History and Culture of Birth in the U.S.

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MATERNITY CARE EDUCATION & PRACTICE REDESIGN

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Objectives

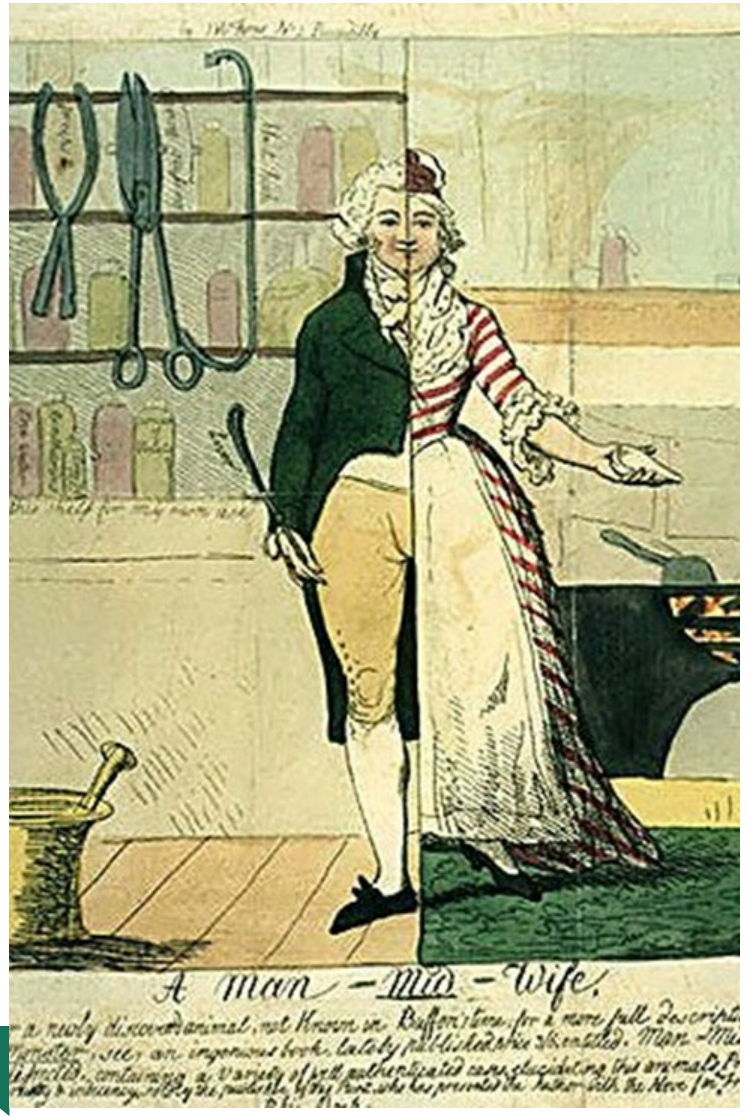
- Examine the historic development of midwifery and obstetrics
- Understand the genesis of the natural childbirth movement
- Describe the culture of birth in the US

Disclosure

- This presentation is a general overview of birth in the U.S. It does not comprehensively cover the history or impacts of racism on the professions of midwifery and obstetrics.
- Please see presentation on Current State of Childbirth for more information re: impact of racism in midwifery and obstetrics.

History of Obstetrix 16th-17th c. Europe

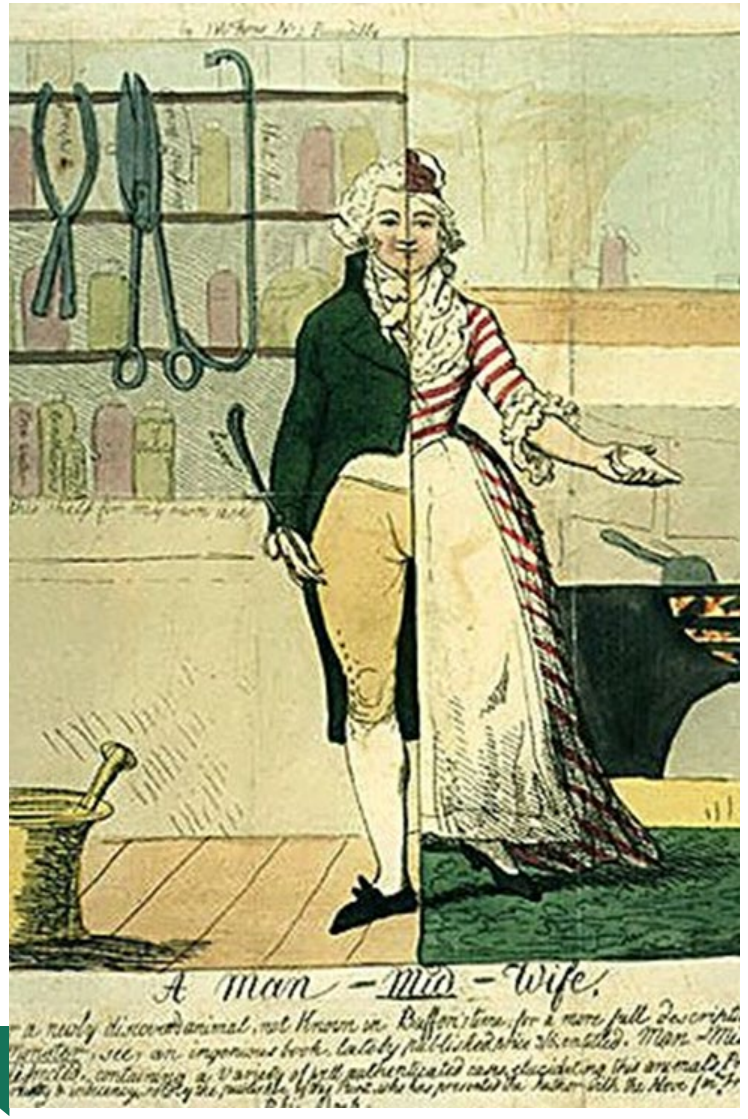
- Inextricable from male dominance of professions overall
- First men in childbirth were considered “male” midwives
- Medicine advancing knowledge in anatomy and physiology



History of Obstetrix 16th-17th c. Europe cont.

Barber Surgeons

- Professions joined in a single guild
- Shared similar “tools of the trade”
- Advent of the obstetric forcep
  - Chamberlen 1588
- Groundwork for medical and surgical interventions



History of Obstetrics: 18th c. Europe

Some schools of midwifery existed throughout Europe

- Educated males and females separately

William Smellie

- Founded first British school of midwifery 1738
- Mauriceau–Smellie–Veit maneuver for breech delivery

Obstetrics rejected by mainstream medicine

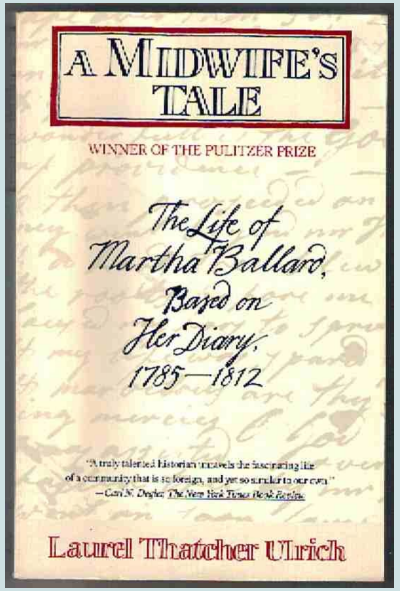
- "ungentlemanly"
- "midwifery" not included in medical education
- Medical education restricted to men

Midwifery in Europe

- Medical schools co-existed with midwifery schools
- Dual systems developed for women
  - Midwives focus normal birth
  - Physicians focus on complications
- End of 19th c. both midwifery and obstetrics existed concurrently

Early White America

- Colonial midwives came largely from England
  - English traditions prevailed
- Characteristics of birth
  - Birth was a social event of female ritual
  - A midwife was employed, provided housing, had status



Obstetrical Practice in the US

19th Century

- Most physicians educated in England
- Time of great medical advancement
- Obstetrics becomes a specialty
- Competition between male physicians and female midwives

Late 19th-early 20th c.

- Medical practice actively incorporated childbirth
  - Sequential steps resulted in elimination of traditional midwives
  - Formal education for midwives opposed
  - Anti-immigrant sentiment

Early 1900's: Role of the Midwife Hotly Debated

Pros:

- Inclusion of midwives
- Necessary adjunct to medical services
- Attending normal birth
- Formal training recommended
- England as exemplar
- Expected by "foreigners" and necessary until immigration ceases
- Not possible to eliminate

Cons:

- "relic of barbarism"
- "a drag upon the progress of science and art of obstetrics"
- "thousands of young physician" available to do the work of the midwife if it were not considered "undignified"
- Educated midwives would lower standards of obstetricians and depress fee for service
- "birth is a decidedly pathologic process"

Immigrant Midwives

"Perhaps nothing indicates more impressively our contempt for alien customs than the general attitude taken toward the midwife"

- Lillian Wald, Founder Henry Street Settlement, 1920

- Prejudice relegated native dress to dirty and inability to speak English to ignorance
- 50% had formal training in country of origin
  - Austrian, Hungary, Italy, Germany, Russia
  - Japan

Virtual Eradication of Midwifery in US by Early 1900's

- Lack of access to existing healthcare system
- Lack of access to schools
  - Eliminated access during time of rapidly developing medical science and discoveries
  - Flexner Report: 1910
- Lack of legal recognition and regulation
- Lack of national professional organization
- Ethnic, racial, and gender discrimination
  - Shepperd Towner Act: 1921
- Distance, poverty, language differences

20th Century Birth

- Historically women gave birth at home, supported by female family members, neighbors and midwives.

- In the early 20th century, there was a shift to giving birth under medical supervision (in hospitals)
  - Seeking pain relief
  - Reassurance from medical experts

“Brought to Bed”

- Regular use of obstetrical interventions changed birthing position from upright to recumbent
  - Instrumental delivery
  - Episiotomy and repair
  - Analgesia
- Hospital become site of birth
  - Increased intervention necessitated increased asepsis
  - Advent of anesthesia
- Birth shifted from generalist to specialty

1920s – 1940s

- Frequent use of forceps, episiotomies, anesthesia and deep sedation
- Physicians did not understand aseptic technique
- Infections spread more easily in the hospital
    - This combination led to increased maternal mortality (although neonatal mortality dropped)

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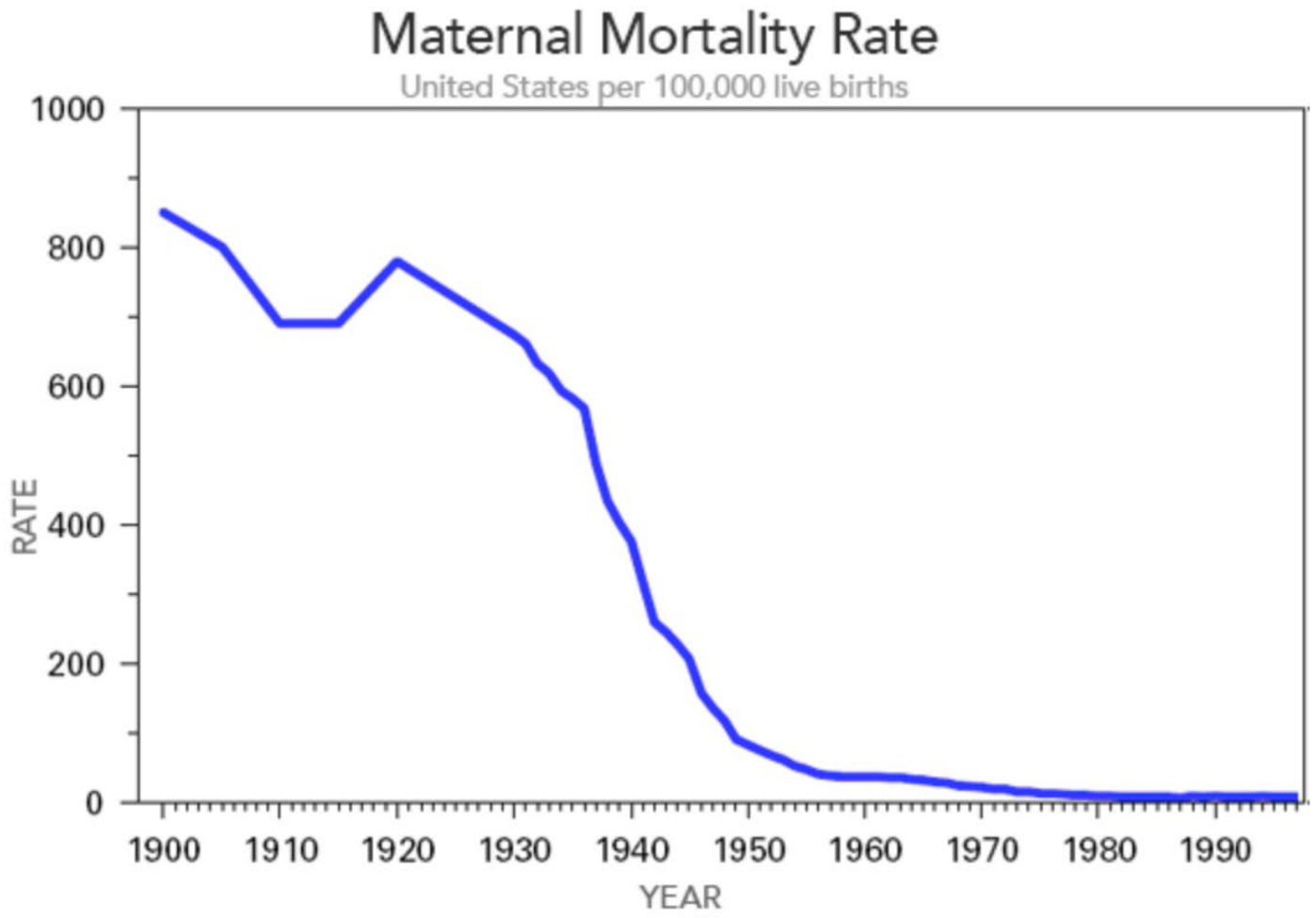
Maternal Mortality Rates in the U.S.



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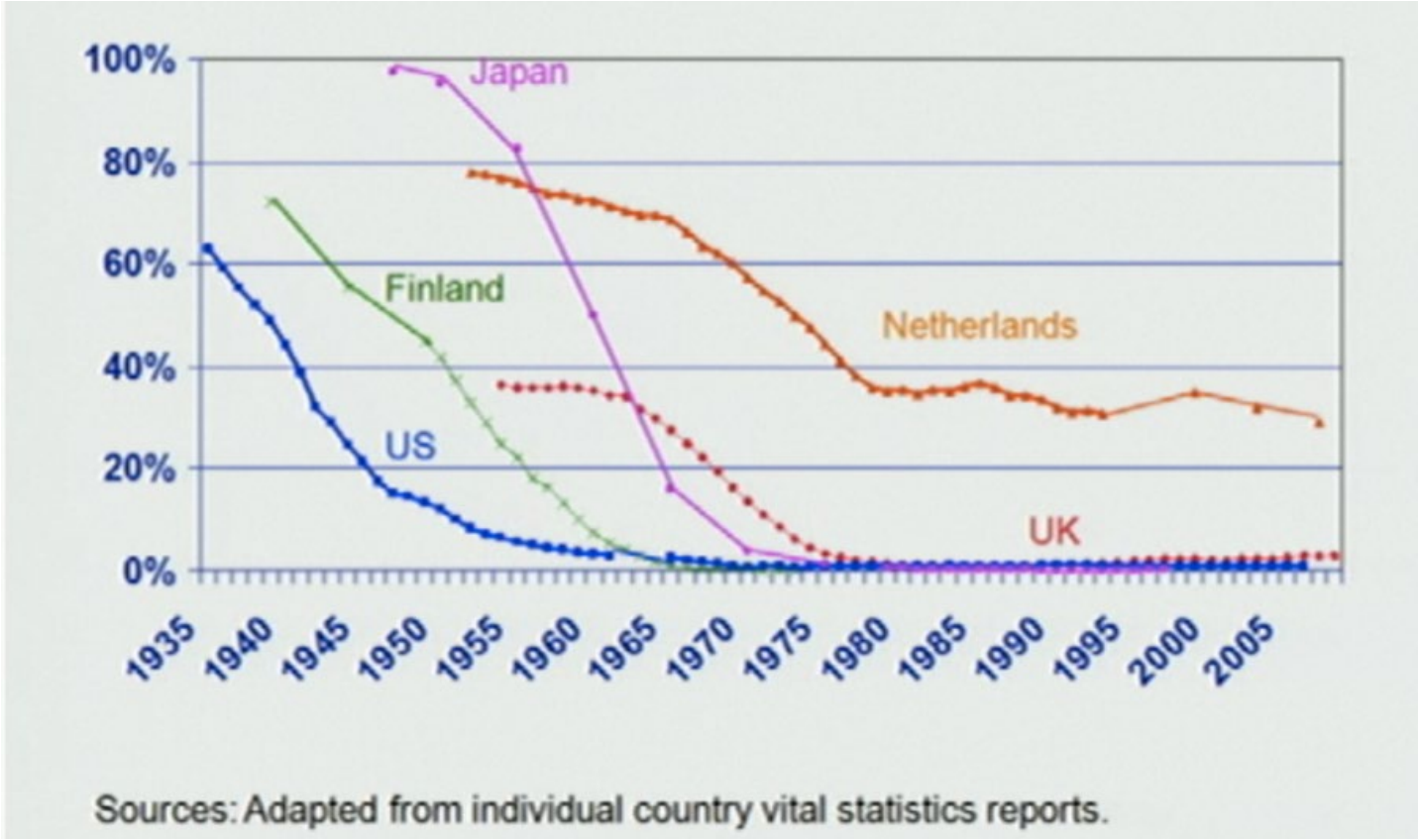
International Trends in Home Birth, 1935-2008



1940's: Natural Childbirth Movement

- *Childbirth without Fear* was published in England 1933, US in 1944
- Redefinition of "Womanhood" following WWII
- Growing awareness of the dangers of certain "standard" OB procedures
- Spinal anesthesia was introduced in 1940s
- Advent of childbirth classes 1950's and movement towards Natural Childbirth
    - The "Lamaze" method became popular in the US in 1960s

The first programs were designed to meet needs of specific populations

Maternity Center Association 1921

- NYC, Bellevue School for Midwives

Frontier Nursing Service 1926

- Eastern Kentucky, delivering care in rural Appalachia
- Midwifery school opened in 1939

Tuskegee School of Nurse-Midwifery 1941

- Educated black nurses to care for rural AL poor

Catholic Maternity Institute 1941

- Provide care to Spanish speaking women of Santa Fe

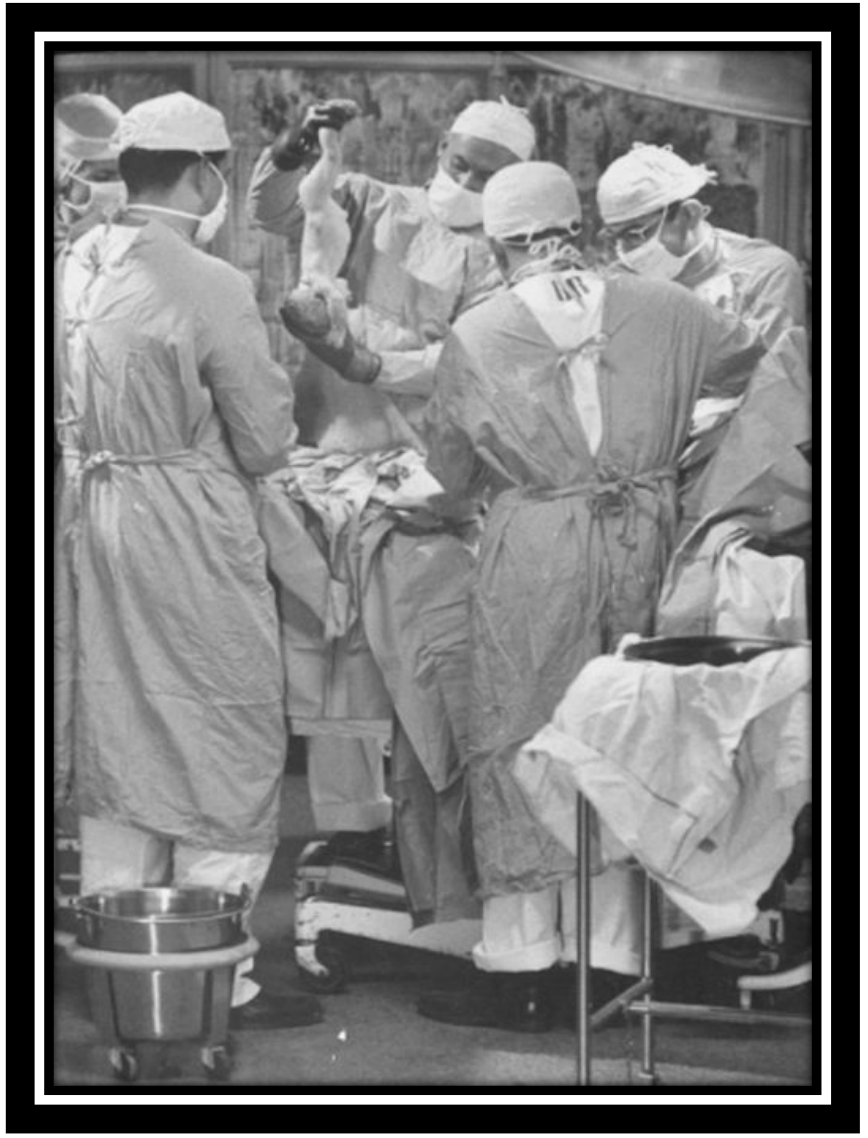
Concurrently, nurse-midwifery became recognized as non-interventive care providers supportive of natural childbirth techniques

Gradual Reemergence of Nurse-Midwifery

American College of Nurse- Midwives

- Incorporated in 1955
- The objectives were simple
  - *To study, develop and evaluate standards for midwifery care of women and infants as provided by certified nurse-midwives (CNMs)*

Birth in the 1950's



90% of births in hospital

- Obstetrical Providers
  - Obstetricians
  - Family practice physicians

Certified Nurse-Midwives provided home and "maternity home" births

- prohibited from hospital birth until 1957

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Birth in 1950s

- Hospital birth experience
  - Routine IV and NPO
  - Routine anesthesia still used
  - Routine shave prep and enema
  - Lithotomy positioning
  - Routine episiotomy
  - Routine spinal and forceps

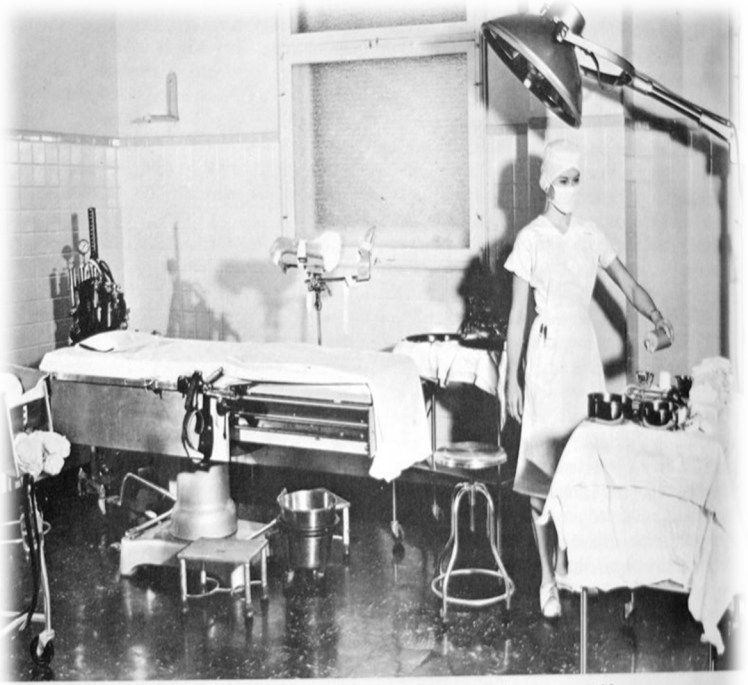

FIG. 13-10. The delivery room. Nurse is preparing instrument table.

- Family separation
  - Partners not allowed in delivery room
  - Infant and mother separated
  - Formula feeding encouraged
  - Long hospital stays on bedrest postpartum

1960s-1980s
Natural Childbirth Movement

Women increasingly demanding choice and control

Conscious participation of the mother in her own birthing process

- Awake and aware
- Active participant

More holistic birth paradigm

Female body is normal in its own right

Convergence of Three Movements

Feminist

Natural
Child Birth

NATIONAL ORGANIZATION FOR WOMEN

Consumer

Consumer Power

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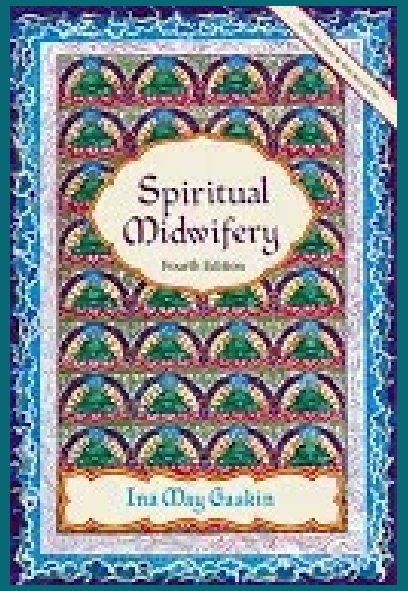

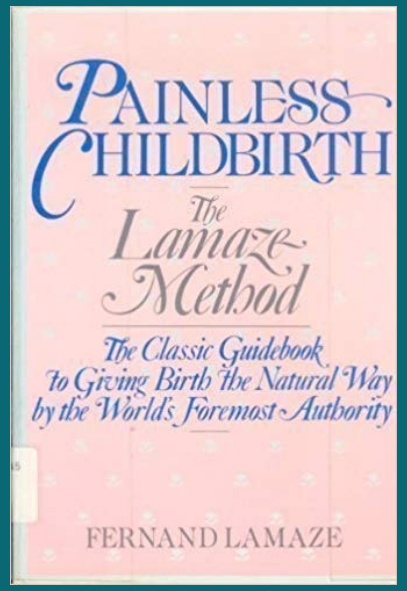

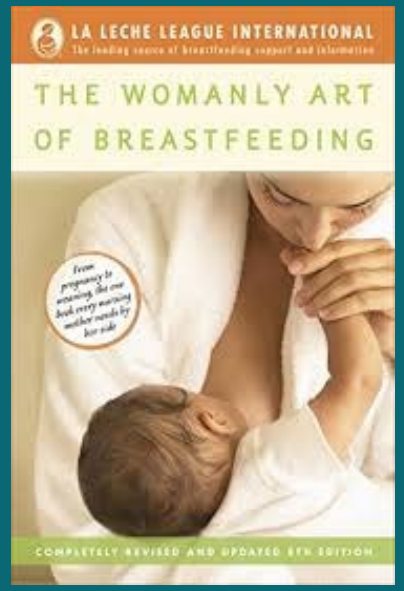

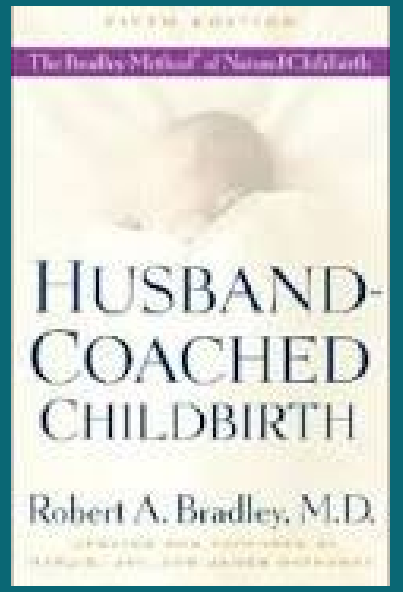

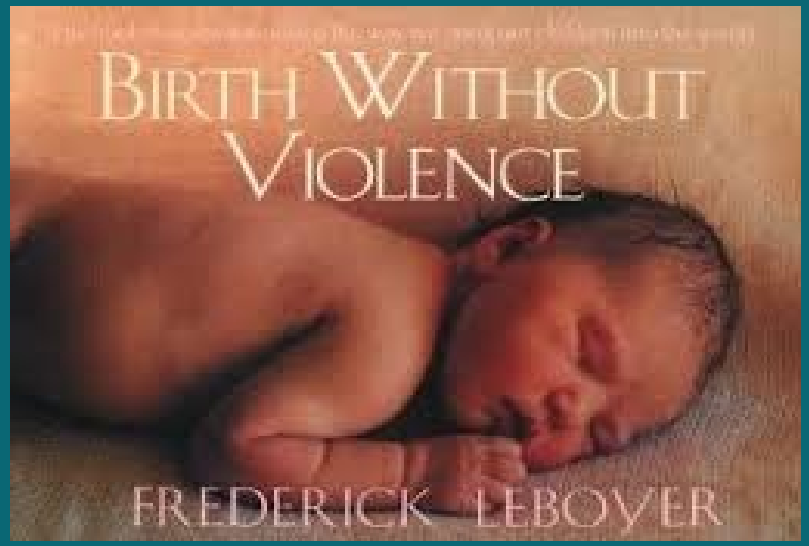

Books that reintroduced the value of physiologic birth

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1980s to 1990s

- Shift towards epidurals for pain control in labor
- Decrease in routine episiotomies
- Shorter hospital stay
- Drop in cesarean section rates
- Electronic fetal monitoring introduced
  - 44.6% of live births in 1980 to 62.2% in 1988

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1990s to 2000s

- Fetal monitoring becomes routine during labor
- Cesarean section rate starts to rise
- Births attended by midwives rise from 3.3% to 7.9%

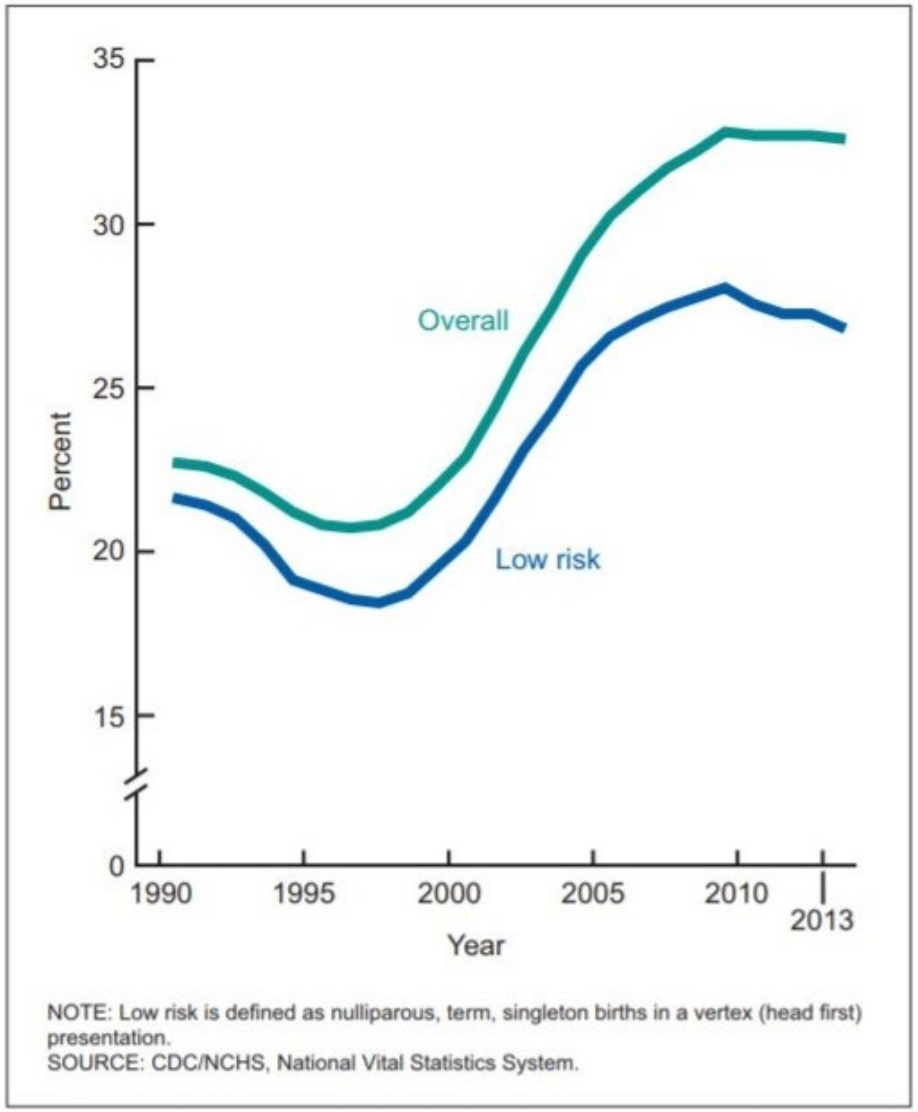

Figure 1. Overall cesarean delivery and low-risk cesarean delivery: United States, final 1990–2012 and preliminary 2013

The Introduction of Evidence

- Cochrane Review Midwife-led continuity models of care compared with other models of care for women during pregnancy, birth and early parenting
  - "Most women should be offered 'midwife-led continuity of care'.
- Decrease incidence of
  - Epidural use
  - Episiotomy
  - Instrumental birth
  - Preterm birth
- No adverse effects

History Summary

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Midwives and Physicians: Culture of Birth

Educational Philosophy

Physician Education	•Minimal curricular content on physiologic birth •Major focus on obstetric pathology •A focus on teaching procedures and interventions critical in emergencies but can lead to a view of birth as inherently risky and pathologic •Focused on outcome (healthy mother, healthy baby)
Midwifery Education	•Large part of curriculum focused on physiologic birth with screening for pathology •Less focus on interventions and procedures •Major focus on health promotion and disease prevention •Focused on family experience (with expectation of good outcomes)

Birth as Pathologic vs Physiologic

Natural pathology exists:

- Gestational hypertensive disorders
- Diabetes Obesity
- Placental abnormalities
- Postpartum hemorrhage
- Labor dysfunction

Iatrogenic pathology also exists:

- Perineal lacerations from forceps
- Episiotomies with extensions
- Cesarean section complications (including risks to future pregnancies)
- Failure to recognize pathologic changes
- Failure to recognize normal physiologic variation
- Postpartum hemorrhage
- Labor dysfunction

Birth as Pathologic vs Physiologic

Physiologic	Physiologic does not include
• Spontaneous onset and progression of labor • Results in vaginal birth of infant and placenta • Physiologic blood loss • Promotes optimal newborn transition • Supports early initiation of breastfeeding	• Epidural or opiates • Episiotomy • Induction or augmentation • Nutritional deprivation • Restriction of movement

Location of Birth

- AMA, Medial Association House of Delegates 2008
  - Three separate resolutions to
    - limit the scope of practice of midwifery
    - Insure physician oversight of midwives
    - Promote legislation to ensure all birth occurs in hospitals or birth centers
- ACOG Committee Opinion: Planned Home Birth 2017
- ACNM Position Statement: Home Birth
- 12% births by midwives

- NICE 2014
  - For low-risk women in England and Wales
    - outcomes similar or better in free standing midwifery unit or home vs hospital setting.
  - Choice of place of birth supported
  - For low-risk woman in subsequent pregnancy out of hospital birth recommended
- >50% births by midwives

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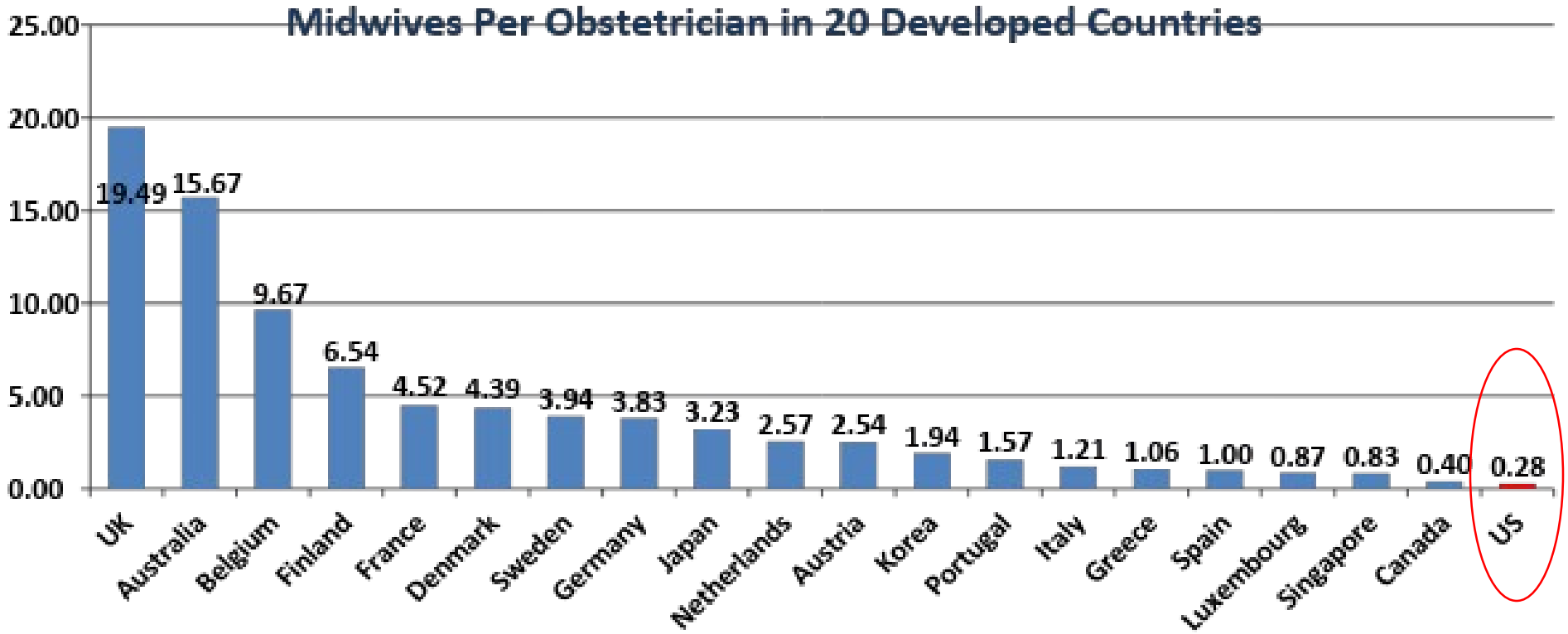
Difference in Language Reflects Difference in Orientation

Historical Terminology	Woman-Centered Terminology
“EDC” (estimated date of confinement)	“EDD” or “EDB” (estimated date of delivery or birth)
Patient	Client
Delivery	Birth
Non-compliant	Non-adherent
Failed trial of labor	Unsuccessful trial of labor
Failure to descend	Arrest of descent
Failure to progress	Arrest of labor
Poor obstetrical history	Complicated obstetrical history
Poor maternal effort	Insufficient maternal effort
Failed home birth	Home birth transfer

A Look Around the World

- According to WHO: 7.3 million midwives in European Region
  - 12,000 in US
- All education is post secondary
- Increased education associated increased decision making
- No educational standardization
  - Bachelor's in Midwifery
    - 3 years: Italy
    - 6 years: Germany
- 90% female
  - Remuneration disparities prevail
    - Women paid less than men in comparable positions

Many Other Countries Incorporate Midwifery Care



Greater use of midwifery in the US should be a significant aspect of addressing the shortage of in skilled maternal care providers.

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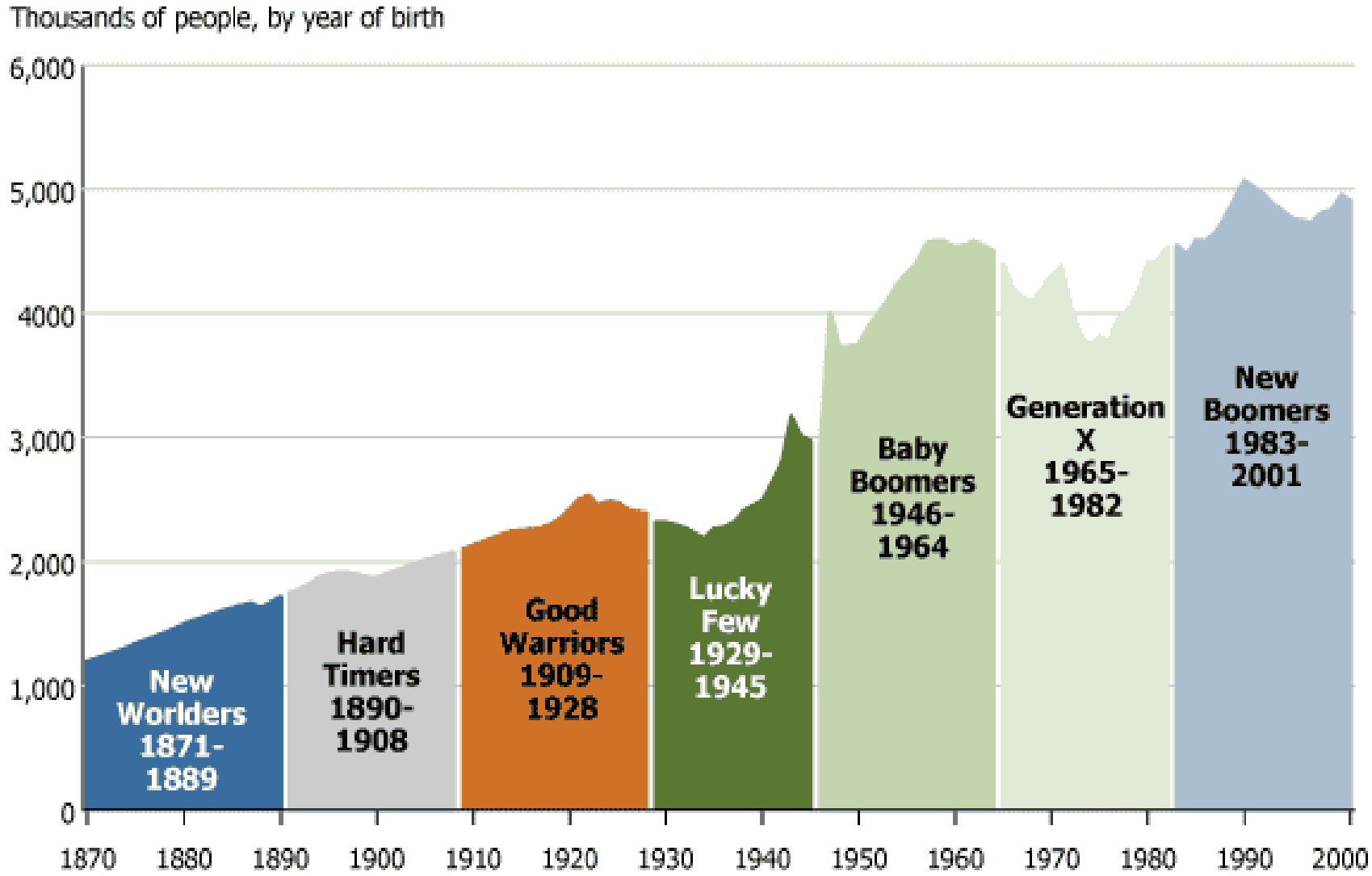
Current perceptions of the health care?

- 2012 survey of 1000+ US women
- 85% of women said they were satisfied with their health care, though most said they aren't getting the services they want, including:
    - Family planning advice and counseling
    - Pain management options during childbirth
    - Choice of birth settings
- Most women who have given birth or are pregnant haven't talked with their providers about:
    - How to maintain health and wellness during pregnancy
    - Breastfeeding
    - Birth control and family planning

20th Century US Generations



(Population Reference Bureau: www.prb.org)

Reference: Books

- Davis-Floyd, RE. Birth as an American Rite of Passage. Berkeley: University of California press; 1992
- Leavitt, JW. Brought to Bed. New York: Oxford University Press; 2016
- Holmes, JH. Into the Light of Day. New Jersey: LJH Consultancies, 2011.
- Milton, J. The American Way of Birth. Penguin Books, New York, NY; 1990
- Rooks, J. Midwifery and Childbirth in America. Philadelphia, Temple University Press; 1997
- Varney, H. Thompson, JB. The Midwife Said *Fear Not*: A History of Midwifery in the United States. New York, NY: Spring Publishing. 2016
- Wertz, WW. Wertz, DC. Lying-In: A History of Childbirth in America. (Expanded version) Yale University Press: 1989

Reference: Articles

- Achievements in Public Health, 1900-1999: Healthier Mothers and Babies. MMWR, 1999. Retrieved from: https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4838a2.htm
- ACNM, MANA, NACPM. "Supporting Healthy and Normal Physi9ology Childbirth: A consensus statement by ACNM, MANA, and NACPM." J Perinat Educ. 2013; 22(1): 14018.
- Albers LL, Krulewitch CJ. Electronic fetal monitoring in the United States in the 1980's. *Obset Gynecol*. 1993. 82(1): 8-10.
- Hilton Anderson CH. What it was like giving birth in every decade since the 1900s, 2016; https://www.redbookmag.com/body/pregnancy-fertility/g3551/what-it-was-like-giving-birth-in-every-decade/
- Brodsky, PL. Where have all the midwives gone. *The Journal of Perinatal Education*. 2008; 17(4); 48-51.

Reference: Articles

- Declercq E. Midwife-attended births in the United States, 1990-2012: results of birth certificate data. J Midwifery Womens Health. 2015, 60(1):10-5
- Drife, J. The start of life: a history of obstetrics. BMJ. (2002); 78(919)
- Martucci J. Childbirth and Breastfeeding in 20th-Century America. In *Oxford Research Encyclopedia of American History.* September, 2017
- Mobbs, N; Williams, C; Weeks, AD. Humanizing birth: Does the language we use matter? *The BMJ Opinion*. February 8, 2018
- Stout MJ, Cahill AG. Electronic Fetal Monitoring: Past, Present, and Future. Clinics in Perinatology, 2011-03-01, Volume 38, Issue 1, Pages 127-142
- The Birthplace Lab. *Mapping Collaboration Across Birth Setting*. University of British Columbia. Retrieved from: http://www.birthplacelab.org/mapping-collaboration-across-birth-settings/

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