

CHAPTER I
THE MIDWIFE IN AMERICA

THE problem of the midwife as a factor in American life is one which is being considered with increasing seriousness by those who are interested in the prevention of blindness and in other phases of infant welfare. Although the carelessness of many physicians is equally reprehensible, it is due in great measure to the ignorance and neglect on the part of midwives that many babies become blind from what is commonly known as babies' sore eyes (ophthalmia neonatorum).

So far as it is possible to estimate from reports secured from the secretaries of state departments of health throughout the country, midwives attend about 40 per cent. of all births in America.

The extent of their practice is not definitely known and it certainly varies in different localities, but the following percentages of births attended by midwives during 1912, as furnished by local health officers, are suggestive:

San Francisco.....	25.0 per cent.
Omaha.....	25.0 " "
New York.....	39.2 " "
Chicago.....	45.0 " "
Toledo.....	51.0 " "
New Orleans.....	70.0 " "
St. Louis.....	75.0 " "

That this is not altogether an urban problem is indicated by reports from various state departments of health, estimating that during 1912 midwives attended 60 per cent. of the births in Alabama, for example; 40 per cent. in Maryland; 80 per cent. in Mississippi; 35 per cent. in Virginia; 50 per cent. in North Carolina; and 50 per cent. in Wisconsin.

The importance of the midwife problem in this country, however, is not measured by the extent to which she practices, for in Denmark, for example, although midwives attend between 90 and 95 per cent. of all births, in that country there is neither the same high death-rate among infants, nor the relative amount of unnecessary blindness which exist in this country.

The blot on our escutcheon is the fact that we give the safe-keeping of nearly one-half of our mothers and babies into the hands of women who are ignorant, careless and dirty because neither trained nor supervised.

Investigations of the condition of midwives made in various cities during the past few years—notably in New York, Chicago, Cleveland and Baltimore—all disclose much the same information concerning these women. Although there are in America many competent midwives who have received careful training in European schools, reports from various parts of the country indicate that the majority of those practising here are dirty, ignorant and untrained. The extreme ignorance of some of the more unfit of these women is suggested by the superstitions which they foster; one, for example, will advise the mother to wear a string of bear's teeth to make the child strong; another that in cases of tardy labor it is beneficial to throw hot coals on hen feathers and place them under the patient's bed; another that it is flying in the face of Providence to bathe the infant before it is two or three weeks old; while others recommend that such articles as cabbage hearts, bacon rinds, beer, etc. should be included in the baby's dietary. This type of midwife knows nothing of hygiene, asepsis or antisepsis and is often practically responsible for the death and invalidism of mothers as well as the death, blindness and mental and physical impairment of infants. Visits to the homes of these women fill one with dismay, for only too often one finds that a midwife with a large practice is herself a dirty, unkempt person living in a squalid tenement. A deplorably large group is exemplified by the old woman of 80 who declared, "I am too old to clean; too weak to wash; too blind to sew; but, thank God! I can still put my neighbors to bed."

Only too often the American midwife assures her patients that it is natural for babies to have sore eyes, and she prescribes such remedies as milk, lemon juice, lard, raw potatoes, scraped beef, saliva, etc., and when the babies go blind, she piously declares that it is the will of God!

Unhappily, even this is not the worst aspect of the problem as a whole, for in some of our isolated rural districts the absence of any provision for the care of mothers and babies gives rise to very distressing conditions. From one such locality one learns that when a woman goes into labor, the first passing teamster is hailed, or perhaps a member of the family hurries down the road for the nearest tanner or blacksmith, or anyone else who through total ignorance will fearlessly rush in to meet the great emergency. The results of this practice—dismembered infants lying on the floor and badly injured mothers—are too dreadful to describe, but they can be imagined by those who know the value of trained work.

Contrasted with this we hear from another similar district of a nurse with obstetrical training who has volunteered her services for visiting work among the mountain poor, and who during the past few years has delivered about 400 infants. She has given nursing care to the mothers and babies in her charge and has taught the mothers in even the poorest huts how to take care of their

own infants. In one case this nurse had to scour a skillet with ashes to provide herself with something that would serve as a basin from which to bathe both mother and infant. But in spite of this meagre outfit they were bathed and well cared for. This nurse has even managed to have some of the mothers whom she had delivered taken to a nearby town and given much needed surgical treatment.

I have referred to the good work being done by this one woman because she is an example of what a midwife can be, and because I have personal knowledge of her work. There are, in addition, many excellent midwives in this country who through the admirable care they are giving their patients are worthy representatives of the schools in Europe where they were given preparatory training. These women are in the minority, however, and are not included in the characterization applying to the rank and file of midwives in this country.

In America we safeguard only part of the infant population by generally requiring that a physician shall be of good character, well educated at the outset, spend from two to four years in study, and pass a state board examination before he is legally qualified to assume the responsibility of attending upon the birth of a child; while a nurse must spend two or three years in hospital training before she is considered competent simply to execute the orders of the physician, and give nursing care to mother and child during that critical period of two or three weeks immediately after birth. But excepting in a few localities, both of these functions—those of doctor and nurse—may be discharged by any untrained, ignorant woman who chooses to style herself a midwife!

So far as we are now able to learn, the United States of America is the only civilized country in the world in which the life and health and future well-being of mothers and infants are not safeguarded so far as possible by statutory requirements for at least the training and licensing of midwives. In most of the European countries the training, licensure and control of midwives are regulated by national law, while in some others—in Germany, for example—there are independent state laws regulating the work of these women. Some countries have gone so far as to provide the poor in isolated communities with the services of midwives at public expense. But apparently in no other land has the whole matter been given so little attention as in America.

In striking contrast to the provisions in other countries we find that in America midwives are allowed by law to practice unrestricted in thirteen states,* while in fourteen† there are no general laws relating in any way to their training, registration or practice.

* Arizona, Arkansas, Florida, Georgia, Idaho, Kentucky, Maine, Mississippi, New Mexico, South Carolina, Tennessee, Vermont, West Virginia.

† Alabama, California, Delaware, Massachusetts, Michigan, Nebraska, New Hampshire, North Dakota, Oklahoma, Oregon, Rhode Island, South Dakota, Texas, Virginia.

In the remaining twenty-one states, and in the District of Columbia, where there are laws relating to midwives, it is required in twelve* and in the District of Columbia that they shall pass an examination before receiving from the state a license. In six states† midwives are restricted to attendance upon normal cases. In seven states‡ the statutory provisions are irregular and so meagre as to be practically without effect. In New York and Pennsylvania the legislatures of 1913 enacted laws which will make possible the adoption of a satisfactory system of licensure, registration and control uniformly throughout these states.

The following extracts from some of our laws show how little thought has been given to the midwife as an influence for or against the public weal.

The Medical Practice Act of Maine says: "This Act shall not apply to midwives who lay no claim to the title of physician or doctor;" and the main provision of the law of North Carolina is: "That it shall be unlawful for any midwife or other person who habitually gets drunk, or who is addicted to the excessive use of cocaine or morphine or other opium derivative, to practice midwifery for a fee."

In no state is there provision for state supervision of midwives in their practice. In some states this function is discharged by a few local boards of health, but because of inadequate appropriations for such work the results are not wholly satisfactory.

If we are to prevent infant mortality, blindness and other calamities which, in many instances, can be prevented by careful and intelligent care, we must provide the means for the adequate training of those women who have the welfare of mothers and babies in their keeping.

Registration, supervision and control are important only as secondary measures, for the foundation upon which all of this work must inevitably rest is thorough preparatory training.

In only six states and the District of Columbia is it required that midwives shall be trained before being granted a license. The requirements in the District of Columbia and in Maryland are met by having been in attendance at five cases of birth. In Indiana and Minnesota midwives must either have attended a recognized school or pass an examination before being permitted to practice. But midwives cannot secure the required training in Indiana or Minnesota since there are no recognized schools in either state. Nor are there recognized schools in the states of New Jersey, Ohio and Wisconsin where the

* Connecticut, Illinois, Indiana, Louisiana, Maryland, Minnesota, Missouri, New Jersey, Ohio, Utah, Wisconsin, Wyoming.

† Illinois, Maryland, Missouri, New Jersey, Ohio, Wisconsin.

‡ Colorado, Iowa, Kansas, Montana, Nevada, North Carolina, Washington.

law requires that midwives shall be trained before being licensed. (For tabulation of United States laws see Appendix A, pp. 55-59.)

So far as we are able to learn, the only school for midwives of undoubted high standards in this country is the Bellevue School, established in 1911 in New York City as a result of the combined efforts of the Trustees of Bellevue Hospital and the Committee for the Prevention of Blindness. The capacity of the Bellevue Training School is 50 pupils, the course at present covering a period of six months, which it is hoped will eventually be lengthened. The character of the work done by the small group of graduates from this school is extremely gratifying. Although it is acknowledged that the course given is too short, these midwives have commended themselves both to physicians and social workers because of the good care they give to their patients and because they secure adequate medical assistance for other than normal cases.

During the year of 1912 the New York City Department of Health issued licenses to 1395 midwives. Since then the Department has adopted an ordinance requiring a certificate or diploma from a training school of which it approves, before granting a permit to practice as a midwife.* As the Bellevue Training School is the only one in New York City registered by the Department of Health as "maintaining a satisfactory standard of preparation," it is quite evident that there is need in this one city at least for more extensive provision for the training of midwives.

In those cities and states where no schools exist, there is of course a greater need of educational facilities if preparatory training is to be a requirement for licensure to practice.

Unquestionably the midwife problem in America is a serious one and has been too long ignored. Probably the reason why this abuse has remained so long unrecognized and uncorrected is that the employment of midwives has never been a common practice among American women, although it is a widely prevalent custom among almost all other nationalities. With the rapidly increasing stream of immigration to this country the problem of the midwife—

* At a meeting of the Board of Health of the Department of Health of the City of New York, held in the said city on the fourteenth day of October, 1913, the following resolution was adopted:

Resolved: That the rules governing the practice of midwifery in the City of New York, adopted by the Board of Health November 8, 1907, be, and the same hereby are, amended so as to read as follows: the same to take effect on and after the first day of January, 1914.

RULE 3. The applicant must be twenty-one years of age or upwards, of good moral character, and able to read and write. She must be clean and constantly show evidence in general appearance, of habits of cleanliness.

The applicant must also present a diploma or certificate, showing that she is a graduate of a school for midwives registered by the Board of Health of the City of New York as maintaining a satisfactory standard of preparation, instruction and course of study, but the requirement of a diploma shall not apply to any person who is now, or heretofore has been, authorized to practice midwifery by the said Board.

(Signed) EUGENE W. SCHEFFER, *Secretary.*

formerly of relative insignificance—has steadily grown in importance until it has attained its present formidable dimensions. So long as we continue to have this steady stream of foreigners pouring into our country, bringing with them the customs of their fatherlands, just so long and to an increasing extent will there be women of some sort discharging the function of midwives,—this practice being one of their oldest and most deeply rooted traditions.

Moreover, the midwife is an economic necessity to many of those whom she attends, acting, as she does, in a dual capacity for a fee which does not exceed the doctor's charge for medical care alone.

In advocating that the status of the midwife profession in America be raised we maintain at the same time that both midwives and members of the lay public should appreciate the wide difference between the midwife and an obstetrician. The midwife should not vie with the physician in her practice, but rather should be a competent visiting nurse, permitted to attend normal cases only, and should be so well trained that she would recognize the importance of securing adequate medical attention for her patients in all cases of abnormality.

At least 40 per cent. of the births in America are attended by midwives.

Evidently the question before us is, not whether or no we shall have midwives in America, but rather whether or no we shall continue to pass by with averted eyes and leave such a large percentage of mothers and newborn infants in the hands of ignorant women incapable of discharging the important functions which they assume.

“It is the lame and the blind who are paying,
the working woman with permanently impaired health,
and the motherless children!”

Alice Gregory.