

# THE EVOLUTION OF THE SOCIAL SCIENCE OF MIDWIFERY AND ITS CANADIAN CONTRIBUTIONS

Ivy Lynn Bourgeault, Ph.D.

## AUTHOR BIOGRAPHY

Ivy Bourgeault PhD (bourgea@mcmaster.ca) is an Assistant Professor in Health Studies and Sociology at McMaster University in Hamilton, Ontario, Canada. She also holds a New Investigator Award with the Canadian Institutes for Health Research and is heading a five-year study of the impact of gender and geography on the rationalization of the health care division of labour in Canada and the United States. Ivy has published extensively in national and international journals not only on midwifery in Canada and the United States, but also on alternative medicine, patient consumerism, and the relations between health professions and the state. Recent co-authored books include, "Medicine, Nursing and the State" (1999) and "Heal Thyself" (2000) both with Garamond Press. Ivy has also been active within the midwifery and alternative childbirth movement for 10 years, including a position on the Board of Directors of the Toronto Birth Centre committee.

It is in writing for these first issues of the Canadian Journal of Midwifery Research and Practice that causes one to reflect on the factors and forces that have led us to such an auspicious occasion. As a social scientist who has devoted much attention to the study of midwifery, I was particularly pleased to see that "articles related to midwifery from a social science perspective" are mentioned prominently in the call for contributions. Indeed, it is important to recognize that a critical part of the story of the rebirth of midwifery in Canada and the revitalization of independent midwifery elsewhere have been the writings of feminist social scientists.

The objectives of this short commentary are twofold. First, I review some of the key social science contributions to the midwifery literature, with a special emphasis on Canadian contributions.<sup>i</sup> Second, I comment on how the relationship between midwifery and social science has evolved over the past 30 years from a more or less symbiotic relationship to one that is more critical and reflexive.<sup>ii</sup> What will become salient from this brief review is how Canadian social scientists have been particularly influential in this overall shift.

## SOCIAL HISTORIES OF THE DEMISE OF MIDWIFERY AND BIRTH

One of the earliest and most influential contributions to the midwifery literature by feminist social scientists is the pamphlet written by American sociologists, Barbara Ehrenreich and Deidre English in 1973, "Witches, Nurses and Midwives".<sup>1</sup> The basic argument presented in "Witches" is that although women healers have been an integral part of society, they have been persecuted or subordinated by a malevolent male-dominated medical system. Ehrenreich and English not only present a reinterpretation of the healing roles of women throughout history, they provoke their readers to social action; that is, to right the wrongs of this history. As a work of scientific scholarship "Witches" has been criticized, but as a piece of social activist literature it has proved to be very successful. Indeed, many midwives as well as social science scholars point to "Witches" as sparking their interest in practising or studying midwifery.

Following "Witches" were a plethora of feminist historical analyses of midwifery and childbirth in the United States, the United Kingdom, Canada and elsewhere.<sup>2,3,4,5,6</sup> For example, in a similar spirit as "Witches", Lesley Biggs highlights "The Case of the Missing Midwives" in Canada.<sup>7</sup> In this influential piece, she attempts to raise awareness of the profession of midwifery, which until recently, had been missing from the history of maternity care in Canada and from historical accounts of Canadian women's lives. In particular, she illustrates through historical documents the legal path undertaken by the medical profession that resulted in the demise of midwifery in Ontario in the 1800s and early 1900s.

Biggs' analysis sparked a debate with other Canadian historians, most notably Jim Connor, about the intentions and purposes of these exclusionary measures.<sup>8</sup> Connor argues by way of contrast that the medical profession's lobby efforts for protective licensing laws were not solely to oust midwives but rather to deal with physicians' other medical competitors such as the irregular practitioners. He did concede, however, that such laws served to intimidate and discourage midwives from pursuing their line of work. The debate between these two scholars foreshadowed a more critical shift in the literature that was soon to follow.

## FEMINIST AND SOCIAL ANTHROPOLOGICAL ACCOUNTS OF BIRTH

In addition to shedding light on the historical demise of midwifery, feminist social scientists and women's health advocates have also focused on the contemporary social status of birth and midwifery. Midwifery is noted particularly in Sheryl Burt Ruzek's analysis of the women's health movement in the United States.<sup>9</sup> She argues that midwifery can be seen as a symbol of women recapturing control of reproduction processes and an important means to enable women to be active and in charge of childbirth. Similar arguments were also reflected in Barbara Katz Rothman's essay, "Awake and Aware", and her book, "In Labor: Women and Power in the Birthplace".<sup>10,11</sup> In both, she contrasts the midwifery model of care in the U.S. with that of the →

mainstream, and what she refers to as the "male-stream, medical model" noting how midwives enable women to be active givers of birth rather than treat them as passive recipients of high-tech medical treatment.

Feminist anthropologists in the U.S. such as Bridgit Jordan ("Birth in Four Cultures", 1978), Shelly Romalis ("Childbirth: Alternatives to Medical Control", 1981), and Robbie Davis-Floyd ("Childbirth as an American Rite of Passage", 1992) have also supplied cross-cultural perspectives on midwifery and childbirth.<sup>12,13,14</sup> These have figured prominently in the critique of biomedical birth in Anglo-American countries, and helped feminist scholars and childbirth activists envision alternatives to the biomedical management of birth.

Similar perspectives were salient in Canada as well. Canadian feminist activist, Mary O'Brien, for example, asserted that "midwifery is integral to the women's movement ... its revival is a triumphant affirmation of women's right to choose" (as cited in Barrington, p. 7).<sup>15</sup> Through such arguments, midwifery was able to gather support from feminists and women's health advocates alike. Such an alliance turned out to be particularly strategic.

Social anthropological research undertaken by Pat Kaufert and John O'Neil among Inuit women in the Keewatin region of northern Manitoba also provides evidence of the positive contributions made by midwives regarding Inuit women's maternity care.<sup>16</sup> Indeed, their analysis illustrates that station midwives' comprehensive knowledge of pregnancy and childbirth had proved very useful in identifying birthing women at genuine medical risk who needed to be transported to southern hospitals from those who could deliver their babies in their own home communities. Inuit women, they revealed, complained bitterly about the disappearance of the midwife, seeing her as the key to the returning of birth to the community setting. Maggie MacDonald's recent anthropological analysis of the role that tradition plays in contemporary midwifery in Ontario follows in a similar fashion.<sup>17</sup>

#### COMMENTARY ON EARLY SOCIAL SCIENCE OF MIDWIFERY AND BIRTH

Arguably, the positive analyses of midwifery written by some feminist social scientists have helped propel it along as a social movement. These social scientists have argued for the validity of midwifery as a socially and culturally significant practice, and have helped support its legal and political recognition in Canada and the U.S. through activism, writing, and teaching. As Biggs describes:

*[F]eminist historians and social scientists have written counter-narratives which have challenged many of the myths and assumptions underlying the 'official' histories of obstetrics. These studies have highlighted the confluence of social, cultural, economic, and political factors which led to the decline of female midwifery and the ascendance of the male medical control over obstetrics. In addition, feminist scholars have been engaged in a 'recovery' project, resulting in a spate of studies about the history of childbirth, midwifery and maternity care more generally.<sup>18</sup>*

Thus, the relationship between early feminist social science research and midwifery, though far from monolithic, has largely been a symbiotic one. These social analyses were helpful in politicizing and mobilizing a generation of young women to question the practices that were being done to their bodies. They have also provided a much needed alternative to the mainstream discourse around childbirth and reproduction. Indeed, as Beth Rushing argues, drawing upon the feminist ideology presented at least in part in this social scientific literature has been an important and successful strategy for midwives.<sup>19</sup> But as midwifery attained greater social status and matured from a social movement into a profession, so too did the social science of it. Works by Canadian social scientists figured prominently in this shift.

#### SOCIAL SCIENCE ON THE QUESTION OF REGULATION

The evolution of the relationship between the midwifery community and social scientists began first with the critical analyses of integration and state regulation in the United States. Raymond DeVries' essay "Midwifery and the Problem of Licensure" and book "Regulating Birth", for example, endeavour to reveal the perils of licensure for midwifery.<sup>20,21</sup> He argues that it is difficult for midwifery, and the midwifery model of care in particular, to survive intact under systems of state regulation. Licensure, he argues, subverts midwifery, placing it under greater medical control. In "Labor Pains", Sullivan and Weitz echo some of DeVries' concerns with licensure but their analysis reveals other factors that directly or indirectly influence midwives' model of practice, including cumulative experience and a changing clientele resulting from the increased legitimacy garnered by licensure.<sup>22</sup>

Canadian criminologist, Brian Burtch similarly exposes the negative aspects of relations between midwives and the state in "Trials of Labour" where the practice of midwifery existed under a crude system of regulation through the courts and coroner's inquests.<sup>23</sup> He outlines how the legal prosecution of midwives makes clear the vulnerable legal position of practicing midwives in Canada, particularly prior to state-endorsed self-regulation.

Although these analyses do take on a more critical tone and offer important insights, they still tend to depict midwifery in victim-like terms similar to Ehrenreich and English's portrayal in "Witches". The focus tends to be on how midwifery is an object of external control rather than on how midwives are active agents in their quest for legitimacy. Midwifery is also largely conceived as a homogenous, like-minded group rather than as heterogeneous group enacting its own internal systems of control<sup>iii</sup> Moreover, the basic tenets and assumptions underlying midwifery, such as independent practice and the midwifery model of care, remain relatively unchallenged.

It is in reacting to this dominant image of midwives and midwifery in the literature that a more critical social science of midwifery has emerged. That is, similar to the shift noted in the medical sociology literature from the sociology in medicine to the sociology of medicine, we have witnessed a shift from the social science in midwifery to the social science of midwifery.

## SOCIAL SCIENCE ANALYSES OF MIDWIFERY PROFESSIONALIZATION

One of the first analyses to reflect this more critical perspective on midwifery is the work of Canadian sociologist, Cecilia Benoit. She began in "Uneasy Partners" to problematize the idealistic portrayal of the relationship between midwives and their clients.<sup>24</sup> Drawing on the sociology of professions literature, she questions whether it is truly possible for the new Canadian midwife to become an autonomous professional and at the same time continue to be a true partner of pregnant women, given that women as "clients" and midwives as "professional workers" often have divergent interests. She argues that the professionalism midwives seek and the partnership they claim to have with clients are inherently contradictory.

Further, Benoit also challenges the myth of a golden age of independent lay midwifery in her book "Midwives in Passage".<sup>25,iv</sup> Through an in-depth, qualitative study of the women who participated in Newfoundland's traditional home birth system, Benoit argues that contrary to the prevalent depiction of the independent, autonomous community midwife, lay midwives experienced significant community and particularly male control of their practice. The greatest level of autonomy midwives experienced in her study was in the midwifery-run, local cottage hospitals where midwives worked in group practices.

The examination by Anne Witz of turn of the century British midwifery as a female professional project is another important contribution to this critical social science perspective.<sup>26</sup> Also drawing upon the evolving sociology of professions literature, Witz uses the midwifery example to help describe the unique closure strategies that female professions use in their quest for professionalization. Specifically, she documents how midwives responded to limits on their scope of practice by the medical profession, in part, by excluding midwives from ethnic minorities and the working class from their professionalizing ranks. Although midwives were successful in securing legislation in 1902 using such strategies (indeed before many other professions including nursing) the outcome was significant medical control over midwifery practice. Similar to DeVries' assertions, Witz describes it as comparable to that of a "spider legislating for the fly"(p. 109).

Both Witz in the U.K. and Benoit in Canada have been influential in my own research on the contemporary integration of midwifery into the Ontario health care system.<sup>v</sup> I examine both the strategies midwives used in seeking integration as well as the impact integration has had on midwifery.<sup>27,28</sup> I focus particular attention on how the process and structures created throughout the integration process have increased the potential to distance midwives' interests from those of their clients, thereby straining the partnership inherent in the midwifery model of practice. Rachel McKendry similarly applies Witz' closure model to illuminate the impact of intraprofessional conflict between midwives and nurses in Alberta on their quest for legitimacy.<sup>29</sup> Hélène Vadeboncoeur et al. also draw upon a professions perspective in particular, the relative power of the medical profession vis-à-vis the state in analysing the delay of midwifery legislation in Quebec.<sup>30</sup> Jane Sandall's analysis of the new continuity of care professional project undertaken by some

British midwives is also another excellent example of this new critical social science of midwifery.<sup>31</sup> This critical perspective, however, is perhaps most salient in examinations of midwifery and stratification.

## STRATIFICATION AND MIDWIFERY

Though there have been numerous discussions in the literature of the division between nurse and non-nurse midwives (see for example, Bourgeault and Fynes) and some historical analyses of the social cleavages within midwifery, few contemporary analyses of these cleavages have been offered.<sup>32,33,26</sup> A notable exception in this case is the work of Canadian race scholar Sheryl Nestel in "A New Profession to the White Population in Canada".<sup>34</sup> Similar to Witz' analysis of the exclusionary closure strategies employed by elite midwives in the U.K., Nestel examines the paradox represented by the absence of women of colour from Ontario midwifery, given the presence in the province of many women of colour who possess formal training. She argues that a combination of the pre-legislation social environment and various bureaucratic decisions made throughout the midwifery integration process together served to systematically exclude immigrant midwives of colour from the profession.

This sort of analysis is particularly important and one in which there is no comparable research outside of Canada. Indeed, Nestel highlights issues that are not just relevant to midwifery in Canada but to midwifery in other multicultural nations. Scholars in some of these nations are beginning to take notice. At a recent Midwifery Alliance of North America (MANA) conference, for example, where Nestel was invited to present her work, prominent sociologist Barbara Katz Rothman commented on how important it was for midwifery activists to be more reflexive of not only who is but also who could become part of the broader midwifery community.

## COMMENTARY ON CRITICAL PERSPECTIVES ON MIDWIFERY

We have witnessed a shift from the earlier more supportive studies of midwifery to the more recent and increasingly critical analyses. What makes these recent analyses all the more controversial is that they are not just focused on midwifery in a particular historical period, but are critically analysing the actions and decisions of contemporary midwives who are able to respond to these critiques. This new style social science of midwifery is both peculiar, given the tone of earlier and explicitly more supportive analyses of midwifery, and in some cases discomfiting to the midwifery community. As MacDonald and I describe:

*One of the fears and frustrations expressed by a number of midwives in the course of our respective studies has been that they have been, and will again be, "misrepresented" in social science research; that "their" story is not being written by "them." Negative analyses of midwifery that persist in the media as well as the ongoing debates about the safety and appropriateness of midwifery and home birth in the medical literature are perhaps familiar, if vexing, to the midwifery community. Critical social scientific analyses that appear in the academic literature, however, are perhaps more troubling.*<sup>35</sup>

→

This has definitely caused some tension between midwives and social scientists. Indeed, this new critical perspective has the potential to alienate midwifery practitioners and educators from our research on and about them. At the same time, feminist social scientists are aware that by writing about midwifery at what must still be considered a sensitive time, it is possible that our descriptions and interpretation might make midwifery vulnerable. Like earlier social science researchers on midwifery, we are interested researchers in the sense that we by and large continue to care deeply about midwifery and the position of midwives and childbearing women within society. This makes our critical analyses that much more complicated to undertake and make public.

In the face of these challenges and dilemmas, what has evolved in the Canadian context at least, is the creation of a more open and reflexive dialogue about the evolution of midwifery between midwives and social scientists. This can be illustrated by my experience in co-organizing a conference of midwifery and social science scholars as a lead up to a co-edited book on midwifery in Canada. In mapping out the book, one of our objectives was to try to bridge the gap that was beginning to be created between social science and midwifery as a result of this new critical perspective. This strategy seems to have been somewhat successful. In follow up to the conference, two prominent midwifery educators offered the following feedback:

*I think the conference was symbolically important in embodying the spirit of dialogue between midwives and social scientists, in fostering an atmosphere of collaboration. Rather than creating the feeling that we are the subjects of your critique, it fostered a sense that we can both work on critique and strategies together. I think this is an important application of feminist principles and should be written up as such.[Vicki Van Wagner, July 1999]*

*I think that this was a historic moment in midwifery. While there have been somewhat similar events, this seems to be notable for its inclusive nature, the tremendous support that was provided for all participants,*

*and what appeared to be a will to listen to one another in a way that was tremendously respectful. I do think that this is a launching of the development of midwifery knowledge in Canada! [Susan James, July 1999]*

Thus, it seems that the lines of communication between midwives and social scientists are still open and the relationship is still relatively intact. Indeed, it is important to note that many midwives seeking advanced degrees have chosen to undertake these within social science programs. It is now midwives trained in the social sciences that are continuing this critical mode of inquiry (see for example, Sharpe).<sup>36</sup> Many midwives-in-training also have prior education in the social sciences and a critical social science perspective figures prominently in midwifery education programs. It is also reflected, as mentioned in my opening, in the launching of this new journal.

## CONCLUSION

In sum, this brief review of the evolution of the relationship between midwifery and social science reveals a shift to a more critical perspective and an overall maturing of both communities. This is most notable in the Canadian context and indeed I would argue is one of the key contributions of Canada scholars and practitioners in advancing the social science of midwifery. This is not to negate the importance of the works of scholars outside of Canada. Indeed, there has been much cross-fertilization in this field. This has not just been across the Anglo-American countries, perhaps disproportionately, though not inappropriately, highlighted in this review (reflective of the general influence of the international literature on Canadian scholarship). Scholars writing on midwifery in Australia, New Zealand and in Northern Europe also have much to offer to this debate. This is perhaps best exemplified in the comparative analyses offered in the recently published "Birth by Design".<sup>37</sup> It is in these kind of comparative projects that the true impact of the social

---

## FOOTNOTES

<sup>i</sup> The list of articles and books I have addressed here is by no means exhaustive but are what I believe to be the key pieces of scholarship that have influenced and been influenced by changes and developments in midwifery; any list that one creates will inevitably fail to include all contributions.

<sup>ii</sup> The idea for this paper evolved out of a paper I co-authored with Margaret MacDonald on "Doing and Writing 'Interested' Research on Midwifery" in *Resources for Feminist Research*. I would like to acknowledge Margaret's contribution to the development of the ideas I present here.

<sup>iii</sup> Other than the obvious division between lay and nurse midwives.

<sup>iv</sup> She does so by drawing on the work of British sociologist Sally Macintyre (1977) [The management of childbirth: a review of sociological research issues. *Social Science and Medicine*, 11, 477-84.] who argues that the depiction of birth as a safe and rewarding life event unhampered by outside control and intervention is lacking of evidence.

<sup>v</sup> I was also influenced by Mason's (1990) analysis in "The Trouble with Licensing Midwives". Ottawa: CRIAW/ICREF.

## REFERENCES

1. Ehrenreich B, English D. *Witches, midwives, and nurses: A history of women healers*. Westbury (NY): The Feminist Press; 1973.
2. Donnison J. *Midwives and medical men: a history of inter-professional rivalries of women's rights*. London: Heinemann; 1977.
3. Donegan Jane B. *Women & men midwives : medicine, morality, and misogyny in early America*. Westport (Conn): Greenwood Press; 1978.
4. Litoff Judy Barrett. *The American midwife debate: a sourcebook on its modern origins*. Westport (Conn): Greenwood Press; 1986.
5. Oakley A. *The captured womb: a history of the medical care of pregnant women*. Oxford: Basil Blackwell; 1984.
6. Wertz RW, Wertz Dorothy C. *Lying-in : a history of childbirth in America*. New York: Free Press; 1977.
7. Biggs CL. *The case of the missing midwives: a history of midwifery in Ontario from 1795-1900*. *Ontario History* 1983; 65(1):21-35.
8. Connor JTH. *Larger fish to catch here than midwives: midwifery and the medical profession in nineteenth-century Ontario*. In: Dodd D, Gorham D, editors. *Caring and curing: historical perspectives on women and healing in Canada*. Ottawa: University of Ottawa Press; 1994. p. 103-34.
9. Ruzek SB. *The women's health movement: feminist alternatives to medical control*. New York: Praeger Publishers; 1978.
10. Rothman BK. *Awake and aware, or false consciousness: the cooptation of childbirth reform in America*. In: Romalis S, editor. *Childbirth: alternatives to medical control*. Austin: University of Texas Press; 1981. p. 150-80.
11. Rothman BK. *In labor: women and power in the birthplace*. New York: W.W. Norton & Company; 1982.
12. Jordan B. *Birth in four cultures*. Montreal: Eden Press; 1978.
13. Romalis S. (editor). *Childbirth: alternatives to medical control*. Austin: University of Texas Press; 1981. p. 150-80.
14. Davis-Floyd R. *Birth as an American rite of passage*. Berkeley: University of California Press; 1992.
15. Barrington E. *Midwifery is catching*. Toronto: NC Press Ltd; 1984. p. 7.
16. Kaufert P, O'Neil J. *Analysis of a dialogue on risks in childbirth: clinicians, epidemiologists, and Inuit women*. In: Lindenbaum S, Lock M, editors. *Knowledge, power and practice*. Berkeley: University of California Press; 1993.
17. MacDonald M. *Tradition as a political symbol in the new midwifery in Canada*. In: Bourgeault I, Benoit C, Davis-Floyd R, editors. *Reconceiving midwifery*. Montreal: McGill-Queen's University Press; Forthcoming.
18. Biggs CL. *Fragments of the history of midwifery*. In: Bourgeault I, Benoit C, Davis-Floyd R, editors. *Reconceiving midwifery: a new Canadian model of care*. Montreal: McGill-Queen's University Press; forthcoming.
19. Rushing B. *Ideology and the reemergence of North American midwifery*. *Work and Occupations* 1993; 20(1):46-67.
20. DeVries RG. *Midwifery and the problem of licensure*. *Research in the Sociology of Health Care* 1982; 2:77-120.
21. DeVries RG. *Regulating birth: midwives, medicine, and the law*. Philadelphia: Temple University Press; 1985.
22. Sullivan DA, Weitz R. *Labor pains: modern midwives and home birth*. New Haven: Yale University Press; 1988.
23. Burtch B. *Trials of labour*. Montreal: McGill-Queen's University Press; 1994.
24. Benoit C. *Uneasy partners: midwives and their clients*. *Canadian Journal of Sociology* 1987; 12(3):275-84.
25. Benoit C. *Midwives in passage*. St. John's, Newfoundland: Institute of Social and Economic Research; 1991.
26. Witz A. *Professions and patriarchy*. London: Routledge; 1992.
27. Bourgeault I, Fynes M. *Delivering midwifery in Ontario: how and why midwifery was integrated into the provincial health care system*. *Health and Canadian Society* 1996/97; 4(1):227-60.
28. Bourgeault I. *Delivering the "new" Canadian midwifery: the impact on midwifery of integration into the Ontario health care system*. *Sociology of Health and Illness* 2000; 22(2):172-96.
29. McKendry R. *Labour dispute: Alberta midwives and nurses battle over birth attendance*. *Health and Canadian Society* 1996/97; 4(1):285-314.
30. Vadeboncoeur H, Maheux B, Blais R. *Why did Quebec decide to experiment with the practise of midwifery rather than legalise the profession?* *Health and Canadian Society* 1996/97; 4(1):447-79.
31. Sandall J. *Continuity of midwifery care in England: a new professional project?* *Gender, Work and Organization* 1996; 3(4):215-32.
32. Bourgeault I, Fynes M. *The integration of nurse and lay midwives in the U.S. and Canada*. *Social Science and Medicine* 1997; 44 (7):1051-63.
33. Heagerty BV. *Class, gender and professionalization: the struggle for British midwifery, 1900-1936 [dissertation]*. Michigan State University; 1990.
34. Nestel S. *A new profession to the white population in Canada: Ontario midwifery and the politics of race*. *Health and Canadian Society* 1996/97; 4(1):315-41.
35. MacDonald M, Bourgeault IL. *Doing and writing interested research on midwifery*. *Resources for Feminist Research* 2000. 28(1/2):151-68.
36. Sharpe M. *Exploring legislated Ontario midwifery: texts, ruling relations and ideological practices*. *Resources for Feminist Research* 2001; 28 (3/4):39-63.
37. DeVries R, Benoit C, van Teijlingen E, Wrede S. *Birth by design: the social and cultural aspects of maternity care in Europe and North America*. New York: Routledge; 2001

