

Ethnography of Midwifery

“Not a Bunch of Hippies and New Age People”

By Donna M. Mann

When I had my children, it never even occurred to me to give birth at home or to have a midwife deliver them. At the time, the word midwife brought to mind the stories my grandmother used to tell about her brothers and sisters being born at home back in 1890s or people living in remote Appalachia where there were no doctors or hospitals. Why would someone have a baby at home with all of the medical technology we have today? Also at that time, living in the Philadelphia area, the closest thing to a homebirth experience was a birthing room at the hospital. In a birthing room, the mother goes through labor, delivery and recovery in one room. In 1987 when I had my first daughter, Caitlin, the use of birthing rooms was just starting to become popular and was not available to most people. Bryn Mawr Hospital, where Caitlin was born, had only two birthing rooms. A few years later at Brandywine Hospital, where I gave birth to my other two daughters, Lucinda and Alison, there were twelve birthing rooms but the birthing experience was far from being “homelike”.

After living in Lancaster County for a number of years, it became evident that homebirths and deliveries by a midwife were not only increasing but were not unusual, especially among the Amish. I also had the opportunity to become acquainted with a midwife so it no longer seemed like such a strange phenomenon.

As it turns out, midwifery has always been around. With the first formal training in midwifery beginning in 1765 it is sometimes referred to as “the oldest profession”. The media and the medical community have portrayed it as being backward and unsafe leading many to believe that midwives are uneducated and untrained (Hayes).

Since I am acquainted with a midwife, and this profession is so misunderstood by many people, an ethnography of midwifery would help enlighten the public on just what midwives do, the challenges they face, and the kind of birth experience they provide. I not only conducted an informant interview with a midwife, Diane Goslin, but I also obtained information on midwifery from a journal article written by Nell Hayes and the web site for the North American Registry of Midwives. Even though I have had three children, what I discovered in my conversations with Diane is that, in most cases, childbirth is not a medical procedure but a natural experience that can and should be shared with family and loved ones.

Diane Goslin has been a midwife for over thirty years and, including the five births she attended the night before we spoke, she has delivered just over six thousand babies. Her career as a midwife has taken her from delivering babies in secret to avoid prosecution, to being instrumental in changing state law to allow midwives to deliver babies and officially sign birth certificates. Over the years she has been accused of practicing medicine without a license, incurred an enormous financial burden from legal fees defending herself and her profession, and has been prohibited at times from providing

her services to her patients. Through all of this adversity, over six thousand times, she has seen the joy on a mother's face as she places a newborn baby into that mother's arms for the first time.

Diane's story began in the late 1970s. After the birth of her son, she contracted an infection while still in the hospital. The infection kept recurring, eventually causing permanent damage to her fallopian tubes resulting in the inability to conceive again.

Coming from a long line of doctors, Diane planned to continue in the family tradition. She attended college in Ohio as a Pre-Med major, planning to go on to medical school. During this time, along with classes, she was also undergoing fertility treatments in the hopes of conceiving a child. She was even chosen as a candidate for invitro-fertilization which, at that time, was a very new procedure. After discussing this with her family and church elders and much prayer, Diane and her husband decided "they did not want their lives broadcast on the evening news" which was likely since this was such groundbreaking medicine. They would just continue their lives with their son; she would become a doctor, and in the meantime, pray that God would grant them another child.

A close friend of Diane's asked her to be present during the birth of her child which she was having at home and would be delivered by a midwife. The difference between what she had experienced in the hospital when she gave birth to her son and what her friend was experiencing with a home delivery was extraordinary. At home, there are no cold steel stirrups in a windowless room with bright fluorescent lights or strangers coming and going as the nursing shift changes. At home, the mom can remain comfortable and experience labor in her own way whether she wants to lay-down, walk around, or take a shower or bath. All of these things are soothing to the mother and as a result, soothing to the baby. Family can be present to participate in the birth. Siblings can see their new brother or sister as soon as he or she is born rather than through the hospital's nursery window.

Being a part of her friend's birth experience along with the contrasting experience she had in the hospital giving birth is what inspired Diane to become a midwife. During this time, Diane also found out her prayers were answered and she was pregnant. After the birth of her daughter, which was delivered at home by a midwife, she decided to change her major at college from pre-med to nurse/midwife. The counselors at school advised against this so she left school to pursue alternate training. She trained as an apprentice with two area midwives and attended workshops presented by a midwifery organization in Columbus, Ohio, eventually offering her services to the large Amish community in the area.

At this time, the late 1970s and early 1980s, it was a fourth degree felony in the state of Ohio for any out of hospital birth. Midwives such as Diane had to deliver babies in secret and it was very difficult to get doctors to agree to be there for backup in case of an emergency or to sign the birth certificates. Since those in the Amish community would not go to a hospital, many of their members did not have birth certificates.

Tired of working in secret, Diane finally went to the Ohio Health Department. After many attempts to speak with someone in some kind of authority, she was able to sit down with a health department official and talk to him about what she does. She talked about her training, her experience, her relationship with doctors, and the need for midwifery services, especially in the Amish community.

The official asked her to wait and left the office. She sat there for quite a long time, not knowing when he was coming back or if, when he came back, it would be with handcuffs. When he finally returned, it was with a stack of blank birth certificates. When she entered the state office building that day, midwives faced prosecution for delivering babies. When she walked out of the state office building that day, midwives could deliver babies without fear of arrest and were even authorized to sign birth certificates.

After this new authority to finally be able to deliver babies legally, an organization called the North American Registry of Midwives (NARM) was formed. Its members are Certified Professional Midwives (CPM) and they are recognized in twenty-six US states, allowing them to deliver babies. Ohio and Pennsylvania are among those states. NARM develops and administers a standardized test for the certification of midwives, identify and update best practices and requires all CPMs to submit statistics that are listed on the NARM website (www.narm.org).

Since moving back to Pennsylvania to be closer to her family, Diane's vast experience has earned her a reputation for being one of the few midwives willing to deliver babies with some risk such as breach births, twins, or deliveries after previous caesarian sections. Even with her experience she will always send her patient to a medical doctor or hospital if she feels the delivery may be beyond her capabilities or the baby or mother may be at any risk at all.

Diane provides prenatal care to expectant mothers in a clinic she has in her home in New Providence but deliveries take place in the comfort of the mother's home. When she gets the call she goes to the expectant mother's home bringing with her all the necessary items for a safe delivery. In case of an emergency, she carries resuscitators and oxygen in her car so that it is close by if needed.

When asked about her patients and why they choose a homebirth and a midwife, Diane explains that it's not just "hippies and New Age people". They are people that want to bring their child into the world in a more natural environment. She even has patients that are themselves nurses and doctors. For the Amish," they just have always had their babies at home". Although many of her patients are Amish, over the years, it has become more common for non-Amish women to choose a home birth. Usually about forty percent are non-Amish and sixty percent Amish although the percentage of Amish goes up to about seventy-five percent in the late summer to early fall, nine months after the Amish wedding season of November. "Unless there is some risk to the baby or the mother, there is nothing at the hospital that makes it necessary to be there".

According to Diane, some families that choose a home birth feel very strongly about burying the baby's placenta. Most hospitals, including Lancaster's Women and Babies hospital, will not allow the parents to keep the placenta. Not only do hospitals refuse to give the parents the placenta but they charge between two hundred and three hundred dollars to dispose of it. Diane often gives the placenta to the parents or, if the parents don't want it, she disposes of it for them. She even has one patient now that wants to encapsulate the placenta and keep it. Diane joked with one mother that "I'll even fry it up for you if that's what you want me to do", knowing that this is a common practice in some cultures.

Cost is another factor in the decision for a homebirth. Hospitals are very expensive and if there is little or no insurance, a hospital birth may not be affordable. Hospitals charge patients for every little thing in the room. Diane estimates that there is at least six hundred dollars on the typical hospital bill for items in the room that could be saved with a home birth.

This willingness to deliver babies that other midwives would be reluctant to, has led to her being the object of some criticism in the medical and midwife community in Lancaster County. She has been accused of practicing medicine without a license and for presenting herself as a doctor. She has been sued three times, in 1991, 1996, and 2005. She has won all of these cases, however the case in 2005 she won on appeal after a long and very expensive three year legal battle. Although she and her husband have turned their home into a bed and breakfast to help pay for her defense, she continues to provide the community, both Amish and non-Amish, with a natural, at home, birth experience.

During her many years of providing this natural birth experience to so many, and after being told she would have no more children, Diane gave birth, at home, to four more children. Now, along with her five children, her family has grown to include nine grandsons, most of which she delivered. Her tenth grandchild, a girl, is due in a few months and since the expectant parents live in Alaska, where Diane's daughter -in-law is also a midwife, she will be delivered at home by her parents.

Since conducting the initial research into midwifery in 2011, Lancaster Women and Babies hospital will now allow the placenta to be taken home for burial after it is placed in formalin and alcohol to sterilize it as much as possible. However it is never returned for the purposes of encapsulation. As for hospital disposal, Lancaster Women's and Baby's hospital no longer charges a fee for disposal of a placenta but there is a charge of \$285.00 if a pathology examination is performed.

Work Cited:

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