortunately blamed, thought to be a witch and treated as such.

EIGHTEENTH CENTURY

This is the time when men became more involved in childbirth and were called “man-midwives.” According to Adrian Wilson in his book “The making of man-midwifery: Childbirth in England, 1660-1770,” prior to this time, only men performed all other aspects of medicine. Because of social status it was fairly easy for men to exclude the midwives from doing what they had been doing for years. Men could attend universities and they used their education to “sell” the public on their expertise. This expertise, however, was not based on childbirth education as it was not taught at the universities.

Physicians of the day started employing procedures that were believed to be helpful and needed to make childbirth easier or better for women. Some of these procedures however, had unexpected consequences. Puerperal fever, also known as childbed fever, became more common as physicians did not wash their hands between patients since the germ theory had yet to be introduced. During the 18th century, Chamberlain forced started to be used to help with difficult deliveries, in addition to the use of episiotomies, and ether and chloroform to help alleviate maternal discomfort. This is when the term “obstetrician” was introduced to replace “man-midwife.”

TWENTIETH CENTURY

The 1900’s brought an expansion of knowledge and teachings at the university level, however, women were still not allowed to attend the universities. More physicians became trained in obstetrics and were recognized as the experts. By the 1960’s, birth changed from a physiological event to a medical event and quickly moved to a hospital setting. Dr. Joseph DeLee, considered one of the experts of his time in the field, stated that childbirth was shaped with inevitable disasters unless the obstetrical procedures were performed by an obstetrician in a hospital setting.

MARY BRECKENRIDGE

During the same time when the birth experience was changing, there was a woman in eastern Kentucky trying to increase the health services to the underserved. Her name was Mary Breckenridge. Breckenridge founded the Frontier Nursing Service (FNS) in the early 1920’s to provide healthcare to isolated areas of the Appalachian Mountains. Breckenridge realized that by providing healthcare to the mothers, in turn there would be healthier children. Breckenridge had become a nurse-midwife in England and brought more midwives to the United States to start the clinic. Patients traveled to the clinic, while some nurses rode horsesback to patients’ homes to provide service and deliver babies.

In 1939, FNS opened its first school of midwifery, Frontier Graduate School of Midwifery. This school is still in operation in the hills of Kentucky and is now known as the Frontier Nursing University. It is well known as a leader in nurse-midwifery education in the U.S.

To prove the efficacy of nurse midwifery care, Breckenridge partnered with the Metropolitan Life Insurance Company to evaluate statistics on the first 4,000 births at FNS. The results were astounding, mothers and babies under FNS care provided by nurse-midwives had significantly fewer mortalities than surrounding areas in Kentucky and in the U.S. as a whole.
1950's

The 1950's brought about changes again in childbirth as women wanted to have more control over their births. By this time nurse-midwives were well established and the profession was becoming standardized. In 1955 the American College of Nurse-Midwifery was established as a professional organization to accredit programs and address the needs of the profession.

MONTANA

Montana had its own set of issues that made midwifery important. It was, and is still, more rural than many other states. There were great distances between homesteads and medical assistance and even greater distances to a hospital. The weather was a hindrance as the winter months were treacherous, the roads were poor and the geography was rugged.

Having large families to help work on the farm was typically favored by rural areas though some women used what they could for birth control methods to limit family size. Women taught each other methods of birth control such as spermicides, diaphragms and douches. One form of spermicide was coal oil. They also tried abstinence and the rhythm method.

Childbirth was a serious thing and brought with it life-threatening problems or even death, especially when medical help was not available. Most women knew little if anything about prenatal care, and what they did know they read in magazines or books. Three-fourths of the women had no prenatal care at all. According to historical reports it was estimated that one in every 154 mothers would die from complications related to childbirth. Some Montana women even traveled back to their home states at the end of their pregnancies to be delivered by familiar doctors, rather than chance fate and be delivered in Montana.

Small town women continued to use midwives, though they were not officially trained till the twentieth century. One of the first recorded midwives in Montana was trained in Finland. She moved to America in 1911 and then to Montana where she attended many births and charged $15.00 for her services. Her training for childbirth was much more extensive than the physicians in the area who had no formal obstetrical training.

Because of Montana's isolation and rugged terrain, women were attended in birth by midwives, husbands and doctors at home till the 1940's. It wasn't until 1969 that a bill was signed and passed to protect Montana midwives from the medical malpractice set after a physician was successful in bringing a lawsuit on practicing midwife.

NOW

Certified Nurse-Midwives (CNMs) practice in various kinds of practices. They can practice in a clinic, a hospital or a birth center. CNMs are independent practitioners that have prescriptive authority. It is well known that CNMs attend birth, but they also provide well-woman exams, testing and treatment for STIs (Sexually Transmitted infections), birth control, perimenopause and post-menopause care and pregnancy care.

Midwives like to think of pregnancy as wellness rather than illness. There are many changes that occur to a body to reflect to pregnancy and we are there to explain these changes and how to cope with them. Midwife means "with woman," a term referring to helping women in ways that their patients wish. In terms of birth, that means the birth experience that they choose, whether that birth is non-medicated, incorporates an epidural, or anything in-between. Midwives provide women with education to help aid them in making informed decisions. The goal is to be partners in your care, as each birth experience is unique.

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