

The Importance of Midwives and Healers, From Martha Ballard to Mary Peterson: An Examination of the History and Cultural Significance of Midwifery and Healing in Native, European and American Societies.

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Introduction:

Midwives have played an important role in the lives of women for thousands of years. In the past they have been depicted as witches and wise women that were often feared and revered by those in need of their special powers. Every society has sought the skilled hands of a midwife and healer to provide comfort in times of birth and in sickness. My interest in the history and cultural significance of midwifery stems from curiosity in its ancient and its modern practice. By examining past and present examples and by comparing this important phenomenon between cultures historically, it is my understanding that there are more similarities than differences in the practice of midwifery. The differences may lie in the social, spiritual and taboo aspects of childbirth among various cultures. And those differences may involve technique, which may vary world wide. Other factors entail the status of women within a specific culture, but that these differences do not affect the similar relationship in the practice of midwifery. Further, that Western medicine historically has been more of a foe than a friend to midwifery as a matter of course and that today the two appear to be more collaborative than they have been in the past. I seek to demonstrate this later on in this study.

History:

The early Egyptians recognized midwives as an important social class in their culture.¹ Hippocrates in the fifth century B.C.E. and Soranus in the second century A.D. documented the problems associated with childbirth, but beyond that birth was considered the realm of midwives for over a thousand years.² Birth as strictly women's business was an event shared by all members of society. This belief held religious and

legal penalties, which I will explain. The Book of Exodus 1:15-19 celebrates two Hebrew midwives for their bravery when they refused Pharaoh's order to kill the first-born sons of Israel. Their action was praised as a show of resistance against oppression and stands as a symbol of strength of conscience and perseverance to the Hebrew people.³

Mysticism has been closely associated with the art of midwifery and healing, sometimes exaggerating it beyond its reality. In the Middle Ages midwives inspired amusement and disdain and many were condemned as witches, an action that would be repeated among the Puritans during the early colonial period in America. Traditionally men were excluded from birthing rooms and the legalities and penalties I mentioned were strictly enforced. Occasionally those laws were violated. In one particular case a German physician who sought to view childbirth personally disguised himself as a woman and in consequence his curiosity got him into trouble. He was burned at the stake in Hamburg in 1522.⁴

Medical men in this period had nothing to offer women in regards to childbirth and the notion of having a man present was considered unnatural and immoral. Throughout the Renaissance and afterward this view of childbirth changed as European life became more urbanized. The distance between midwives and medical practitioners widened as people flocked to the cities from the countryside and women were brought into the company of strangers. Women's ability to bear children and men's inability to do so defined the roles each held in society.⁵ This sexual differentiation encouraged a division of labor between women's domestic sphere and that of the public sphere of men. Thus, a woman's worth was measured by her ability to bring life into the world. This ideology

also helped to define the female experience particularly in the eighteenth century in the American colonies.

Under the technocratic model, much of our beliefs and values in American society originated from the Scientific Revolution in Europe. The seventeenth century was a period of rapid change and expansion, and the machine replaced the organism as the root metaphor for the organization of man's universe. In ancient Europe the metaphor related to the earth as an organism with a female soul. The result, that the body is like a machine, developed an ideology espousing power and ownership over women's bodies in the construction of an American medical model.⁶ The technocratic model means specialization of methods or practices. These methods are formal rather than practical and are governed by the applications of science and technology. Further, this system was founded by the principles of patriarchy and supremacy imposed over the individual. Under this system men held power over women who were considered the weaker sex. How this system worked against the holistic practice of midwifery in general – from its use in the early colonial period to the twentieth century – will be explained further in the latter part of this discussion.⁷

When hospitals were built, practitioners could observe birth year by year. As a result new standards, techniques, and tools governing the management of birth were developed.⁸ Male doctors earned greater prestige after the invention of forceps, created by the Chamberlan family in England in the sixteenth or seventeenth century. Once a guarded secret, this invention became a favorite of doctors as they discovered it could speed up the process of delivery beyond the expertise of midwives.⁹

Midwifery during the nineteenth century received much prejudice in the eyes of medical practitioners who did not understand its ancient methods, methods that were deemed barbaric and dangerous by the standards of Western medicine.¹⁰ Traditionally women held the power in determining birth procedures, because men were often excluded from participating. Exceptions to this rule came in times when there were no other women around to assist expectant mothers that men participated in the birth process, and in some cases physicians were called in when labor did not progress as usual. Instruments and methods of intervention including the use of drugs changed attitudes concerning natural childbirth. As a consequence women lost control and power in the decision-making process and by the twentieth century women began a campaign advocating for a return of some of that control.¹¹

Another development in the changing view of childbirth came about as a result of childbed fever – also known as puerperal sepsis. Childbed fever had not been a serious problem historically before the advent of hospitals. It was when institutionalized medicine was established in the eighteenth century that this disease became a major killer of women.¹² The cause, as concluded by Ignaz Phillip Semmelweiss in the 1840's, was on the hands of doctors and their students who transferred germs from corpses onto the women they attended. Semmelweiss ordered that hand washing with antiseptic be conscientiously observed to offset the spread of this disease. Maternal mortality was decreased, but many scoffed and disregarded this safeguard until Louis Pasteur and Joseph Lister added scientific proof to Semmelweiss' suspicions in their germ theory of disease.¹³

In the early twentieth century cleanliness methods were incorporated as an essential component of medical practice. Untrained midwives then no longer had an impact over the professionalism of doctors, marginalizing their status in the United States and in Europe. Laws enacted in the United States outlawed midwifery as a practice in most states, where blame was laid onto midwives for the prevalence of childbed fever and neonatal ophthalmia (blindness caused by gonorrhoea passed by the mother to infant).¹⁴ Both conditions can be treated by hand washing for childbed fever and silver nitrate drops for blindness. Such advances in Europe became the repertoire of midwives, but in the United States no attempts were made because midwives were viewed as ignorant and dirty. Thus childbirth in the early twentieth century passed into the hands of doctors and midwifery declined in its popularity.

Midwifery in human societies is the most essential part of the healing arts. In no other time in a woman's life is it ever easy to endure periods of pregnancy, birth, and the raising of children. As Martha C. Ward has said, "Long before authoritative systems of knowledge about pregnancy and childbirth existed, women placed their experiences and skills in the service of others."¹⁵ Today midwifery remains an important alternative of choice to conventional obstetrics no matter the convenience and safety offered by the medical establishment.

Technique, Social Childbirth, the Status of Midwives, and Western Medicine Verses Midwifery:

Western Medicine Verses Social Childbirth: The clash against the holistic nature of midwifery verses the technocratic model of modern Western medicine increased the power and authority of doctors who favored practical science, privatizing

childbirth against the empathetic, socially ritualized aspect of this life-changing event.¹⁶ In non-Western cultures birth is seen as a rite of passage, an event celebrated by the entire community and it serves to include newborns and their mothers into the social framework of that community. On the other hand, medical practice treats childbirth as a private, biological event shared only between the doctor and the female patient outside its holistic or humanistic meaning.¹⁷ Under the technocratic model in America siblings and other relatives other than the father are not allowed to visit with mother and newborn infant. In Europe family interaction and involvement is considered essential just as in Mexico.¹⁸ What is meant here is that the ritual nature of birth in a technocratic setting is in response to the fear associated with this process and that medical practice depends on this process to profit from it. Fear of death at childbirth and debility factor into this scenario.

In colonial times women about to give birth were brought to bed in their homes by their friends. They were free to choose the environment they wanted to give birth in as well as the freedom to choose the people they wanted to minister to their needs. At the same time birthing women were also passive in receiving this help and at the mercy of those helpers trusted in the knowledge and practice of midwifery. As a result, a network of women who have had similar birthing experiences was formed, providing empowerment and support to even first-time mothers. The fear of death and debility in childbirth was ever-present in the minds of women in the eighteenth century so the security and safety offered by doctors in hospitals convinced women to choose a more practical alternative to giving birth at home.¹⁹ In a little over two hundred years this woman-centered home event changed as technology advanced the course of medicine

making childbirth a hospital-centered event. This excluded the closely-knit social bonds of family and friends by including doctors and other health care professionals into the process of childbirth.²⁰

Western Medicine Verses Midwifery: Birth practices are rigidly shaped. Because of this rigidity, birth is resistant to experimentation and manipulation within its cultural context.²¹ What is meant here is that birth between cultures is shaped by the social structures of a given society. Any attempt to change this brings about strong resistance. Important characteristics of birth between the United States, Holland, Sweden, and Mexico reveal differences in the way this process is dealt with. In America, ninety-nine percent of babies are born in hospitals, usually at the hands of doctors. In Sweden, all births occur in hospitals with the assistance of trained midwives; likewise in Holland, about fifty-five percent of births are delivered in the home or in the hospital in the company of midwives. Among the Indians of Mexico, birth commonly takes place in the mother's home at the hand of a midwife and her helpers.²²

Western Medicine Verses the Technique of Midwives: In America, childbirth involves medical technology and the use of drugs for pain management. Birth is viewed as a medical procedure and a medical problem; women are treated as patients which transfers their decision-making power over their own bodies into the hands of doctors and other medical personnel.²³ In Sweden, the use of sedatives, induction and artificial stimulation of labor have been commonly utilized, whereas in Holland such intervention is rarely used. In Mexico, birth is considered a normal process whereas in Sweden it is considered a personal achievement.

Western Medicine Verses Technique and Social Childbirth Among Native

Americans: At this point I want to emphasize the social view of childbirth and the important role midwives play among Native American society within an historical and cultural context. I think it is important that we see the difference in how these elements are considered outside our own view of Westernized medicine and obstetrics.

Early Native American women sought the assistance of midwives for prenatal and postnatal care before European contact in the fifteenth century. Midwives knew much about herb lore and attended to everyday healing. They were also skilled at delivering babies and performed a bloodletting technique called “lancing” among other forms of surgery. After initial European colonization and interaction with Native peoples, modern Western medicine was introduced. This upset the cultural and spiritual beliefs in the practice of natural healing and childbirth. Today, Native midwives remain highly respected by their clan groups. These are women who hold extensive knowledge of techniques and herbal remedies that are beneficial to not only the women they attend to, but for all members of their community. Midwifery and healing are closely bound by customs and stories.²⁴ As healers and teachers, midwives are often called the *special people*, women who are considered intermediaries between Mother Earth and the harmony and rhythm of the seasons, the bringers of life and continuity of the Native community and its culture.²⁵

Technique and Social Childbirth Among Native Americans: The techniques utilized by Native American midwives are quite similar throughout North and South America. Concentration here is on the cultures living in the North. An example of this is demonstrated by the use of *banyas* among the Alutiiq culture in Kodiak Island, Alaska.

The Alutiiq call these structures *maqiwiks* – or *banyas*, as the Russians called them – and are used by women as a means of relaxing while taking part in the ritual preparations of childbirth. *Banyas* are wooden steam baths equivalent to the Finnish sauna and it is here that a midwife and her helpers would gather. Togetherness formed in this gathering promotes a comfortable atmosphere as the elder midwife administers to the expectant mother. To increase blood flow and ensure proper position of the fetus, a *taaritet* – a scrubber made of beach grass – and steamed alder or willow branches (*wainiiks* or *wainit*) are gently swished across the woman’s belly to ensure easier delivery. Massage and heat are also used to relax the mother-to-be as her labor progresses. The companionship, emotional comfort, and heat of the *banya* have enveloped the lives of Alutiiq women for generations, making the ritual of childbirth an enriching and socially natural experience.²⁶

Status of Midwives Among Native Americans: The importance of the village midwife in Native American culture is two-fold: midwives “know” what to do, and “know” how to help, and still play a central role in village life. “Knowing” and “healing” are root metaphors for the knowledge acquired in “learning” and “doing,” of learning Native ways and traditions in the recovery and recognition of one’s Native identity. Today these elements are maintained around a modernized medical system. “Knowing” entails belief; a spiritual understanding that is akin to instinct, whereas “healing” is considered renewal or revival of this belief.²⁷

Native practices also express the cycle of life and death and rebirth. Among the Koyukon Athabascans of Interior Alaska birth is a social event and the midwife is the central actor in the education and healing of her community.²⁸ Leveling mechanisms such

as humility, equal access to the profession of midwifery and reciprocity allow a midwife to practice without differentiating herself from her peers. The midwives in this egalitarian culture are mainly older women who have experienced childbirth themselves and who felt the calling to serve in their community.²⁹ Life experience played a part of this ability of a midwife to train as such before the 1930's. Midwives taught younger women the tradition of midwifery while in menstrual seclusion as well as other skills women engaged in, in addition to childbirth. Once a young woman had her first menses in seclusion she was usually married off by arrangement and included into the adult world of Koyukon society.³⁰ Childbirth to them is considered a normal part of the life cycle and something to not to be afraid of.

The social position of Koyukon midwives holds that reciprocity over that of power and prestige was in the past and still is in the present an important element in their culture.³¹ Midwives possess a specialized skill, which only proves to equalize them as members of a collective society. In other words, delivery of babies remains part of the circle of favors among villagers; in the past midwives were and presently still are well-respected in their culture, but this in no way elevates their status in terms of prestige or power. No one shows off one's importance in this society but gives what they do best for everyone. In the past some midwives were village-bound while others traveled to camp and stayed in anticipation of one or more deliveries. This also depended upon proximity of the village or fishing camp and the desires and practice of the midwife. Today midwives are still preferred over Western medical practitioners, even though some Koyukon women have delivered their babies in hospitals.³²

Among the Chipewyan people of Northern Canada, one of the major effects brought on by Western medicine was in the acquisition of parturition (childbirth) which resulted in a loss of influence of the midwife and the hospitalization of the expectant mother. In the 1950's it was becoming common practice for a woman to remain in her village during hunting or trapping seasons rather than following her kin into the bush. The result disrupted a traditional pattern of seasonal migration and ushered in the importance of sedentarization within one's natal village.³³

Social Childbirth Among Native American Midwives: Preparation in childbirth and aftercare fit into the social mold of midwives. After the baby is born, midwives often stay at women's homes, cooking, cleaning, and helping for several weeks. They offer rich companionship and reassurance that conventional medicine does not. The sense of being supported and cared for and of establishing a sense of community through "helping" knows no cultural boundaries. The role of a midwife no matter which culture she belongs illustrates childbirth as both a biological and a social construct. Birth is widely varied as a social process, and nowhere is it considered just a physiological event. Birth is shaped and defined by our attitudes toward women, power, and medical authority, and by cosmology, including religion.³⁴

Key Themes: The main themes I have presented here – technique, social childbirth, the status of midwives, and the clash between Western medicine and midwifery – all define the role of midwifery in its historical and cultural contexts. The best way to view this role desires a description of some well-known and influential figures both from the past and in the present. By doing so perhaps the similarities and/or differences will be revealed in the technique and training of midwives, the social aspects of childbirth as

depicted in these examples, the status each midwife held in their society, and the relationship each held with regards to doctors trained in the profession of Western medicine. A particular case study concerning the laws enacted in the United States will also be presented to further illustrate the clash associated with midwifery as a practice against the safety and efficacy of professional medicine.

Midwives Both Past and Present: Martha Ballard (1735-1812) was a midwife and healer in Hallowell, Maine. It was reported in her diary that she had performed 816 deliveries in the late eighteenth to the early part of the nineteenth century.³⁵ She was fifty-four years old in 1785, when she began writing an account about her experiences as a midwife and healer and maintained this account for twenty-seven years. She was a woman of courage and dedication and a woman who was highly regarded by the people of her community. Literacy among women during the eighteenth century was rare, yet her diary stands out as evidence of what a midwife is and what midwife does. Martha recorded her finances and fees for her services in this account, what she planted in her garden, the number of deliveries she performed; it was also an almanac, a calendar, and a recipe book of herb lore. Born in 1735 in Oxford, Massachusetts, her life actually began in Hallowell, Maine, along the banks of the Kennebec River.³⁶ The river demonstrates the physical obstacles Martha faced in giving of herself for the care of her people and is symbolic of the social obstacles women experienced in the eighteenth century .

Martha knew much about remedies and how to make and dispense them. She used salves and syrups, pills and teas, and ointments in the treatment of illnesses. She prepared emulsions of oil, poultices for wounds, knew how to dress burns and treat dysentery, sore throat, frostbite, measles, colic, and whooping cough. She also knew how to lance an

abscess, apply “blister” or “black plaster,” induce vomiting, ease bleeding, reduce swellings, and toothache as well as delivered babies. Martha was practically a physician herself, and was probably not unlike the country doctor who visited patients’ homes in days long past. She also lived in a period when new scientific methods in obstetrics were being utilized, challenging the age-old practice of midwifery as a woman-only profession, and thus marginalized this important aspect in women’s lives.³⁷

Another case in point is the story of Patty Bartlett Sessions, a Mormon midwife and healer.³⁸ Patty lived in Bethel, Maine. Like Martha Ballard, she too kept a diary that contained an account of her daily dealings in her practice. What sets Patty apart from Martha Ballard is the role she played in the westward expansion movement to the Great Salt Lake Valley in the Utah Territory in 1847. Born on 4 February 1795, Patty maintained a number of diaries for forty years.³⁹ Her life had been patterned through years of social and political turmoil in Maine and subsequently by the serious religious revival that took place along the Eastern United States in the early part of the 1830’s. Her main contribution had been as a midwife.

Midwifery was an important profession in Maine, an area that was sparsely settled by people and where doctors were scarce and families were large. During the eighteenth and nineteenth centuries women faced the fear and possibility of death at childbirth. Some were fortunate enough to live past age forty.⁴⁰ Patty learned more than the domestic aspects of women of her generation. Her first attempts at midwifery occurred by accident at age seventeen. Unskilled in the affairs of midwifery but filled with the intestinal fortitude to assist in the delivery of a neighbor’s baby, Patty earned herself

recognition in an era when doctors rarely saw the potential and necessity for midwives as an essential part of the medical and social community.⁴¹

Among the things Patty utilized in her practice, she treated the sick, laid out the dead, as well as delivered babies. An important feature of her life concerns the influence of a Native American midwife named Molly Ockett, a woman who was often called upon to help the women of Bethel, Maine. As a healer, Molly knew about herb lore and how to concoct salves, drinks, and poultices administered to the sick. It is also possible that Molly may have influenced Patty Sessions in her early exposure and use of herbs, and it is also possible that Patty's mother-in-law, Rachel Sessions, may have encouraged her to take up the practice of midwifery. In the end her skills would become a critical part of the well-being of the Mormon pioneers who made the difficult track to the Great Salt Lake Valley in 1847.⁴²

As new ways surpassed the old ones in the nineteenth and early twentieth century, the "granny midwife" was marginalized into folk myths and legends of a time long past and soon to be forgotten. Many midwives resisted this change and fought hard to maintain their services within more isolated communities. To them the need was great in these areas. Midwives worked in places where poverty and limited access to quality health care was a part of life among the immigrant or African American communities, particularly in West Virginia. This was an area where population distribution near the Blue Ridge Mountains and the economy were different from the rest of the country in the early twentieth century. Most midwives were friends or relatives aiding their friends and relatives, receiving no monetary reward, but were given something in kind for their services. As payment, midwives were sometimes given meat, produce, or material to

make a dress, and most frequently were given goods or trade services since many poor families in West Virginia could not afford to pay them with money. West Virginia is a good example where “granny midwives” operated in states in need of such assistance especially in times of emergency. Some learned their trade by accident.⁴³

Jenny Belle Slaven of Pocahontas County was fifteen years old when her career as a midwife began. Though untrained in the practice of midwifery, Jenny would earn her stripes in a career that was to last thirty-five years. Her contemporaries were also sometimes healers. Elizabeth “Lizzie” Binns, for example, was trained in her native England as a midwife and had later immigrated to Coalton, Randolph County. Her professional training with a doctor providing prenatal and delivery services for community residents enhanced her relationship with those who relied on her for help. She used herbal remedies in her work, but like other midwives was prohibited from dispensing medication to patients outside medical authority. Folk practices such as the use of castor oil to catnip tea and turpentine aided in hastening labor, cleansing babies after birth, and to treat pleurisy. Camphor, rhubarb, and a numerous variety of berries and herbs were among countless ingredients healers and midwives used for teas and poultices.⁴⁴

The practice of midwifery among black women in West Virginia can be traced to slavery, when a woman would be called to be a midwife.⁴⁵ She would not only minister to black slave women but also to white women as well. When the institution of slavery was abolished during the Civil War, black midwives continued to practice. One such woman, Mary Elizabeth Rhea Johnson, otherwise known as “Mollie Gabe,” was a former

slave living in Clay and Braxton County before and after the Civil War and who served both black and white families in her community.⁴⁶

Cloie Arthur (1884-1989) was a midwife in Clay County who reportedly delivered over two hundred babies. Cloie began her practice by working with a doctor, trained under his tutelage and eventually practiced on her own. Mrs. Arthur – like many midwives – provided her assistance and support in the birth process and often stayed with the mothers in her community to aid in housework if needed.⁴⁷

Mary Breckinridge (1881-1965) was instrumental in the development of the Frontier Nursing Service of Kentucky (FNS), and in what we know of American midwifery today. Mary was educated and trained to be a nurse-midwife in England before setting to work in rural Kentucky. During World War I she was a public health nurse, convinced that by creating the FNS, nurse-midwives could be helpful in areas lacking access to adequate health care. After its establishment in 1925 and in co-operation of a hospital and one physician, the FNS played a central role in establishing six nursing outposts in areas lacking adequate roadways and transportation by sending nurses on horseback. This enabled nurses to reach the most isolated areas no matter the weather conditions.⁴⁸ The FNS Hospital in Hyden, Kentucky is now named the Mary Breckinridge Hospital and includes a new women's Health Care Center which continues to fulfill Breckinridge's mission created in the 1920's.⁴⁹

Mary Peterson (b. 1927) is an Alutiiq woman and a midwife and healer from Akhiok, Kodiak Island, Alaska. Her first experience at delivering babies began while she was a teenager, when one of her sisters went into labor. As a youngster Mary spent time with the old midwives and watched how things were done, ran errands for them, and

often fetched neighbors when they were needed. Among her teachers was Irene Agnot, one of the old midwives in her natal community. As a respected healer, teacher, elder and midwife, Mary represents a generation of women whose gifts of “knowing” and “healing” have played a central role in the well-being and culture of her people.⁵⁰

Mary’s talents include knowledge of herbs and healing methods, basket weaving, speaking the Alutiiq language, and singing traditional songs that tell the stories of her people while observing the celebrations of the Russian Orthodox Church.⁵¹ She also worked for wages in the canneries on Kodiak Island, and was a teacher and Community Health Aide for a number of years. Her experience as a midwife speaks for many women in the Alutiiq community, women whose ability to heal rests on their faith within Russian Orthodoxy as well as within the Alutiiq tradition of apprenticeship or appointment.⁵²

Today midwifery and healing are recognized by the Western medical establishment in Alaska as invaluable, inspired, and thoroughly necessary aspects of Alutiiq and Alaskan Native culture. The two elements elevate a woman’s status within her community, and as a midwife she acts as a connector of her people to not only the social realm but also to the spiritual realm, as “knowing” and “healing” represents. Birth to the Alutiiq, as it is to the Athabascans and other Native groups, transcends human control. Its aspect is spiritual requiring the assistance of a skilled midwife as a helper who is chosen by the elders in her clan group.⁵³ As such Native midwives extend the care Western medicine does not. They can diagnose pregnancy by simple touch, can estimate date of delivery, and teach future mothers about the stages of pregnancy in terms easy to understand. Midwives can also give advice over such issues as birth control, abortion, baby care, and breastfeeding in terms that are not clinically cold or patronizing. They can

perform appropriate, comfort-promoting ceremonies for women too. Those who have given birth with the aid of a traditional midwife have a much easier time than in the sterilely intimidating structures of modern medicine.

Case Study:

In the 1920's, stringent health laws were passed in the United States in an attempt to put an end to midwifery altogether. A good example took place in West Virginia in 1925, where a state health law affected the charging and receipt of fees for health care services. Because of this law many midwives did not charge their patients as licensed doctors would. By definition, a midwife was described as “other than a physician who shall attend or agree to attend any woman at or during childbirth and shall accept any compensation or remuneration for her services; provided that nothing contained in this article shall prevent a neighbor or friend from rendering assistance in such cases in an emergency.”⁵⁴

Licensing was another issue. Some midwives chose not to be licensed, and some still practiced their art despite state law. Prior to 1925 there were no regulatory rules governing the practice of midwifery in West Virginia. Examinations for licensure of physicians under the state code were exclusionary of midwives, yet they were required by the code to register their names and addresses with the county clerk and report births and deaths within thirty days of occurrence. Because of the scarcity of physicians and the high cost of the fees they charged, the West Virginia State Department of Health – and after implementation of the Sheppard-Towner Act of 1922-24 – accepted the necessity of midwives in the state but required they be supervised and controlled through registration and examination “in the essentials of surgical cleanliness.”⁵⁵ Such regulation appeared in

the 1925 West Virginia *Code* which not only laid out the instruction, examination, licensing, registration, restrictions and conditions imposed upon midwives, but also the conditions leading to revocation and refusal of licenses to midwives suspected of violating the code in their practice. This law, mandated after 11 January 1926, stipulated that no one other than a physician could practice midwifery without a license. Applicants had to provide proof of cleanliness standards and possess a diploma from a school of midwifery or physician's statement to verify that a midwife had performed at least five births "during lying-in periods of ten days each," and also present evidence that the midwife possessed a good moral character.⁵⁶

Midwives were restricted from performing pelvic examinations and the use of instruments in the aiding of deliveries, or to assist in labor artificially, forcibly or mechanically; nor were they permitted to administer, give advice, prescribe, or employ dangerous or poisonous drugs.⁵⁷ In coal-mining towns such as Wheeling, Charleston, Huntington, and Parkersburg, midwifery was replaced by company-employed doctors or by city hospitals. Outside these urban areas the need for midwives in the poorer, isolated communities prevailed. In 1938 the State Department of Health implemented a training program for midwives to teach them the rudiments and limitations in their practice, to recognize abnormal birth conditions, and when to call a physician in emergency cases. Additional training began with the founding of the Frontier Nursing Service of Kentucky (FNS) in 1925.

West Virginia's law regulating the practice of midwifery remained unchanged for fifty years. Licensure of midwives declined in the state for various reasons, including in short to the greater availability of physicians. Statements from the Department of Health

and stringent licensing requirements reflected the prejudice the professional medical establishment held over midwifery. Such attitudes helped to stigmatize midwifery in West Virginia and a slow decline in its practice appeared assured.⁵⁸

The relationship between midwives and physicians never grew into a full partnership in the state. “Granny” midwives were never really accepted but were tolerated in that they helped to meet the needs of rural families in areas difficult to reach. For the most part, midwives were overshadowed in favor of professionally provided and heavily regulated medical care. In poor rural areas black and immigrant women did not make up a large part of the population served by midwives as had been the case in other states. Reservations about the practice of midwifery remained although there were physicians in the state of West Virginia willing to train and to work with midwives where communities held the greatest need. Midwifery was a role defined individually and was highly dependent upon the circumstances requiring its usage. Its history in the state is not reflected in its literature, but exists in the minds of women who received such care or who provided this care to others.⁵⁹

“She Taught Us How to Be”

The connection between childbirth and midwifery represents the connection between birth and rebirth in the community and in the cycle of life, but also connects us with the birth and rebirth of heritage, of mind, body and spirit.⁶⁰ Everything is done with the utmost of co-operation, patience, practice, and in companionship as new life is gently introduced into the world, with or without the harsh bright lights and machinery in a hospital delivery room. Giving birth at home with the assistance of a midwife in this instance is less traumatic and more holistic than the more conventional method we are

familiar with. Healing is eclectic and is outside the conventions of Western authority or scientific explanation. Ward states that, “women’s healing rituals acknowledge that suffering is real,” and that “the healer herself has suffered”.⁶¹ Women such as Martha Ballard to Mary Peterson became midwives and healers through observation, training, participation, and through apprenticeship. A midwife’s experience and willingness to help others in her society make her an expert. Healing and suffering then are taken into the context of community and in the day-to-day dealings with others within that community. As healers midwives work within informal and domestic settings, treating relatives, neighbors, each other in sickness or in situations that are not life threatening. Midwifery requires expertise and a cool head, and most of all empathy and patience that most Western doctors lack when dealing with their patients.⁶²

For first time mothers, birth can be a scary experience and one of the most powerful experiences a woman will ever go through in her lifetime. Birth is inevitable in that women have little control over its outcome. Birth is also considered in many countries to be a rite of passage, from girlhood to womanhood, and women learn this through informative teachers among their community. Birth is culturally framed and by analyzing this event a greater understanding of its broader social and historical values as well as the issues that involve gender roles and the dynamics of gender relations will develop. The social position of a midwife varies according to the status of women in a society or the amount of technical skill she possesses.⁶³

Being a healer and being a midwife garners women recognition and the practice of either persists to the present day. Cultural healing is a central theme in this account, healing of the body, the mind, the soul as a basic element that applies in the overall health

of women and children and community. Reciprocity, compassion, technique, steadfastness and courage are among the themes presented here thus far. I have given examples - both past and present – of what a midwife is and what a midwife does, referring not only to European and American midwives but also Native American midwives and their historic and cultural importance to their communities. As discussed a clash exists between the technocratic ideologies and laws of modern Western life and medicine verses the holistic, traditional and ancient methods of healing and childbirth. In the process a new worldview has developed, overriding the old worldview for the customs and traditions of Native American culture. This appreciation is greatly enhanced when we realize the similarities between Native, European and American midwives and their capacity to heal, and that those similarities outweigh the differences cross-culturally.

The history of midwifery goes beyond the written record and has even faced extinction in periods of colonization and modernization around the world. Its practice not only encompasses the birth of human life and overall health of women but stands as a symbol of recovery in the face of social and economic transformation. Midwifery and healing are not only cultural phenomena but are connectors or bridges to the spirituality and reality of women's health in relation to Native, European and American communities and in other cultures around the world. One realizes the great sacrifices women have made in times of historic transformation, and the heavy price women have paid with their lives by giving birth to children. Today we should recognize the contributions of midwives both past and present as partners in society and as partners in modern Western medicine.

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