

History and Culture of Birth in the U.S.

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**MATERNITY CARE EDUCATION
& PRACTICE REDESIGN**



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 Obstetrics 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 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

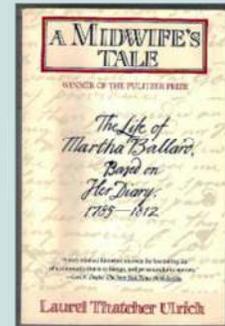
- Midwives focus normal birth
- Physicians focus on complications

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



Wertz RQ, Wertz DC. *Lying-In*. Chapter 1: "Midwives and social childbirth in colonial America."

Social event of birth: Gathering of women only, socializing opportunity, supporting, lying-in (post partum period), societal expectation, provide support to others so that others will support you, not only family and acquaintanceship may have been minor.

Maternal M&M better in US than in England

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



Presenter: See also presentation on Current State of Childbirth that further discusses the consequential results of both obstetrical practice changes as described above and racism in OB-gyn practice.

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"



"Society Reports". [Medical Record](#). 88: 1111. December 25, 1915.
Transactions of the American Gynecological Society, Volume 45

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
 - Sheppard Towner Act: 1921
- Distance, poverty, language differences



Varney, Thompson

Flexner Report, 1910

Evaluated medical schools to improved physician quality
Schools for African Americans, women closed
“not worth training”

Sheppard-Towner Act

Training of “Granny” midwives by public health nurses
Step toward abolishment of the Granny midwives

Presenter: See also presentation on Current State of Childbirth that further
discusses the consequential results of both obstetrical practice changes as
described above and racism in OB-gyn practice.

Progressive regulation, education restriction, mandated registration

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



Leavitt has a list of the requirements recommended to prepare a home for birth: “. removal of carpets and draperies, washing furniture in lysol, providing new mattress, new bedding, spraying daily prior to accouchement, cleansing of all attendants, shaving the pubic hair surround the genitalia, sterilizing clothing, instruments, and other accoutrements of the birth room” (pg. 169)

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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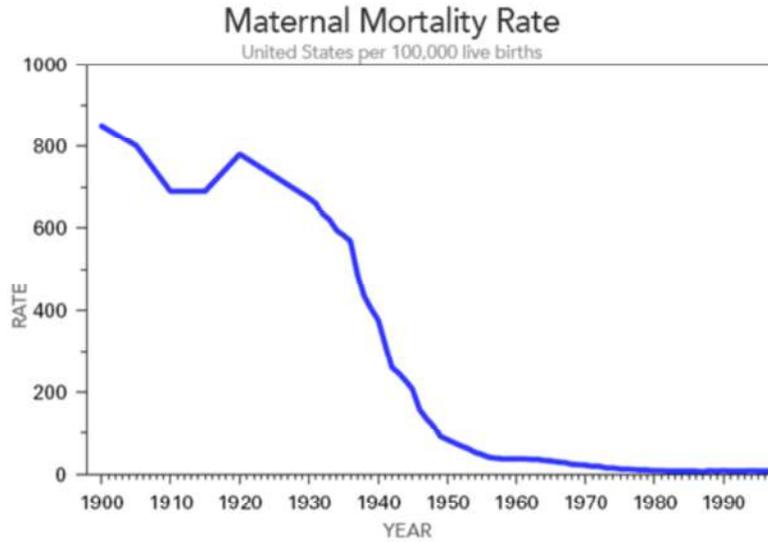
75% of births in hospital

<https://www.redbookmag.com/body/pregnancy-fertility/g3551/what-it-was-like-giving-birth-in-every-decade/>

What it was like giving birth in every decade since the 1900s By [Charlotte Hilton Andersen](#)

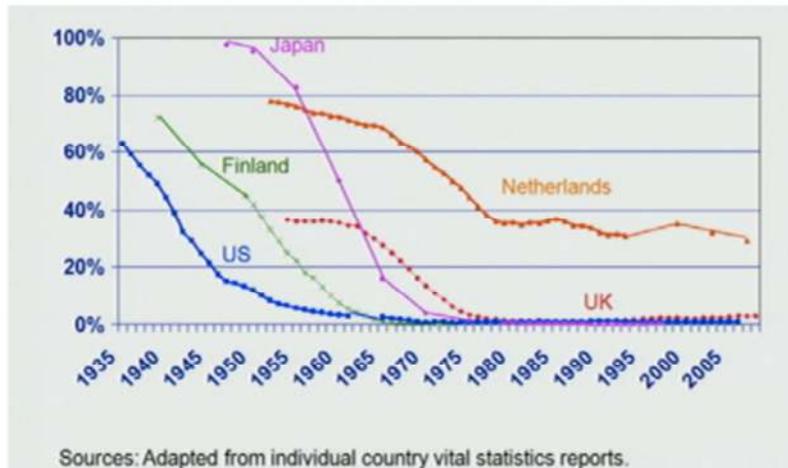
Jul 28, 2016 accessed 12/2/18

Maternal Mortality Rates in the U.S.



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International Trends in Home Birth, 1935-2008



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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



Dr. Grantly Dick-Read, *Childbirth without Fear*
Published in England 1933, US in 1944

Dick Read proposed that birth pain related to fear, that relaxation reducing pain. "Fear-pain-tension" syndrome

Childbirth and Breastfeeding in 20th-Century America

Jessica Martucci

Subject: Women's History, History of Science and Technology Online Publication Date:

Sep 2017 DOI: 10.1093/acrefore/9780199329175.013.428

<http://oxfordre.com/americanhistorical/view/10.1093/acrefore/9780199329175.001.0001/acrefore-9780199329175-e-428>

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



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Presenter: See also presentation on Current State of Childbirth that discusses the consequential results of educational midwifery changes as described above and racism in midwifery practice.

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)*



<http://www.midwife.org/Our-History> Accessed 12/2/18

CMs not in original objectives since not recognized until 1996

Of note: nursing as the basis for midwifery is different than the majority of Europe, and the world. Most midwifery is direct entry

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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King's County Hospital in Brooklyn was the first to allow CNMs to provide care to women in the hospital setting. John's Hopkin's was the second . Cared for indigent women exclusively in hospital setting

Maternity Homes existed for out of hospital birth (now would be called birth centers); La Casita in Santa Fe, Booth Maternity Center in Philadelphia

Josiah Macy Foundation report: 1968, authors agreed that the US should make more use of nurse-midwives but only for the care of indigent "The midwife in Regarding their care for the indigent"

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



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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



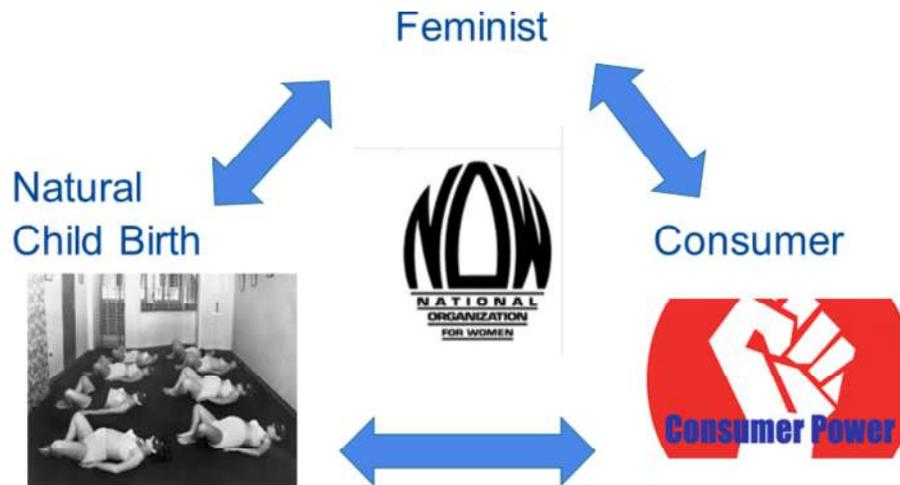
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Primarily driven by educated white women

1968: Josiah Macy Foundation Report

Davis Floyd: Birth as an American Rite of passage. Chapter 4: belief systems about birth

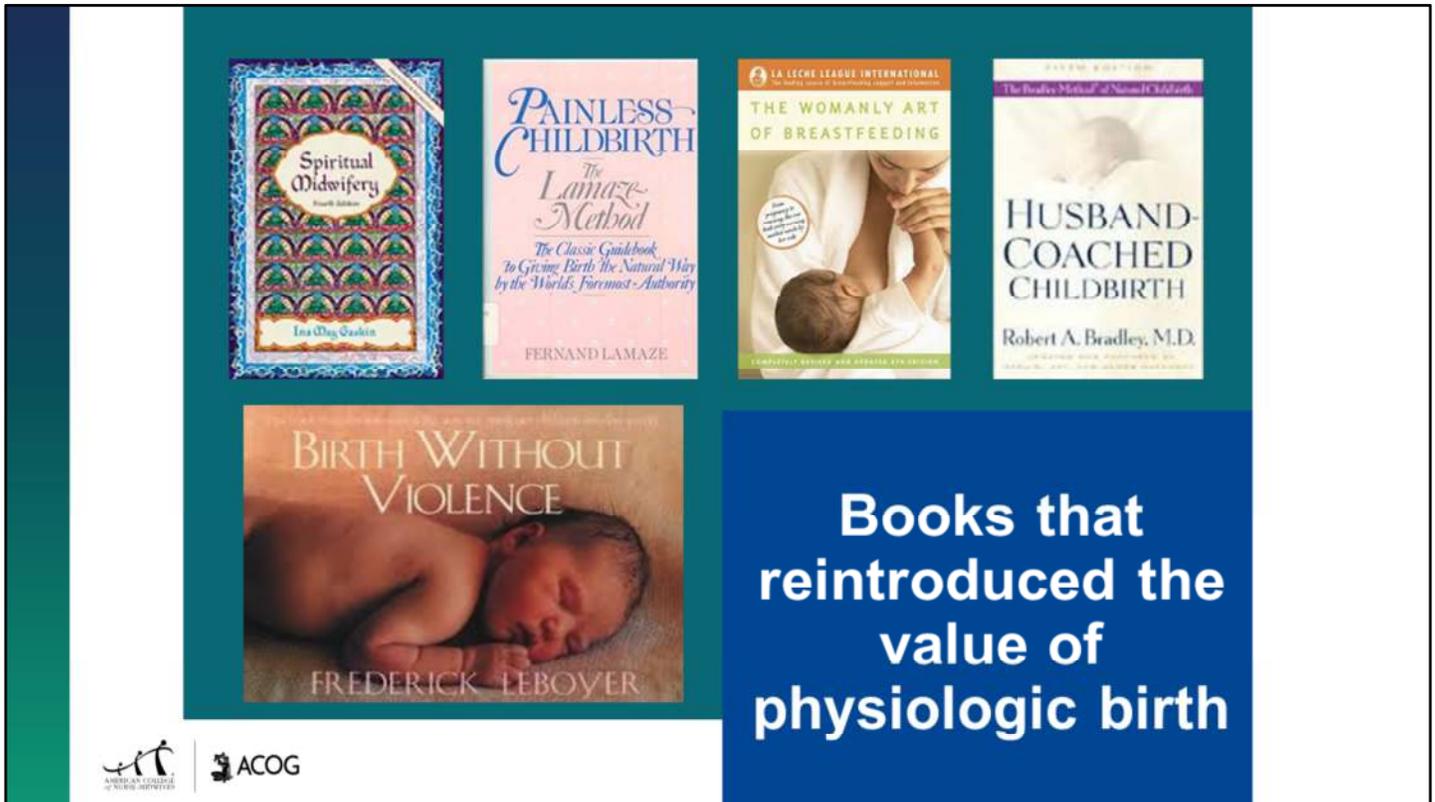
Convergence of Three Movements



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Consumer: Women are now purchasing healthcare services and choosing their providers. There is increasing recognition of patient autonomy.

Feminist: The Civil Rights Act of 1964 prohibited discrimination on the basis of gender for the first time. Women's rights, self-empowerment, The National Organization for Women was founded in 1966. Our bodies, Ourselves was published in 1971

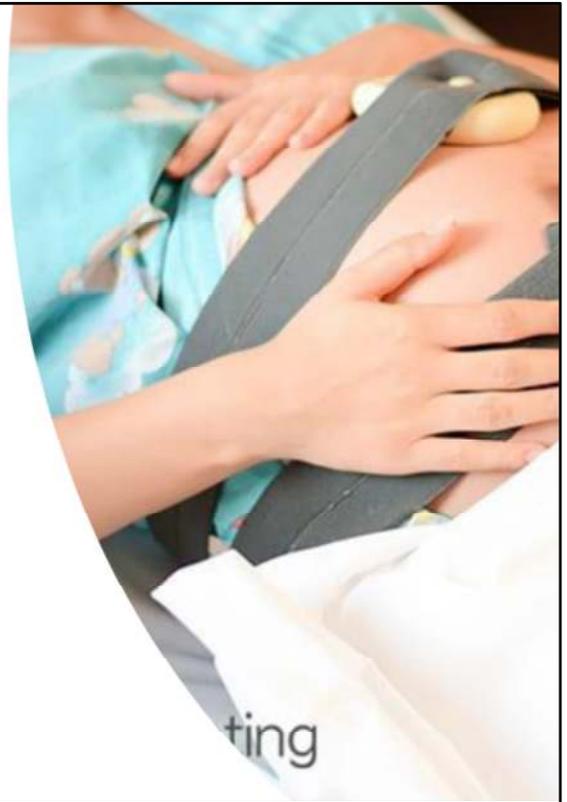


Presenter: These are books that changed the culture of childbirth.

- Karmel: US woman who travelled to Paris for delivery
- Lamaze and Dick-Read emphasized preparedness for labor
- Relaxation techniques, visual imagery, breathing
- Resurgence of breastfeeding
- Bradley introduced “husband coached childbirth”

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



Electronic Fetal Monitoring: Past, Present, and Future [RSS](#)

[Molly J. Stout MD](#)

and [Alison G. Cahill MD, MSCI](#)

Clinics in Perinatology, 2011-03-01, Volume 38, Issue 1, Pages 127-142, Copyright © 2011 Elsevier Inc.

[Obstet Gynecol.](#) 1993 Jul;82(1):8-10.

Electronic fetal monitoring in the United States in the 1980s.

[Albers LL](#)¹, [Krulwich CJ](#).

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%

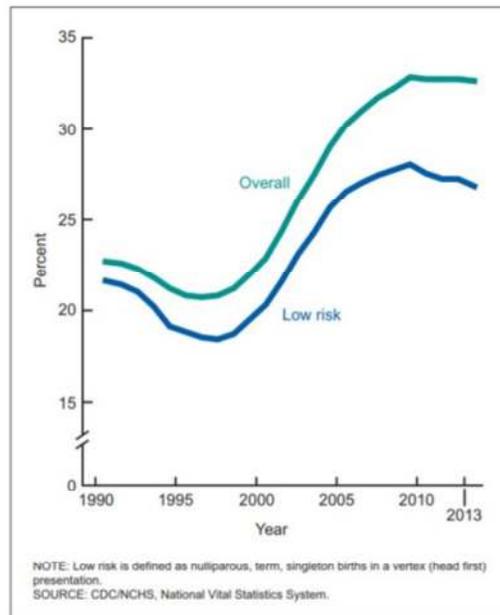


Figure 1. Overall cesarean delivery and low-risk cesarean delivery: United States, final 1990–2012 and preliminary 2013



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In response, Congress enacted the Newborns' and Mothers' Health Protection Act of 1996 to mandate 48-hour stays for vaginal births and 96-hour stays for cesarean births unless mother and physician agree to a shorter stay. Both the national OB-GYN and pediatricians associations revised their standards to reflect the new mandates.

Between 1989 and 2012, the proportion of all births attended by certified nurse-midwives (CNMs) increased from 3.3% to 7.9%. The proportion of vaginal births attended by CNMs reached an all-time high of 11.9%. Births attended by "other midwives" (typically certified professional midwives) rose to a peak of 28,343, or 0.7% of all US births. The distribution of payer source for CNM-attended births (44% Medicaid; 44% private insurance; 6% self-pay) is very similar to the national distribution, whereas the majority (53%) of births attended by other midwives are self-pay. Women whose births are attended by other midwives are less likely (13%) to have a prepregnancy BMI in the obese range than women attended by CNMs (19%) or overall (24%).

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



From: Cochrane: Midwife-led continuity models of care compared with other models of care for women during pregnancy, birth and early parenting 2016

History Summary





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



Insert Mindy Project clip

Birth as Pathologic vs Physiologic

Physiologic

- 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

Physiologic does not include

- Epidural or opiates
- Episiotomy
- Induction or augmentation
- Nutritional deprivation
- Restriction of movement



[J Perinat Educ.](#) 2013 Winter; 22(1): 14–18.

doi: [[10.1891/1058-1243.22.1.14](https://doi.org/10.1891/1058-1243.22.1.14)]

PMCID: PMC3647729

PMID: [24381472](https://pubmed.ncbi.nlm.nih.gov/24381472/)

**Supporting Healthy and Normal Physiologic Childbirth: A Consensus Statement by
ACNM, MANA, and NACPM***

Location of Birth

- AMA, Medical 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



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

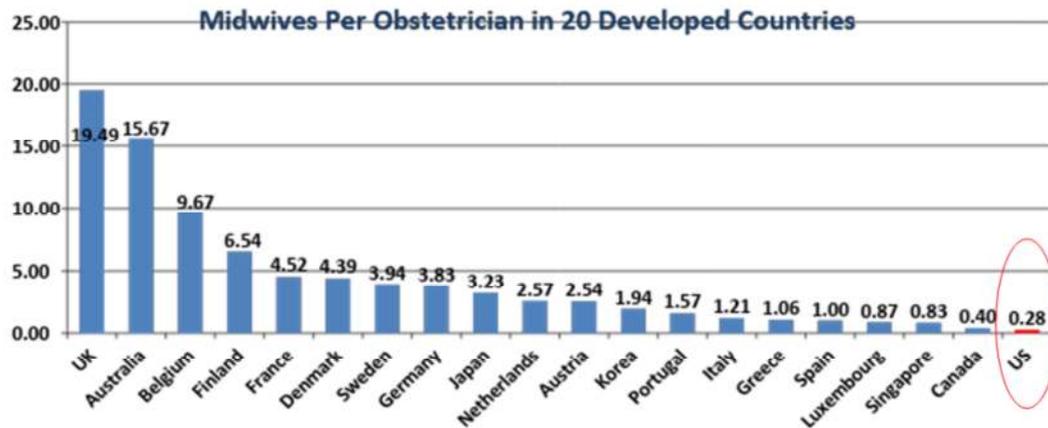
- According to WHO: 7.3 million midwives in European Region
 - 12,000 in US
- All education is post secondary
- Increased education associated increased decision making
- No educational standardization
 - Bachelor's in Midwifery
 - 3 years: Italy
 - 6 years: Germany
- 90% female
 - Remuneration disparities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



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<http://www.euro.who.int/en/health-topics/Health-systems/nursing-and-midwifery/data-and-statistics>

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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<http://www.health.govt.nz/publication/comparative-study-maternity-systems>

http://www.deloitte.nl/downloads/documents/website_deloitte/GZpublVerloskudeinEuropaRapport.pdf

<http://www.amcbmidwife.org/docs/default-document-library/chart-for-number-of-cnm-cm-by-state---february-2014-present.pdf?sfvrsn=0>

https://members.aamc.org/eweb/upload/14-086%20Specialty%20Databook%202014_711.pdf

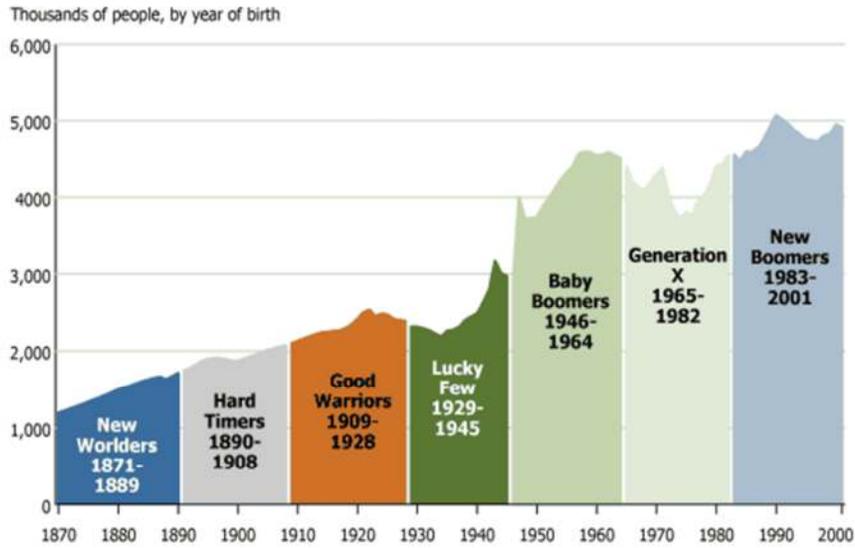
Current perceptions of the health care?

- 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



Presenter: A 2012 survey of more than 1000 US women, developed by the American College of Nurse-Midwives (ACNM), found that there is a major gap between the care women expect from their health care providers and the care they receive.

20th Century US Generations



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(Population Reference Bureau: www.prb.org)

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