

Midwifery & Feminism: A Case for Common Ground

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The author of a new book on maternity care and childbirth recently spoke to a gathering of birth care providers and their supporters. When asked by an audience member why feminists are not concerned with supporting natural childbirth and midwifery, she replied that it seems to her feminists are too busy trying to protect abortion rights to make maternal health care a priority. Possibly, she said, feminists do not want to burn bridges with obstetricians who provide those abortions.

Feminism is by no means monolithic and by definition includes a wide variety of opinion and perspectives. If there is a common denominator, it is a conviction that all people deserve a life led freely, fully, and well.

There can be no doubt that feminists have an obligation to challenge the broken obstetric system of American birth care, and to publicly support the women and men diligently working for a better way. Importantly, feminist support is due both to midwives who already identify as feminists themselves, and equally to those who found a different philosophical path to midwifery.

If feminism's calling is to work for comprehensive reproductive justice, then our job is to ensure that women have not only the freedom to choose whether to continue a pregnancy, but also the resources, the avenues, and the information necessary to decide how to give birth on their own terms. Even in a highly scientific and technological world, women still deserve our trust that they, in partnership with respectful health care providers, can make their own best birthing decisions.

But let's be clear: stereotypes tend to minimize and obscure the work and ideas of many who are pushing for change. This reality is as true for feminists as for midwives, and we owe it to one another to see past simplification to the common promises of our work. I bring this to our attention because it will require all of us – all of our skills and ways of knowing – to meaningfully understand, address, and improve American birth care.

Although for much of human history women have delivered babies in pretty much one way – a dilated cervix, a birth canal, and a woman pushing her baby out into the world – childbirth is also a social process with technologies, conventions, and meanings that are constantly in flux. The social histories of birth are unbelievably varied. Consider the way our great grandmothers birthed our grandmothers, in comparison to the ways we were born. Across traditions of time, geography, social class, and culture, women have delivered babies in whatever ways made most sense. In short, there is nothing inherent or inevitable about the way we do it now.

“Women today continue to require the knowledge that birth still works and that every woman has her unique way of bringing her baby into the world,” wrote Ina May Gaskin. At first, her words may not sound like a direct challenge to our current biomedical birth model, but they are. The idea that “birth still works” means that we can still trust the process in most healthy pregnancies and deliveries. (This notion could only be radical in a country where fully one-third of our babies come into the world via cesarean section.) The idea that “every woman’s birth is unique” flies in the face of common standardized medical protocols and physician-imposed timetables.

Yet an acknowledgment of the problems with birth care is not an indictment of any mother’s birthing choices or history. Each woman’s personal birth story is special and sacred and soulful and beyond reproach, no matter how she brought her baby into the world. Rather, feminists and midwives together can cast a critical eye at how industry and gender politics shape and constrain childbirth choices available to women in America. (Certainly, here, the personal is political.) In spite of all our technologies and interventions, normal, healthy vaginal births are still best left in the skilled hands of someone who will watch and listen and let it happen.

The tools of feminism can help us more powerfully make our case for a better way. Feminism is the only school of political thought prepared and willing to recognize women’s knowledge and experiences as unique and valuable – the only one that expressly and intentionally respects women’s bodies and choices. Feminism interrogates gender roles that thwart men’s participation in caring professions, and in so doing opens space for the men who defy stereotypes and work as midwives. For these reasons, feminism is uniquely prepared to challenge and name the current medicalized birth system as a socially perpetuated system of inequality, which as such is unacceptable and unsustainable.

As a nation we are overdue for institutional change in support of women’s professional work, particularly in support of the women whose work allows them to let birth happen. This is not only about health care; it is about the gendered politics of professions, or the ways in which women’s work has historically been regarded and regulated as “semi-professional.” Certified nurse-midwives (CNMs) and certified midwives (CMs) still face unjust obstructions to recognition as highly skilled and trained birth experts. Too often midwives must work in the context of state laws that privilege an already dominant and powerfully male medical model; midwives challenge a textbook example of contemporary institutionalized sexism. Even if state laws do not mandate physician involvement in the most basic aspects of CNM/CM practice, local policies and practices continue to restrict midwives’ professional autonomy. Despite evidence of their efficiency, skills, and unique contributions to maternity care, midwives must still overcome institutional barriers to their professionalization. Feminists need to acknowledge this struggle for recognition and insist that anyone invested in reproductive justice and rights support midwives’ work as a professional journey with the respect, autonomy, and privileges accordingly due.

Instead of the assumed rift and implicit distance between feminists and midwives, we more realistically suffer from a mutual misrecognition of one another. If we can escape simplistic paradigms of “feminism” that indicate only a myopic focus on narrow definitions of “choice,” midwifery is already profoundly feminist work. After all, how could midwifery, a tradition prioritizing care, community, and trust in women's bodies and choices be anything other than applied feminism?

Let's not lose sight that many feminists, particularly young feminists, are listening to midwives. One has only to look at the online presence of RH Reality Check (www.rhrealitycheck.org), Radical Doula (www.radicaldoula.com), and Feministing (www.feministing.com) – to name a few feminist blogs with regular discussions of midwifery and birth care – to see that young feminists certainly do not care only about abortion rights. The conversations are nuanced, complicated, politically astute. Certainly, these are spaces in which the feminism inherent in midwifery and birth care is front and center.

As allies, we need to spend time building momentum for coalition work, rather than reproducing divergence. This is a truth both for feminists failing to see birth care as reproductive justice, and for midwives who may overlook feminists already supporting them. Either way, midwives and feminists mutually have much to gain from envisioning ourselves not as divided into an “us” or “them,” but as partners in the broader struggle for women's equality. We are here with many voices and many perspectives to think critically about women's health care and to consider viable, holistic alternatives to the status quo. Our work is relevant, and timely, and reflective of the possibility that the tides are turning. We can be fighting together across difference toward a shared vision of trusting women, reforming the process, and investing in a better future for mothers and babies.

Jess Larsen is ACNM's state policy intern. Her interest in midwifery began with a visit to Mexico to meet traditional midwives who work with women in rural communities. Her research identifies midwifery's respect of women's bodies and knowledge as an applied feminism. Larsen is also interested in the intersections of assisted reproductive technologies and feminism. She was awarded her M.A. from The George Washington University in public policy and women's studies, and a B.A. from Syracuse University in public relations and sociology.