History and Culture of Birth in the U.S.

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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

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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.

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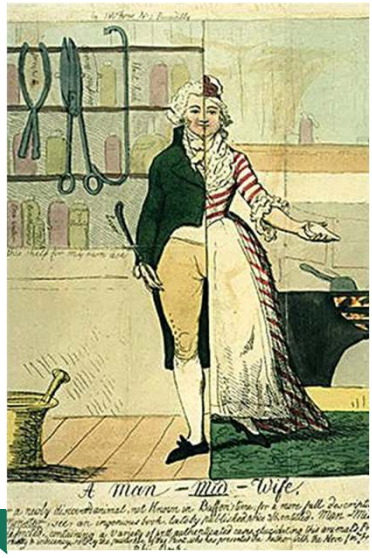
History of Obstetrix 16th-17th c. Europe

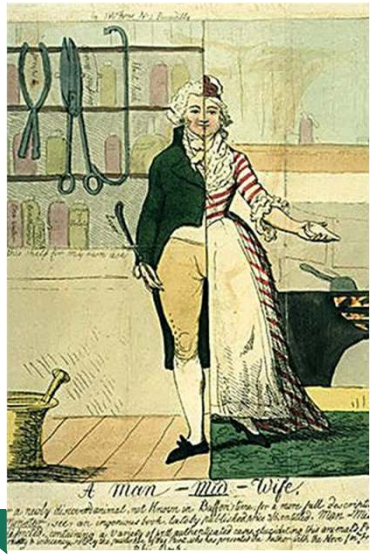
- Inextricable from male dominance of professions overall
- First men in childbirth were considered "male" midwives
- Medicine advancing knowledge in anatomy and physiology



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

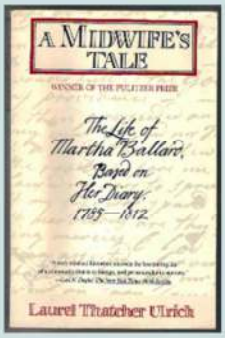
Obstetrics rejected by mainstream medicine
- "ungentlemanly"
- "midwifery" not included in medical education
- Medical education restricted to men

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



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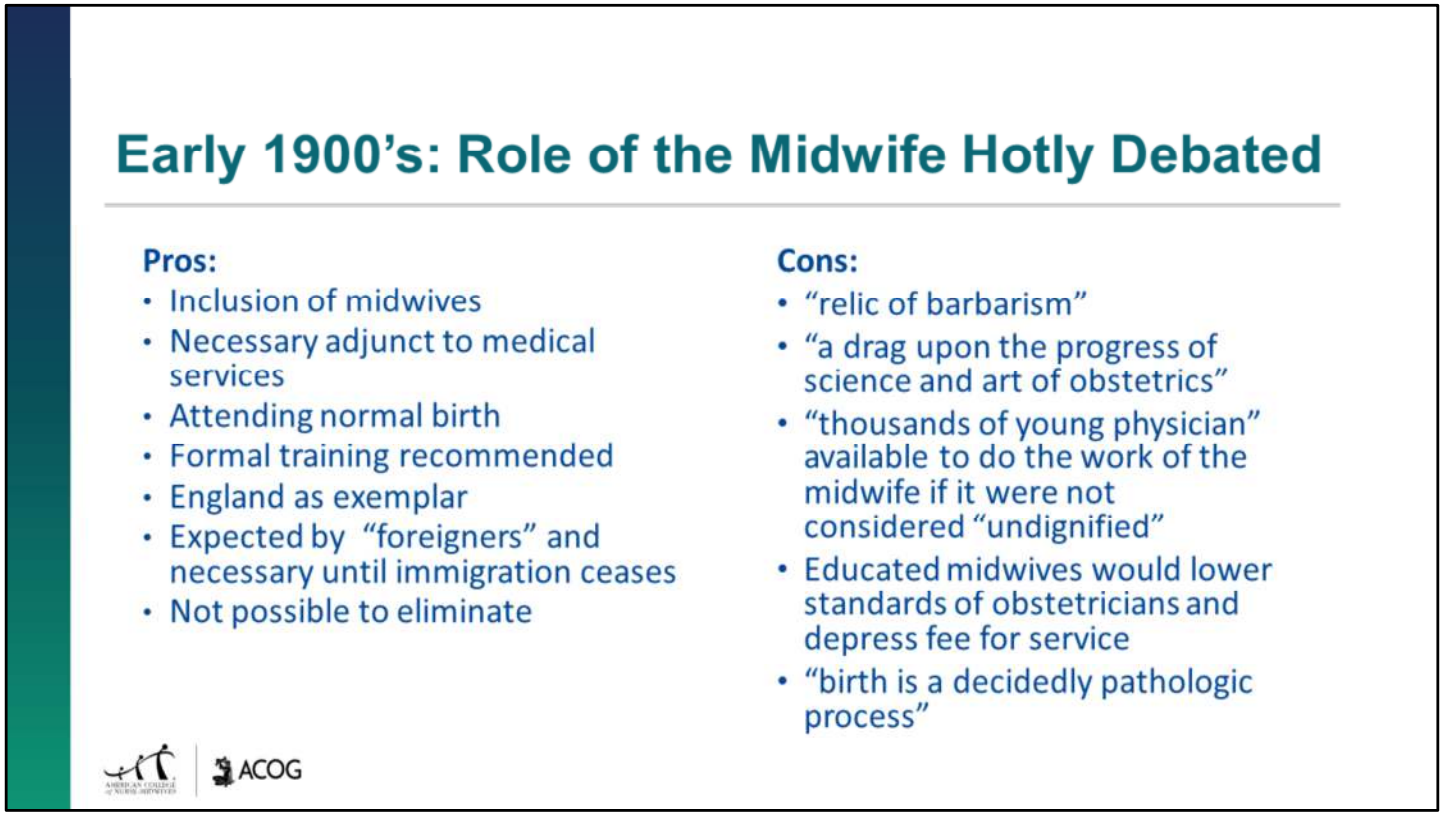
Wertz RQ, Wertz DC. *Lying-In.* Chapter 1*:* "Midwives and social childbirth in colonial America."
Social event of birth: Gathering of women only, socializing opportunity, supporting, lying-in (post partum period), societal expectation, provide support to others so that others will support you, not only family and acquaintanceship may be have been minor.

Maternal M&M better in US than in England

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.



"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

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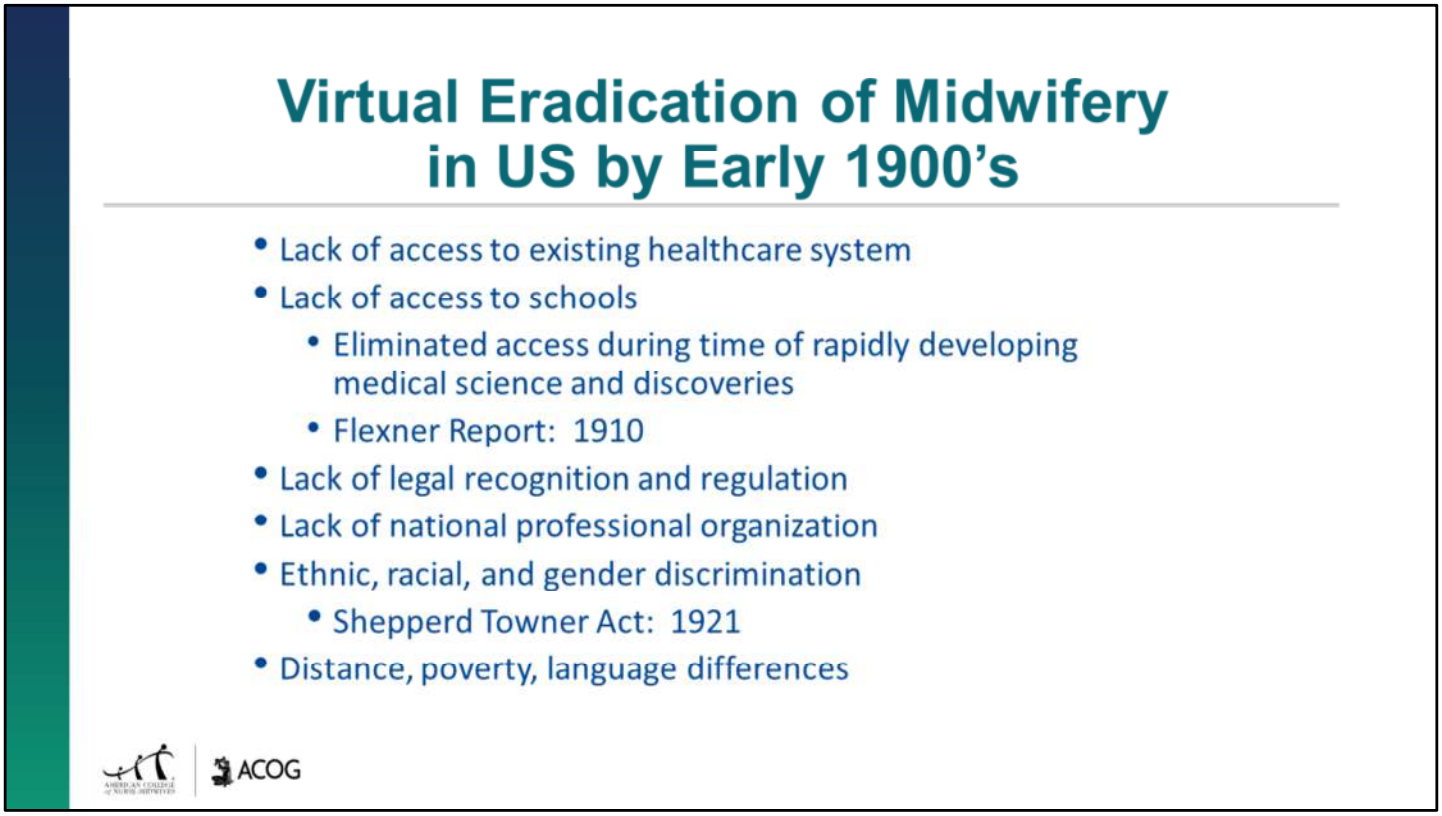

Varney, Thompson

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

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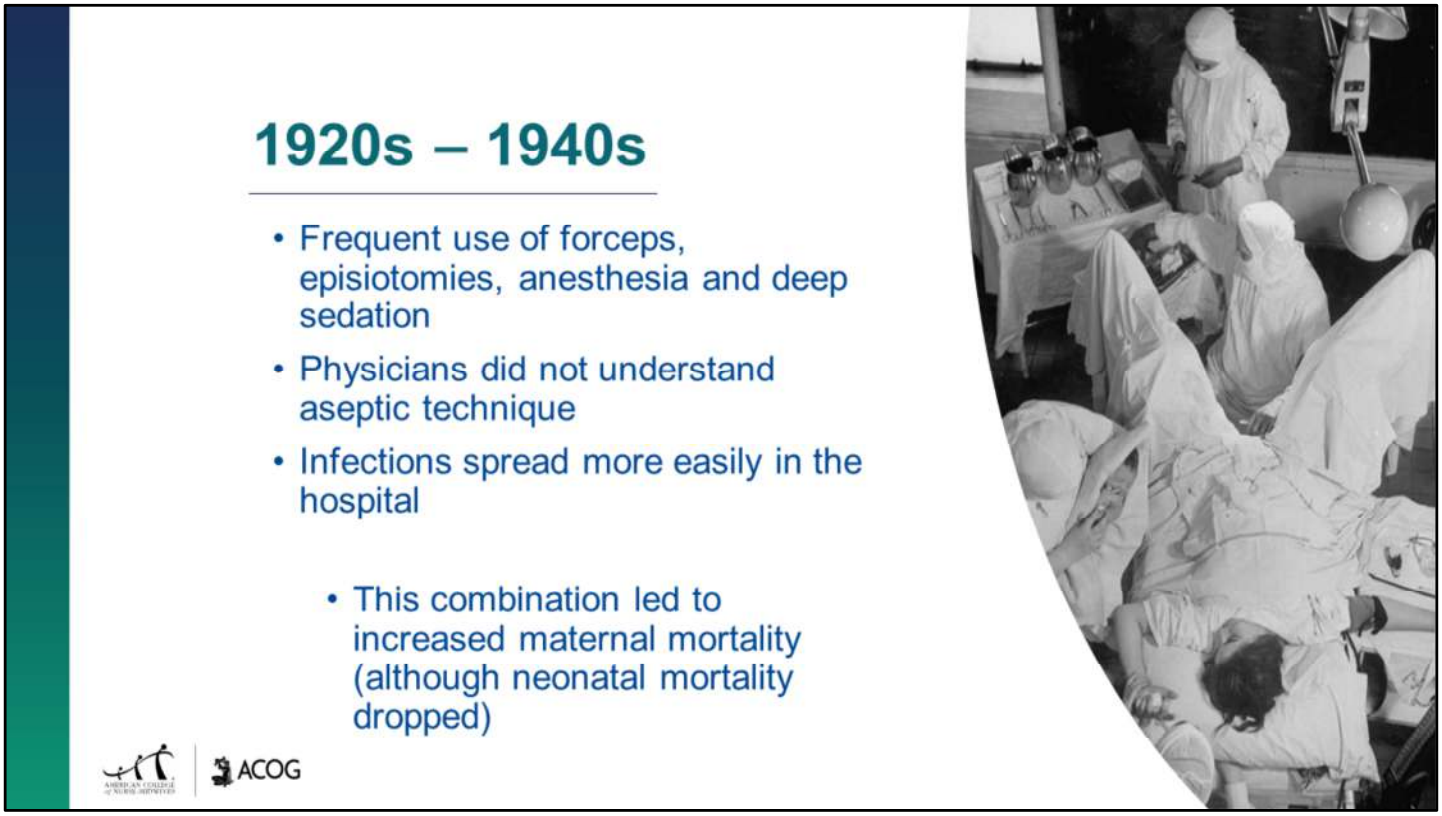
Leavitt has a list of the requirements recommended to prepare a home for birth: ". . . removal of carpets and draperies, washing furniture in lysol, providing new mattress, new bedding, spraying daily prior to accouchement, cleansing of all attendants, shaving the pubic hair surround the genitalia, sterilizing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

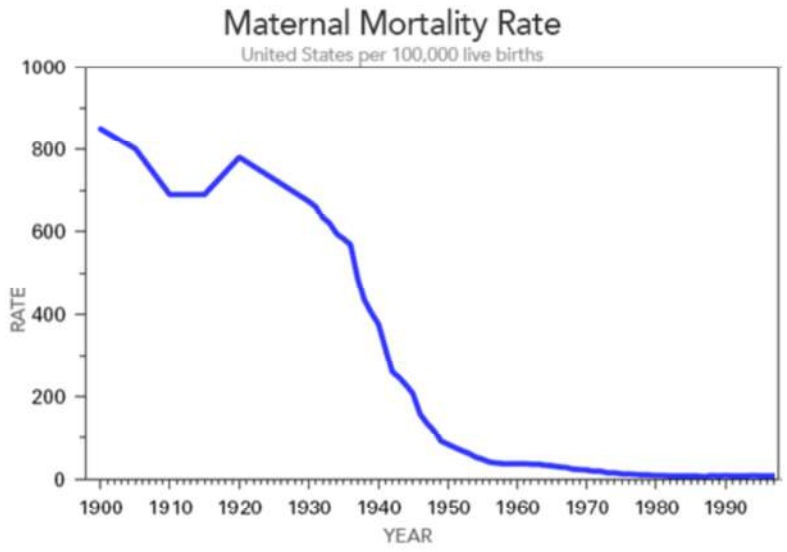


75% of births in hospital

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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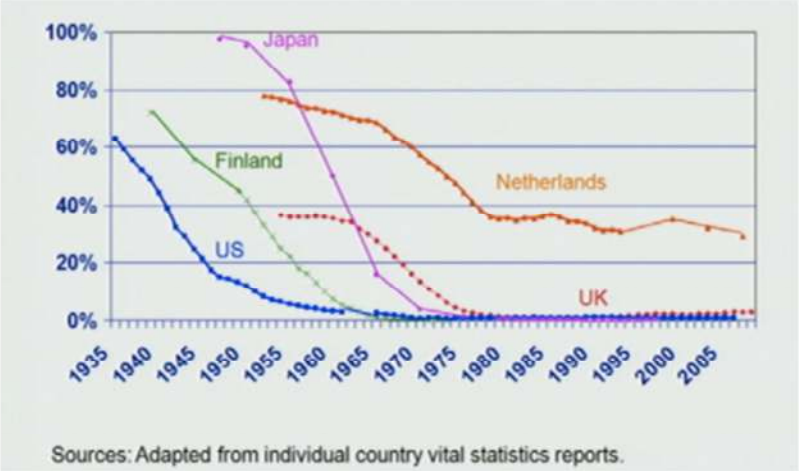
International Trends in Home Birth, 1935-2008



Sources: Adapted from individual country vital statistics reports.

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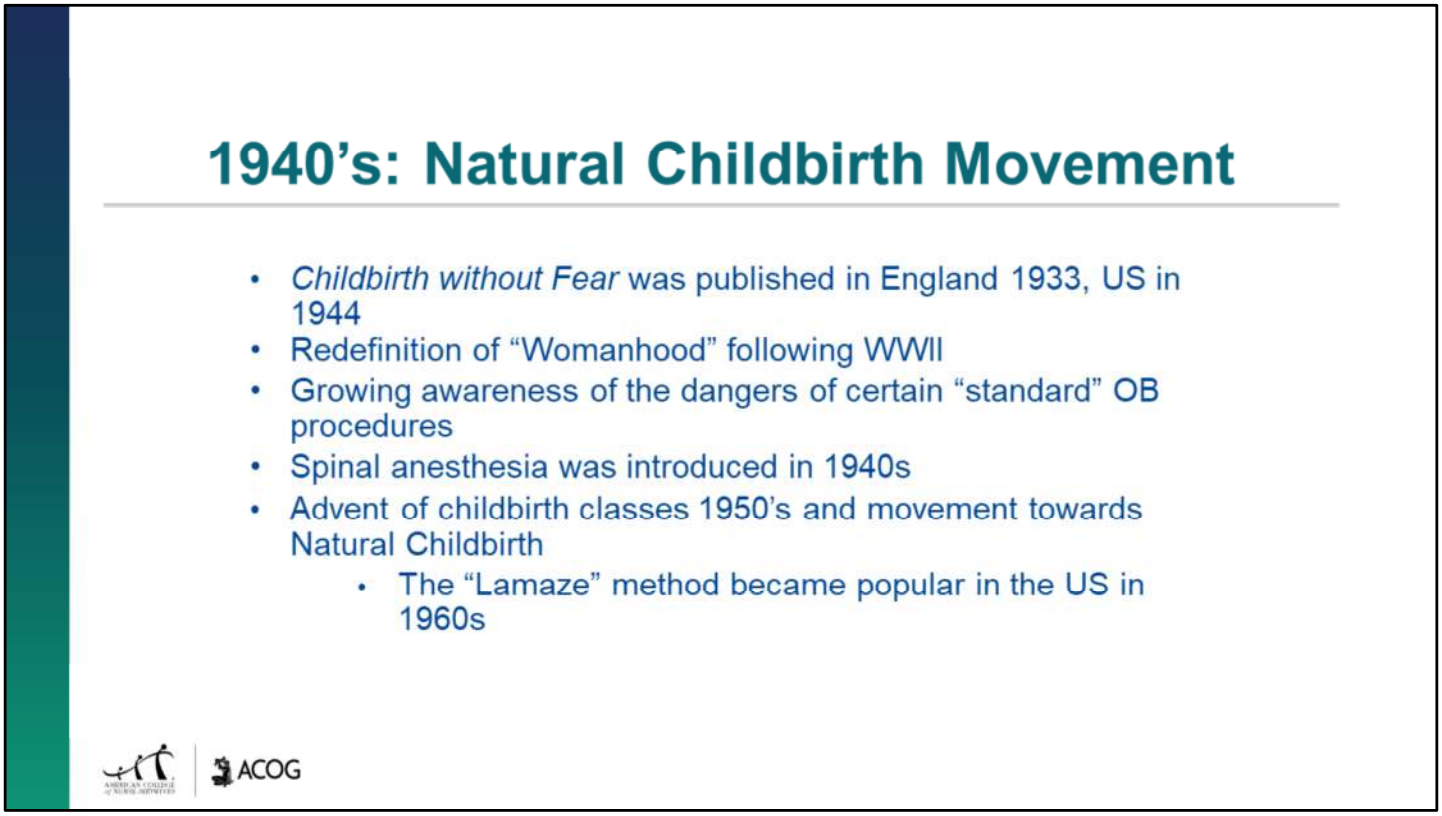


Dr. Grantly Dick-Read, *Childbirth without Fear*

Published in England 1933, US in 1944

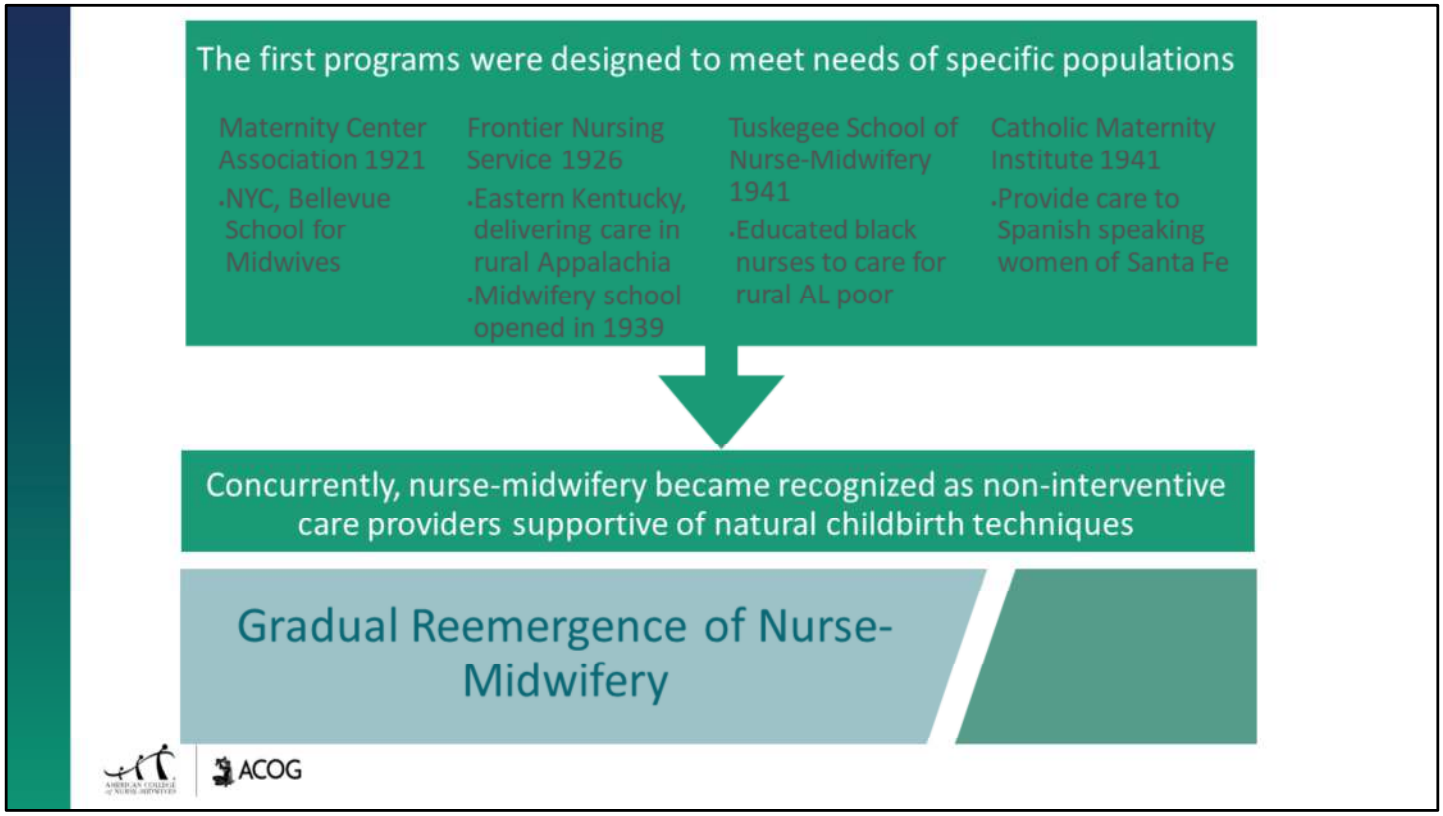
Dick Read proposed that birth pain related to fear, that relaxation reducing pain. "Fear-pain-tension" syndrome

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/americanhistory/view/10.1093/acrefore/9780199329175.001.0001/acrefore-9780199329175-e-428



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)*

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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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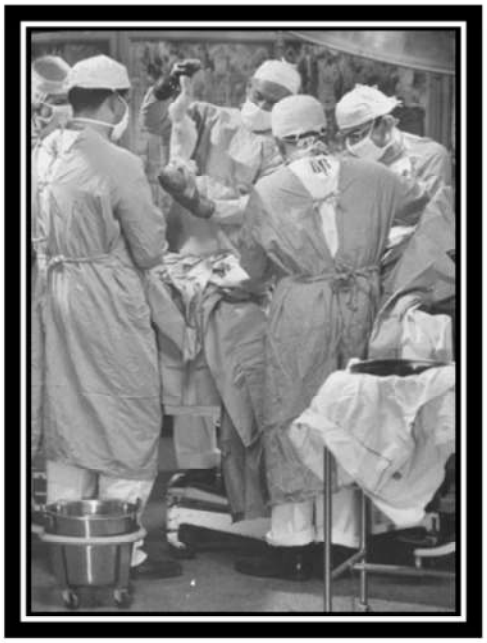


King's County Hospital in Brooklyn was the first to allow CNMs to provide care to women in the hospital setting. John's Hopkin's was the second . Cared for indigent women exclusively in hospital setting

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

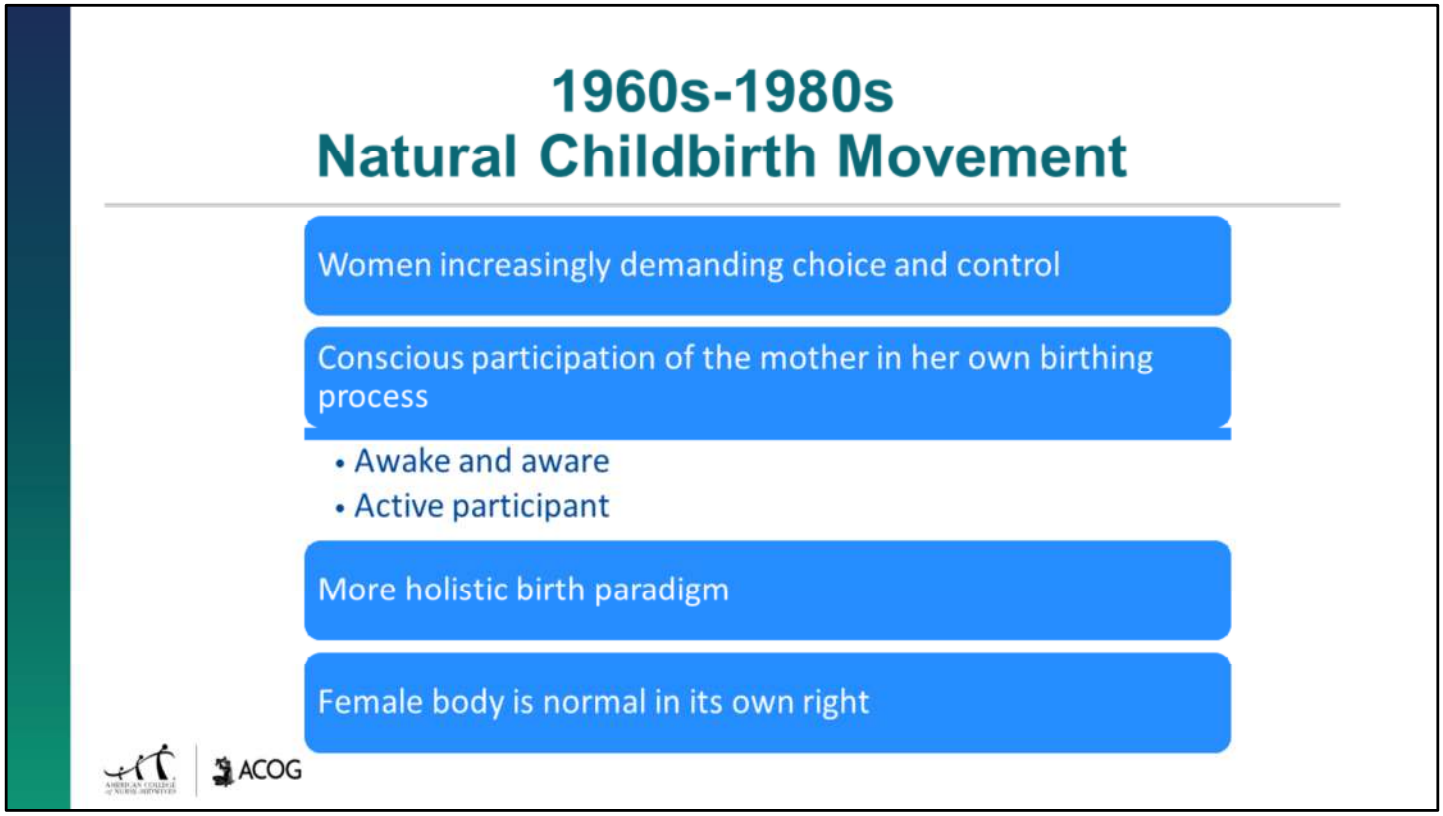
Josiah Macy Foundation report: 1968, authors agreed that the US hsould make more use of nurse-midwives but only for the care of indigent "The midwife in Regarding their care for the indigent"

Birth in 1950s

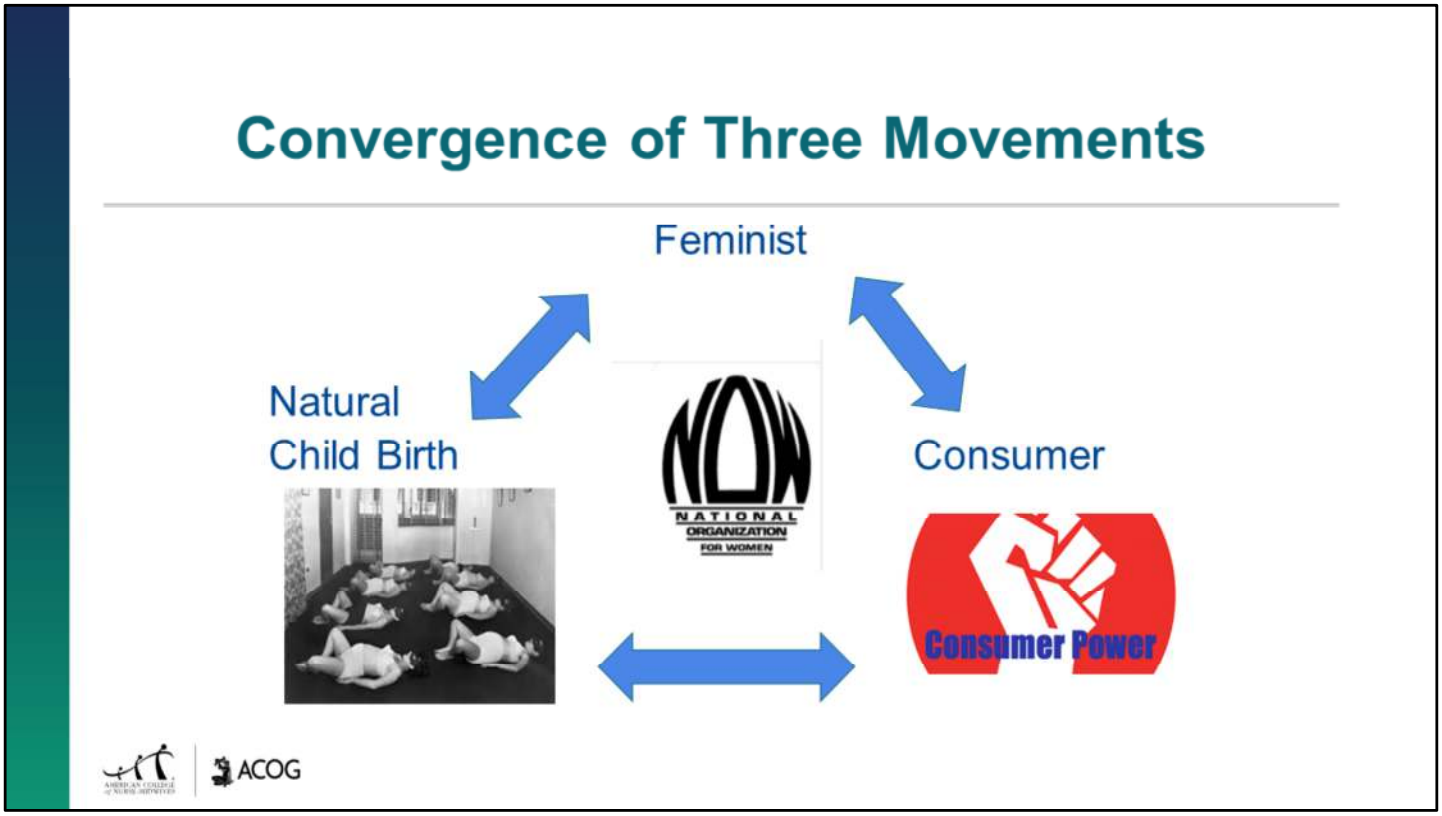
- Hospital birth experience
  - Routine IV and NPO
  - Routine anesthesia still used
  - Routine shave prep and enema
  - Lithotomy positioning
  - Routine episiotomy
  - Routine spinal and forceps

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

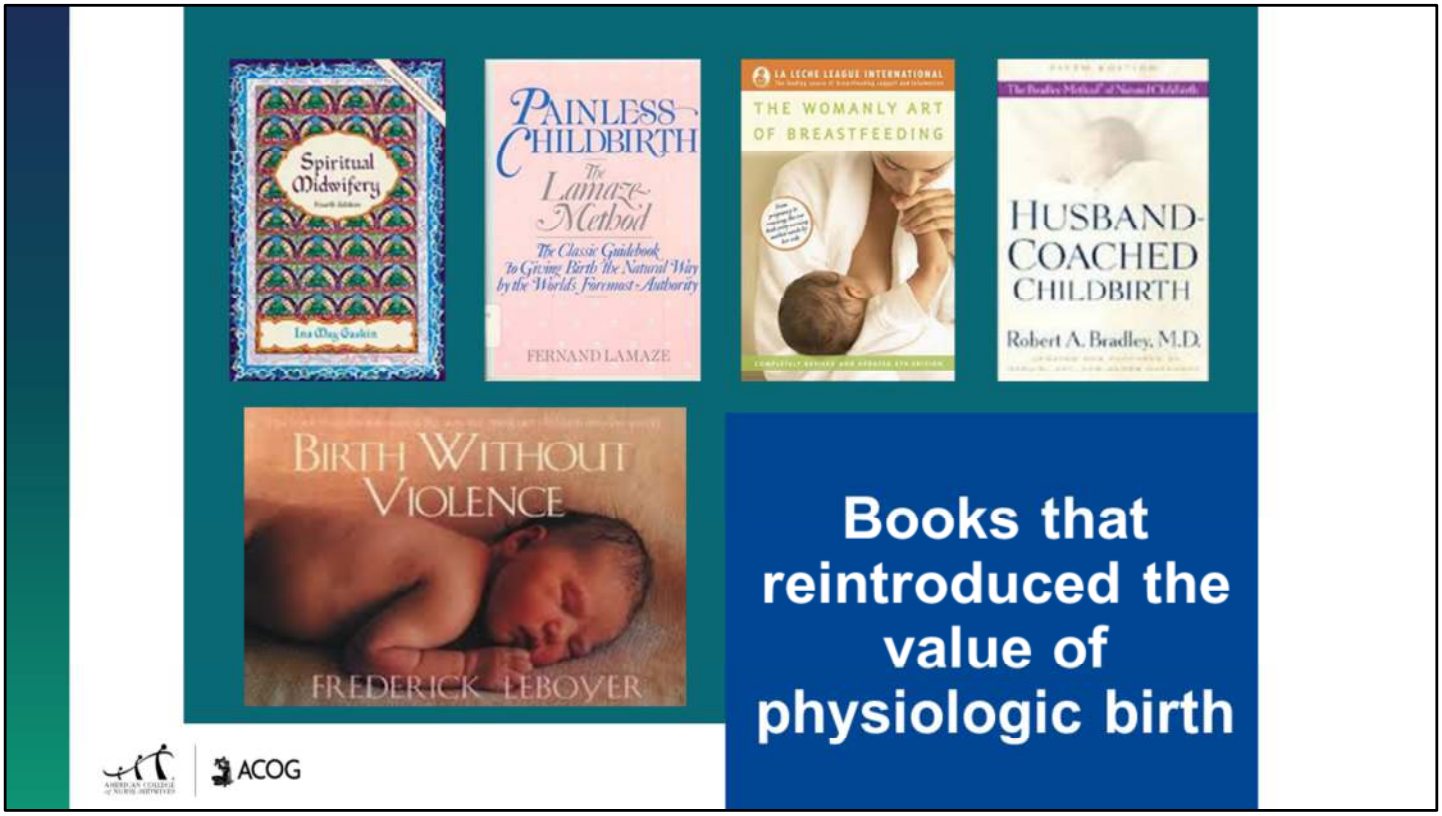
- Family separation
  - Partners not allowed in delivery room
  - Infant and mother separated
  - Formula feeding encouraged
  - Long hospital stays on bedrest postpartum



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



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.

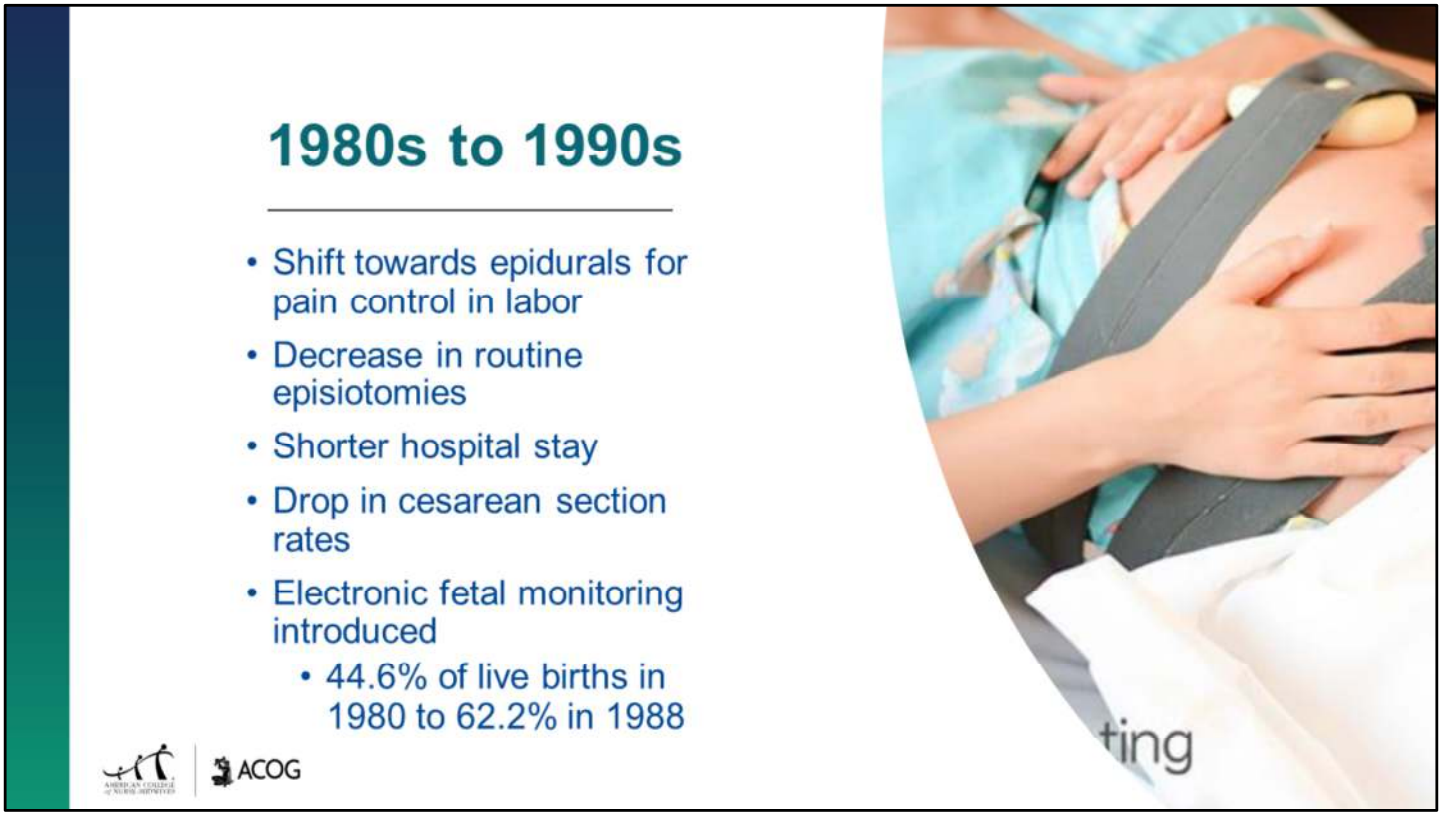
Karmel: US woman who travelled to Paris for delivery

Lamaze and Dick-Read emphasized preparedness for labor

Relaxation techniques, visual imagery, breathing

Resurgence of breastfeeding

Bradley introduced “husband coached childbirth”



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], Krulewitch 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%

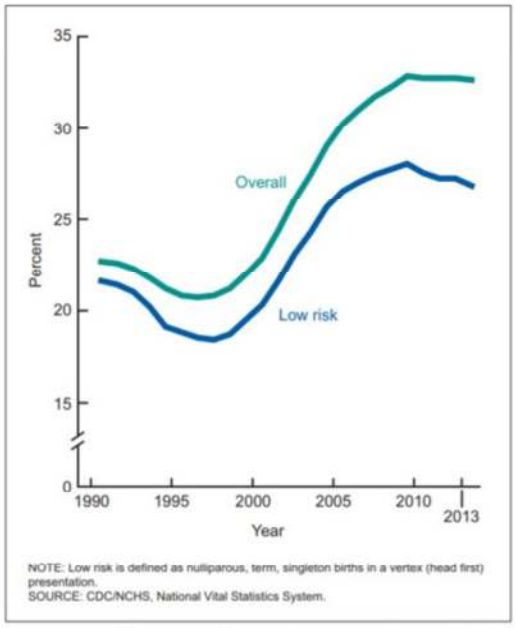
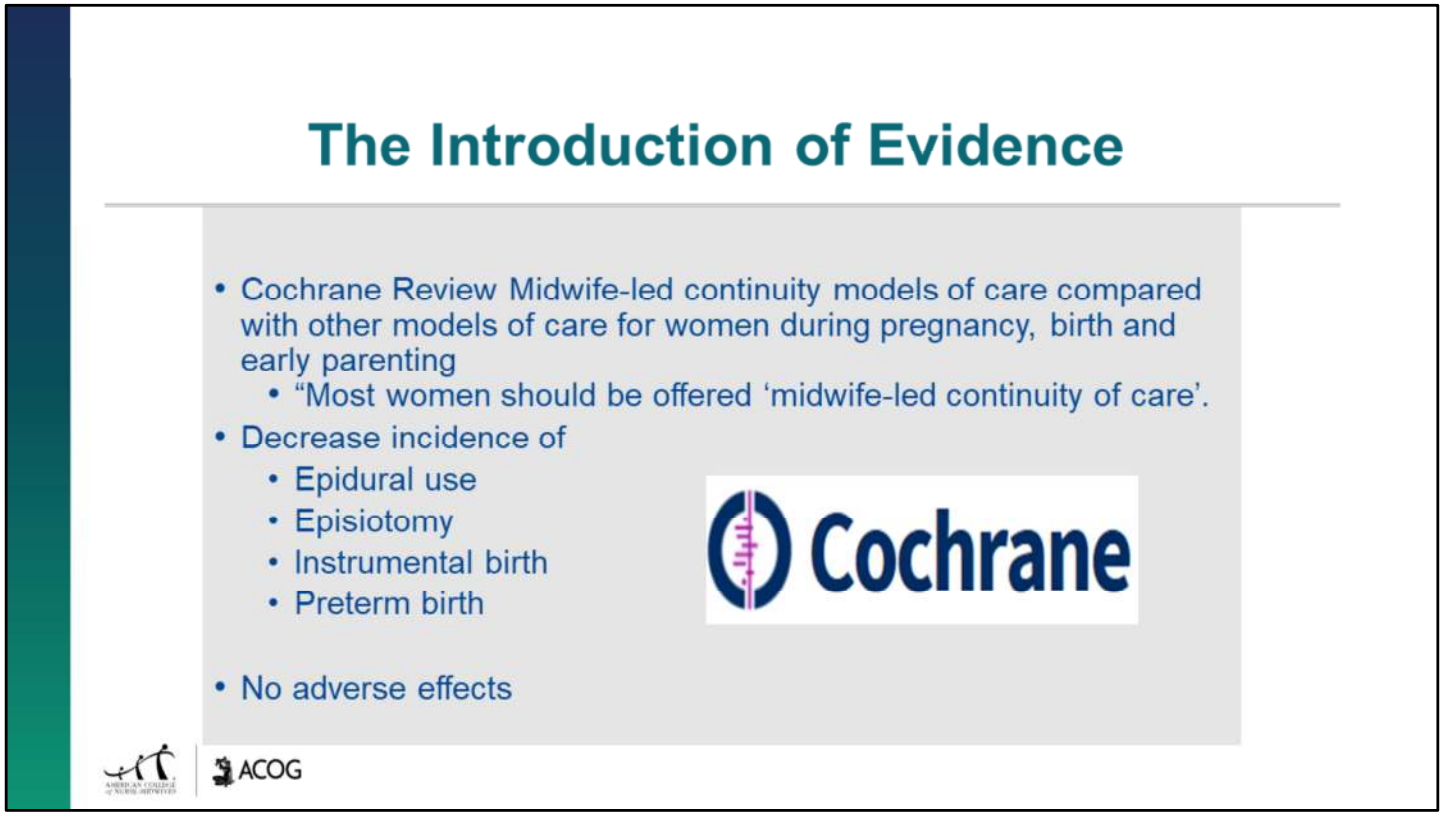


Figure 1. Overall cesarean delivery and low-risk cesarean delivery: United States, final 1990–2012 and preliminary 2013

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%).



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

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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)

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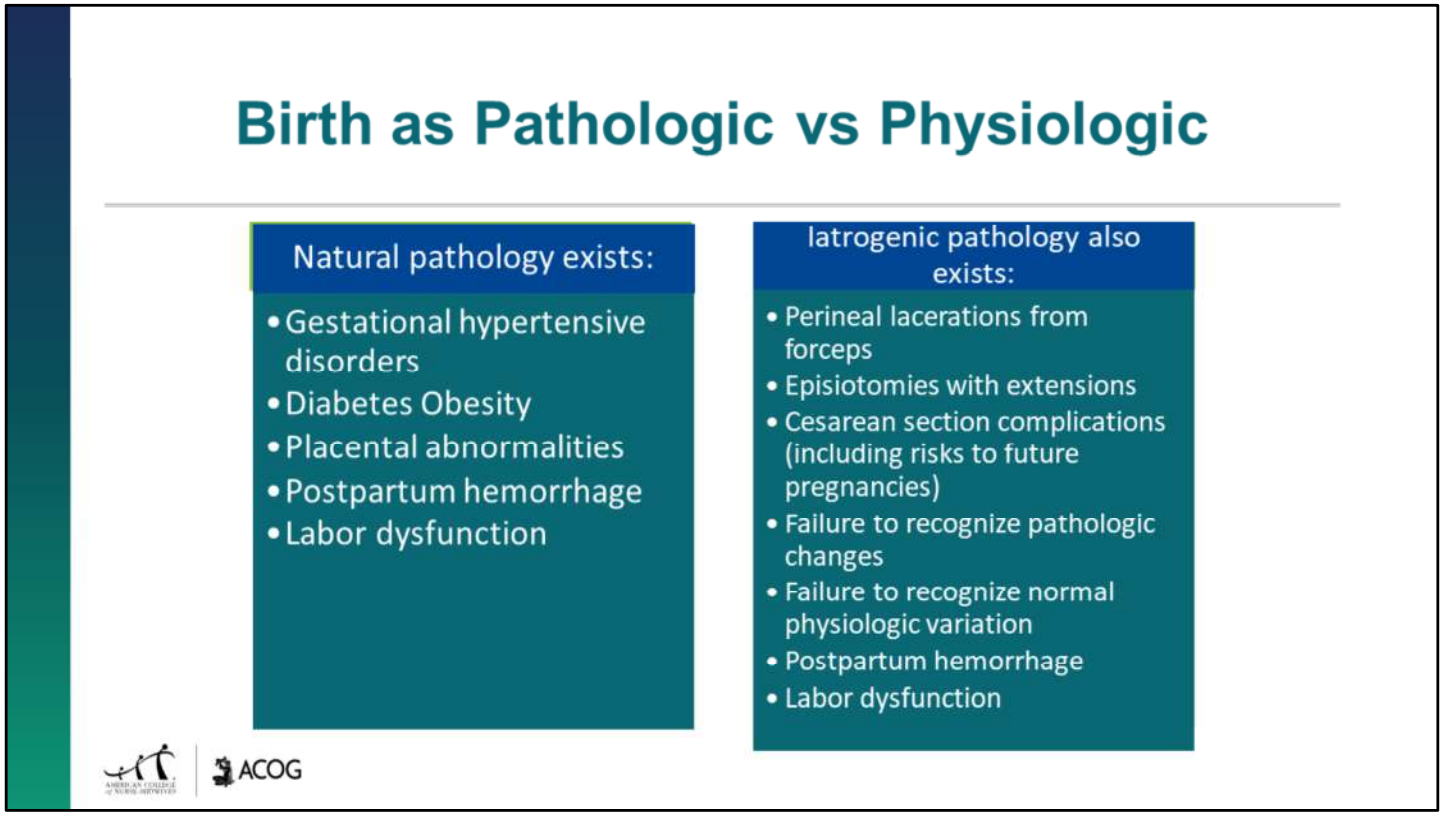
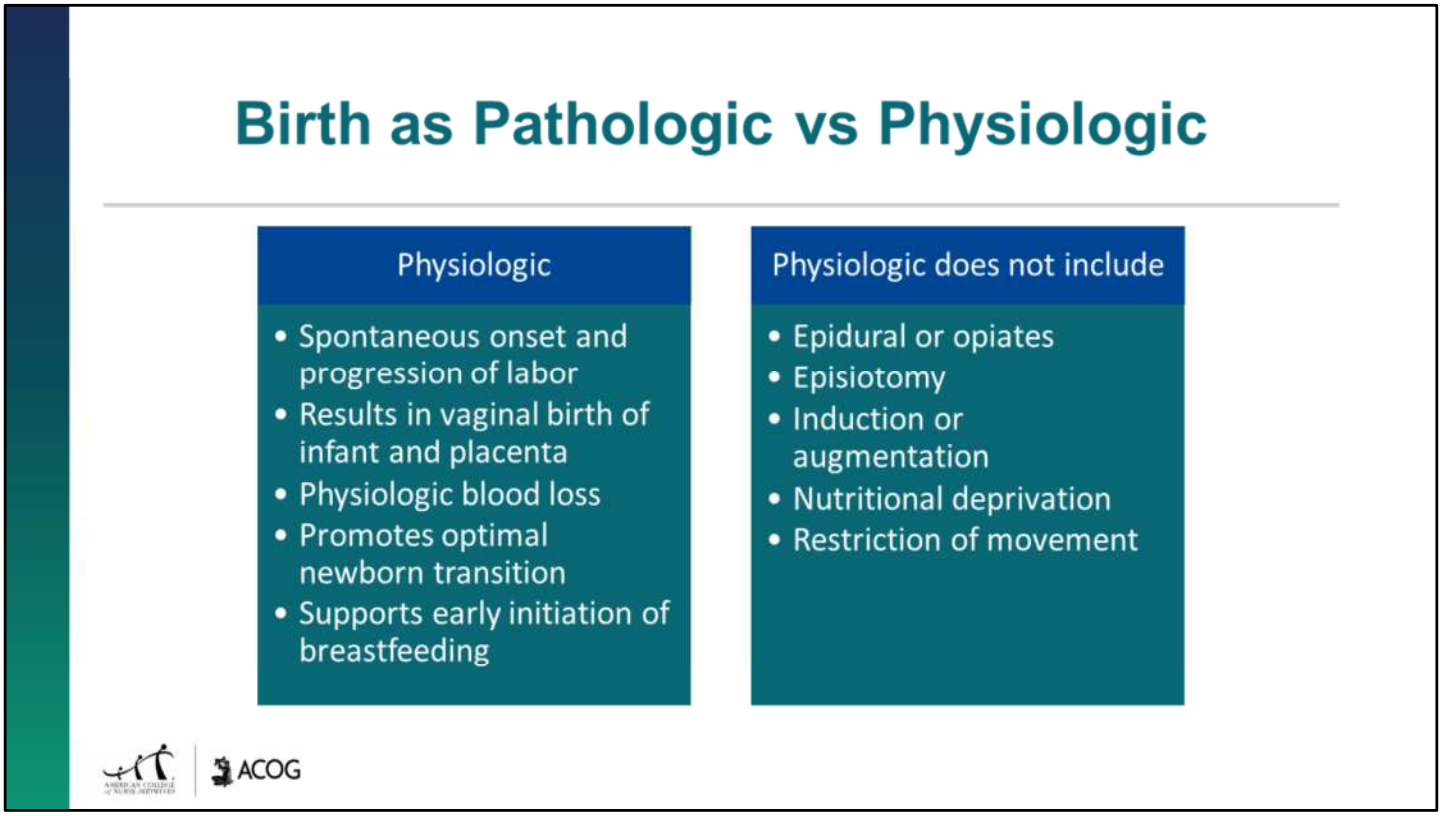


Insert Mindy Project clip



J Perinat Educ. 2013 Winter; 22(1): 14–18.
doi: [10.1891/1058-1243.22.1.14]
PMCID: PMC3647729
PMID: 24381472

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

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

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

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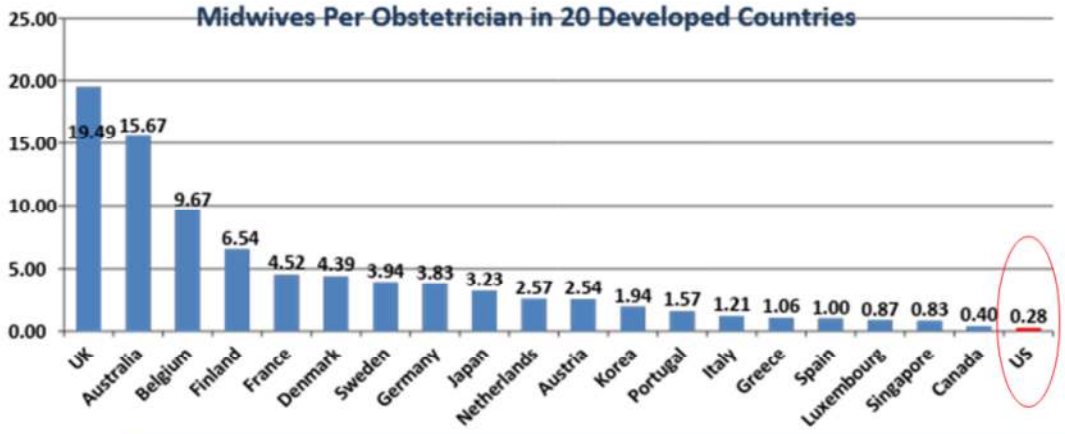
http://www.euro.who.int/en/health-topics/Health-systems/nursing-and-midwifery/data-and-statistics

Many Other Countries Incorporate Midwifery Care



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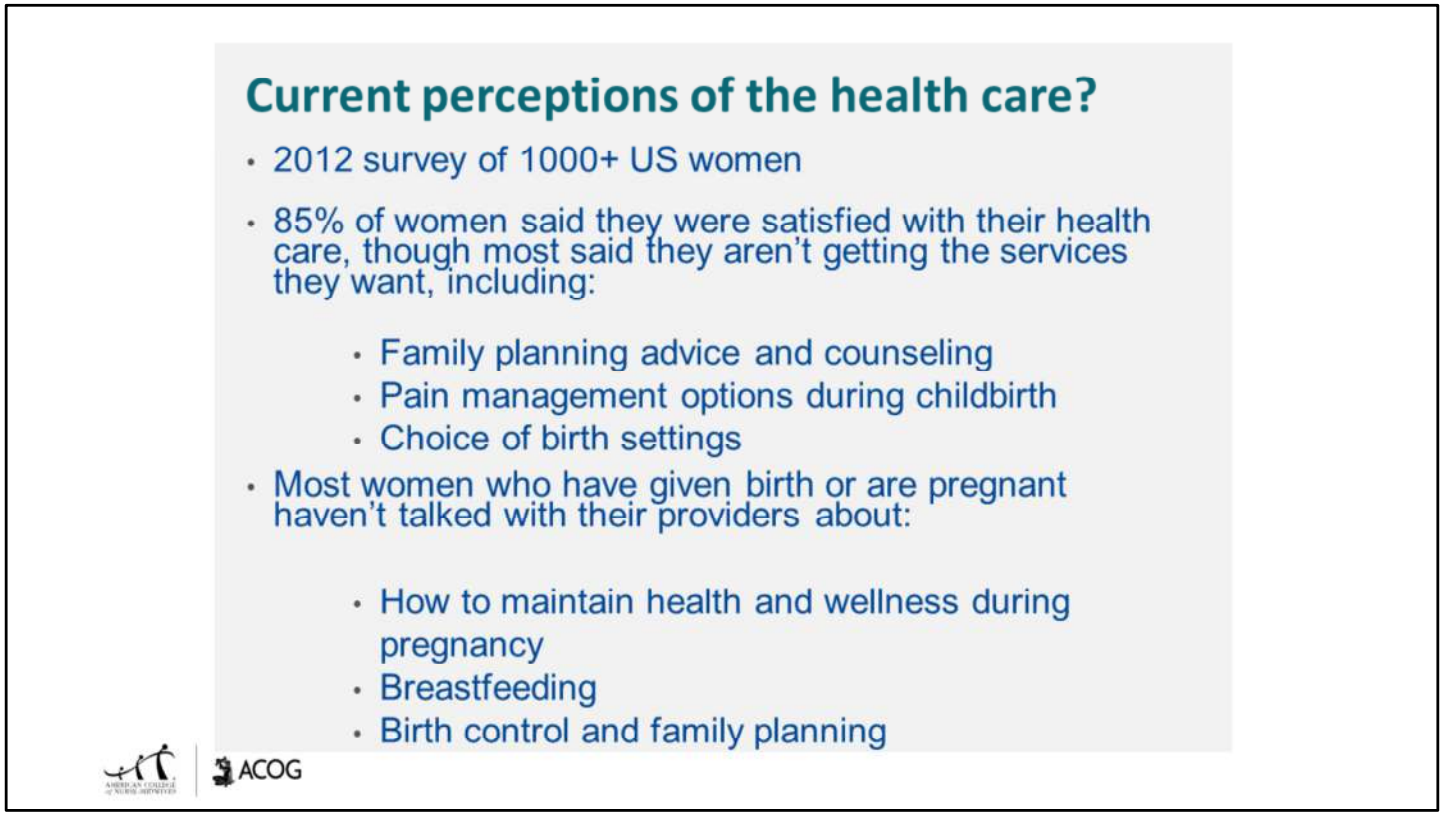
Greater use of midwifery in the US should be a significant aspect of addressing the shortage of in skilled maternal care providers.

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

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

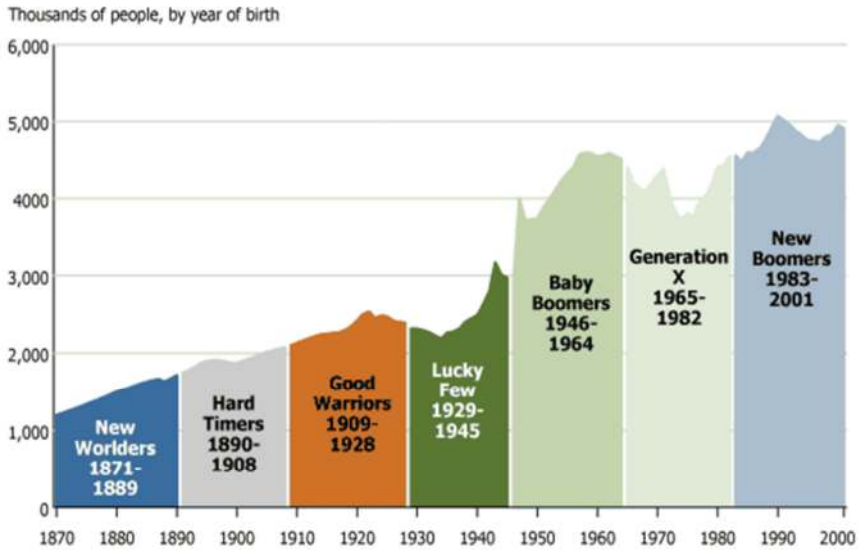
http://www.amcbmidwife.org/docs/default-document-library/chart-for-number-of-cnm-cm-by-state---february-2014-present.pdf?sfvrsn=0

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



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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