

Part 3 ~ Historical testimony
on the safety of physiological management
and benefits of midwifery

1913 ~ Dr. Van Blarcom, M.D. "The diagnostic ability of midwives is generally good and in the case of many, remarkable excellent. In this respect, the average midwife is fully the equal of the average physician." [Van Blarcom, MD; 1913]

1915 ~ Dr. P.W. van Peyma: "The essential difference between a midwife and a physician is that they [physicians] are free to hasten delivery by means of forceps, version, etc. This, in my experience, results in more serious consequences than any shortcomings of midwives. ...

Time is an element of first importance in labor, and the midwife is more inclined to give this than is the average ... physician. ... The present wave of operative interference is disastrous. ... The situation would not be improved by turning (the clients of midwives) into the hands of such medical men"

[Dr. P.W. van Peyma, 1915, Buffalo, NY, had 40 years experience working with midwives and was on the Midwifery Board of Examiners for 25 years]

Testimony on the efficacy of midwifery care presented in 1931 to the White House Conference on Child Health & Protection by the Committee on Prenatal and Maternal Care; Reed (pub. 1932)

1932: ~ "...that untrained midwives approach and trained midwives surpass the record of *physicians in normal deliveries* has been ascribed to several factors. Chief among these is the fact that the circumstances of modern practice induce many physicians to employ procedures which are calculated to hasten delivery, but which sometimes result in harm to mother and child. On her part, the midwife is not permitted to and does not employ such procedures. She waits patiently and lets nature take its course." (original emphasis)

1911 ~ Josephine Baker, MD: "The practice of midwifery dates back to the beginning of human life in this world. At this supreme moment of motherhood it is probable that some assistance has always been required and given. Its history runs parallel with the history of the people, and its functions antedate any record we have of medicine as an applied process.

To deny its right to exist as a calling is to take issue with the eternal verities of life. The only points upon which we may argue are the training required for its safe and lawful practice, and the essential fitness of those who follow this calling requisite for the safeguarding of the mother and child."

"New York City is entitled to the honor of having established the first School for Midwives in the United States under municipal control." [1911-G; Josephine. Baker, MD p. 232]

1915 ~ Dr. Edgar, MD: "Each midwife must witness or assist in at least 80 deliveries and in addition, deliver a minimum of 20 cases. When this course is completed, a practical and oral

examination is given by a visiting obstetrician and if the candidate successfully passes these a diploma is granted." [1915-A; Edgar, MD p. 98]

1923 ~ Dr. Baily, MD: "Their handling of normal cases of labor has been conducted with fewer deaths of the mothers from sepsis and with as low a number of stillbirths and eye infections of the babies as the cases handled by the medical profession." [Baily 1923, comparison of the records of student midwives at the Bellevue Hospital School of Midwifery to that of physicians]

1917 ~ Dr. Levy, MD: "Of the babies attended by midwives, 25.1 per 1000 ... died before the age of one month; of those attended by physicians, 38.2 per 1000 died before the age of one month; and of those delivered in hospitals, 57.3 per 1000 died before the age of one month. These figures certainly refute the charge of high mortality among the infants whose mothers are attended by midwives, and instead present the *unexpected* problem of explaining the fact that the maternal and infant mortality for the cases attended by **midwives is lower** than those attended by physicians and hospitals.

It may be argued that the effect upon the infant of good and poor obstetrics would appear principally in the deaths under one month of age and that in this group we will find the highest mortality among the births attended by midwives. Strangely enough, it appears that especially in this age group the **infant mortality is lowest for infants attended by midwives** and highest among those delivered by hospitals. hospitals delivered 20% of the babies that died under one month of age but attended only 12% of the births of the city.[1917-B; Levy, MD; p.44] {emphasis added}

1932 ~ Dr. Guttmacher, MD: "We have had a small but convincing demonstration by the Frontier Nursing Service of Kentucky of what the well-trained midwife can do in America. The midwives travel from case to case on horseback through the isolated mountainous regions of the State. There is a hospital at a central point, with a well-trained obstetrician in charge, and the very complicated cases are transferred to it for delivery.

In their first report they stated that they have delivered over 1000 women with only two deaths -- one from heart disease, the other from kidney disease. During 1931 there were 400 deliveries with no deaths. Dr. Louis Dublin, President of the American Public Health Association and the Third Vice-president and Statistician of the Metropolitan Life Insurance Company, after analyzing the work of the Frontier Nurses' midwifery service in rural Kentucky, made the following statement on May 9, 1932:

"The study shows conclusively that the type of service rendered by the Frontier Nurses safeguards the life of the mother and babe. If such service were available to the women of the country generally, there would be a savings of 10,000 mothers' lives a year in the US, there would be 30,000 less stillbirths and 30,000 more children alive at the end of the first month of life."

What are the advantages of such a system? It makes it economically possible for each women to obtain expert delivery care, because expert midwife is less expensive than an expert obstetrician. **Midwives have small practices and time to wait; they are expected to wait; this what they are paid for and there they are in no hurry to terminate labor by ill-advised operative haste.' "**

[Into This Universe, by Alan Frank Guttmacher, MD, Associate in Obstetrics, John Hopkins University Viking Press, 1937, Excerpts from Charter 4, "Safer Childbirth"]

1966 ~ J. Rovinsky, MD: "...there is no alibi for not knowing what is known" foreword of Davis Obstetrics, 1966

1911 ~ Dr. Ira Wile: "In NYC, the reported cases of death from puerperal sepsis occur more frequently in the practice of physicians than from the work of the midwives". [Dr. Ira Wile, 1911-G, p.246]

1911 ~ Dr. Williams, MD: "Why bother the relatively innocuous midwife, when the ignorant doctor causes many more absolutely unnecessary deaths". [1911-B; Dr. Williams, MD, p.180]

1924 ~ Dr. Levy: "..... the stationary or increasing mortality in this country associated with childbirth and the newborn is **not the result of midwifery practice**, and that, therefore, their elimination will not reduce these mortality rates" [Dr. Levy, p. 822, in his rebuttal to Rucker, MD, 1924-A]

1911 ~ Dr Josephine Baker, MD: "Obstetric training in the medical colleges is recognized as inadequate, and there is no voice raised to eliminate the doctor from the practice of midwifery. Dr. Hirst is at present circularizing the State Board of Health to establish a standard for obstetrical experience for [physician] candidates for licensure, and ... he suggests the personal delivery of 6 women. In NYC, the midwife is required to have the personal care of 20 women before a permit is granted to her. The irregular practitioner of medicine is still permitted to be an *obstetrician with an experience that is inferior to that possessed by more than half of the midwives*."

Let us be fair to the midwife, I say, and if she is below the ideal we have for her, though we have never crystallized that ideal into law, let us give her the opportunity to rise and educate herself under proper supervision." [1911-G; J. Baker, MD, p. 224] {emphasis added}

1911 ~ Dr. Ira S. Wile, New York City: "But it is manifestly unfair to criticize the lack of an educational standard which has never been established. When nurses were of the Sairey Gamp type, *elimination was not the cure*. When apprenticeship was the open sesame to the practice of medicine ...*elimination was not the cure**. Education, training, regulation and control solved these problems just as they will solve the midwife problem. [TASSPIM ? 1911] *emphasis in original

1911~ Josephine Baker, MD: "That Socrates' mother was a midwife bears testimony to the honorable nature of such a profession at a time when civilization in one of its highest forms was at its summit." [p. 232]

Establish an educational standard, provide sufficient facilities for giving the adequate training, secure the legislation essential to provide the supervision and control and then raise the standard of the midwife *so that no further fault may be found**. Let us be fair to the midwives and their patients. Let there be an evolution of **this class of public servant**** and not a hasty attempt to check their possible development." *emphasis in original; **bolded type, emphasis added [1911-G; J. Baker, MD, p. 244]

1990 ~ Dr. Galba Araujo: "We have learned much from her [the traditional midwife] and respect

is mutual between our parallel groups. We have learned to teach our [obstetrical] students less invasive delivery and above all, to use the vertical position for the mother. Perhaps this is the most valuable lesson among the many we have learned." [Dr. Galba Araujo, professor of obstetrics from Brazil, in an article urging an "articulated model of midwifery" into contemporary obstetrics, 1990]

1988 ~ Senior Midwife Page "Midwifery provides a balance between family and [the] medical perspective on birth. To negotiate and balance the different meanings and perspective of birth within the health care system, it is essential for midwives to have a legitimate and powerful role within the system. Midwifery should be powerful enough to influence both the nature and the delivery of services. This, I believe, would greatly enhance maternity care, which ultimately is the crux of the matter..." [Page, SM, Director of Midwifery, Oxfordshire, England, 1988]

In stating that "...the decline of American midwifery was both a legal and sociological phenomenon". Dr. DeVitt notes that because the *US lacked a national policy acknowledging the social value of independent midwifery*, there was *no countervailing force* to offset the organized politics of state and local and national groups intent on using their political power to the detriment of midwives. [FG ^O^]

In addition to the dilemma of insufficient teaching cases for all medical, nursing, and midwifery students of the day, there was a **general prejudice against midwives** by the obstetrical profession that went beyond any rational argument of relative merit or safety. This was amply documented in the many published comments about midwives by influential physicians of that era:

1915 ~ Dr. DeLee, MD: "The midwife is a relic of barbarism. In civilized countries the midwife is wrong, has always been wrong. The greatest bar to human progress has been compromise, and the midwife demands a compromise between right and wrong. All admit that the midwife is wrong."

The midwife has been a drag on the progress of the science and art of obstetrics. Her existence stunts the one and degrades the other. For many centuries she perverted obstetrics from obtaining any standing at all among the science of medicine." Dr. DeLee, 1915,-c, p. 114

1911~ Emmons & Huntington, MD: "The midwife never has and never can make good until she becomes a practicing physician thoroughly trained; that midwives should not be licensed save in those states where they are so numerous that they cannot be abolished at once; and concluding with the third question by showing how midwives can be gradually abolished. [p. 199]

Of the 3 professions---namely, the physician, the trained nurse and the midwife, there should be no attempt to perpetuate the last named (midwife), as a separate profession. The midwife should never be regarded as a practitioner, since her only legitimate functions are those of a nurse, plus the attendance on normal deliveries when necessary." [1915-A; Edgar, MD p. 104]

1912 ~ Dr. JW Williams: "The question in my mind is not "what shall we do with the midwife?" We are totally indifferent as to what will become of her... [1912-B, p.225]

1924 ~ Doctors William and Lena Sadler, MD: "In no way and for no reason fear the hospital. It is the cleanest, safest, and by far the cheapest way. The weekly amount paid includes the board of the patient, the routine care, and all appliances and supplies of every sort ...

Under no circumstances should a midwife be engaged. Any reputable physician or any intellectual minister will advise that. Let your choice be either the hospital or the home; but **always engage a physician, never a midwife.**" *The Mother and Her Child* ~ written in 1924 for the lay public by William S. Sadler, M.D., Lena K. Sadler, M.D.

In stark contrast to the 1932 White House report on the social value and added safety of independent midwifery, is the following 1975 quote in the *New York Times Magazine*, which characterizes the classical obstetrical version of the relationship between midwives and obstetrical medicine.

1975 Steinmann: "In the United States ... in the early part of this century, the medical establishment forced midwives -- who were then largely old-fashioned untrained "grannies" -- out of the childbirth business. Maternal and infant mortality was appallingly high in those days...

As the developing specialty of obstetrics attacked the problem, women were persuaded to have their babies in hospitals, and to be delivered by physicians....

Today it is rare for a women to die in childbirth and infant mortality is (*low*)..." [Steinmann, 1975]

1977 ~ Dr. Heinrichs, MD: "If we want an increase in cerebral palsy, mental retardation, extended hospitalizations for mothers undergoing infections, fistulas, hemorrhages, and other severe and disabling results of neglected childbirth, only then could one endorse bill AB 1896." [Dr. Heinrichs, MD., Ph.D., Chief of Obstetrics; Stanford University Medical Center, in his August 1, 1977 letter to the California Legislature opposing midwifery licensing bill AB 1896]

1998 ~ ob-gyn Listserv : "In my opinion issuing a license to a [non-nurse] midwife is giving away a license to kill... I think licensing this activity in the name of competition if wrong. In the name of quality of care it is wrong. In fact, it is just plain wrong". [archived email #0838 @obgyn.net - ob-gyn Listserv 1-17-1998]