

Introduction & Background

It's through virtual storytelling that I was introduced to Birth Justice and birth work- specifically the role of doulas and the Black roots of midwifery in the US. I felt like I had found my avenue to make tangible change. The realities of U.S. maternal health care and outcomes are horrific, even more so for Black women. Ongoing conversations on maternal mortality rates coupled with sentiments for a demedicalized or more holistic pregnancy experience drew me to researching the history and current status of Black midwifery. As a future birth worker myself, this project of relearning Black midwifery and advocating for further inclusion of birth workers into the health care system is an ongoing one. I plan to continue this work not only as a nurse-midwife, but as a researcher. It's even more imperative now that we as a society, as consumers, and as practitioners evaluate how we regard pregnancy and demand reproductive justice for all.

Research Questions

- Why, when, and how were granny/lay midwives pushed out of mainstream maternity care?
- In what ways are birth workers currently kept at the margins?
- What are the motivations for this separation?
- What are the historical relationships amongst different practitioners?
- How does that history inform current relationships at the individual level and institutionally?

Methods

- 3 Interviews
- Government Reports/Websites
- Films
- Books
- Articles
- Webinar by CUIMC

Key Themes and Terms

- Professional Gatekeeping
- Systematic Marginalization
- Access
- Medicalized Birth
- Professionalization of Medicine
- Surveillance and Supervision
- Autonomous Profession
- Institutional Recognition



Divisions & Changing Titles

- Granny Midwife or Lay Midwife- outlawed 1970s
- Certified Professional Midwife (CPM)- est. 1994
- Certified Nurse Midwife (CNM)- est. 1925
- Certified Midwife (CM)- est. 1997
- Direct Entry Midwife (DEM)- formally Licensed Midwife or Registered Midwife

“[A midwife] is a drag on the progress of science and the art of obstetrics. Her existence stunts the one and degrades the other.”
 -OB Dr. Joseph De Lee 1915

Pushing Out Black Birth Workers: A Short History

- The field of obstetrics and gynecology built itself off the pain of Black women and Black reproductive care providers
- W.E.B Du Bois and some middle-class Black people discouraged against lay midwives and encouraged the use of hospitals
 - the realities of Jim Crowe in the South + lack of infrastructure greatly limited access to clinics and hospitals
- White, middle-class women's mobilization
 - "save the babies" campaign=creation of US Children's Bureau=1921 Sheppard Towner Maternity and Infancy Protection Act=alienation of lay midwives
- 1960s movement for "natural" birth and rejection of medicalized birth led to midwifery overtaken by white women
- Surveillance, pensions, and forced retirement

Mary Coley and Granny Midwives of the South

- Mary Coley was a prominent Georgian Granny midwife
- Politics of "cleanliness"
- Hierarchical relationships
- Lay midwives were blamed for the high maternal + infant mortality rates
- Pushed out in favor of nurse-midwives
- Formally acknowledging midwifery would "lessen" the prestige of obstetrics + create competition
- South greatly depended on their services for rural and Black communities: a "necessary evil"



NYC Maternal Mortality and Morbidity Review Committee

- Dr. D'Alton and others noticed more attention put on the "fetal" in maternal-fetal medicine
- ACOG and NYS obstetric hospitals created Safe Motherhood Initiative in 2013
- Previously 19 review committees existed, now nearly all 50 states have a review committee
- NYC M3RC established in 2018 by NYC DOHMH, 2020 began looking at race as a factor for high mortality and morbidity rates
- I set out to investigate the dynamics and partnerships in this "diverse" group of physicians, birth workers, and community leaders

Control & Professional Gatekeeping

- NYC M3RC only has a nurse-midwife, no other kind
- A broad lack of insurance coverage for doulas + some midwives
- How would this institutional recognition impact the care provided by birth workers?
- CNMs historically allied themselves with physicians to push out other midwives
- Surveillance continues regardless of title
- Midwives continue to be limited despite predicted shortfall of OBs to about 9K by 2030
- Resistance towards broadening licensure and educational opportunities

North Carolina for CPMs

- In NC, CNMs (while legal) are heavily supervised by physicians with the majority working in hospitals
- Maureen Darcy, CNM, was a celebrated birth workers and activist who supported the legislative efforts that lead to the licensing of CNMs
 - Initially, CPMs were also meant to be granted licensure, but an ultimatum led to their removal from the bill
- Maureen worked to unite CPMs and CNMs in what would become NCMERA in 2018
- Community and relationships was fostered between the two groups who had and still were pitted against each other
- Tension still exists:
 - CNMs want to be an autonomous profession via the Advance Practice RN bill
 - the language eliminates midwifery as a health care profession, and thus would increase the consequences for practicing
- CPMs introducing Accessing Midwives Act Jan. 2023: licensure and regulatory council
- Want to increase educational opportunities for future CPMs

Interviewing an (Illegal) N.C. Midwife

- Formalized laws and regulations took midwife population from 9000 to basically none by the 60s
- In the 60s white women mobilized to claim and revive midwifery as their own
- Professional relationships with health care providers is key!
- Unsafe to put CPMs in a position to make decisions off fear of the law
- "I have never sent anyone to the hospital alone"
- When presented with facts supporting midwives, lawmakers leaned on their personal opinions and comfort
- OBGYN Assoc. won't provide or accept educational recommendations that would support CPM licensure
- Midwifery is dangerous b/c it's "difficult" to integrate
- Institutional recognition could = more accessibility of services and payment of providers
- Overturning of Roe v. Wade: restrictions on access to medications that can be used as an abortive and outcomes

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- "Considering a Midwife to Help You during Childbirth?" *Healthline*, 5 Apr. 2016, <https://www.healthline.com/health/pregnancy/intrapartum-care-midwife>.
- North American Registry of Midwives
- Dr. Lisa Nathan, OBYYN, professor and co-chair NYC M3RC

Final Thoughts & Next Steps

- The US fundamentally lacks care for pregnant and post-partum people as well as Black women's history
- No binary solutions for improving maternal health care and outcomes for all
- Answer is not to reject medicalized birth in favor of the unmedicalized approach- but rather a combination of both models
- It's important to always ask ourselves "who is being left out?" And "why?"

Future Research

- What does birth and reproductive justice look like for incarcerated people?
- How can/do birth workers interact with the penal system?
- The incorporation of doulas into maternity and post-partum care
- A deeper analysis of the medicalization of birth: why is pregnancy + labor so expensive?