The rebirth of an old custom

BY ELEANOR BARRINGTON

THE ANCIENT sisterhood of midwives, once so closely associated with magic and most often at odds with the medical establishment, has re-emerged with an age-old alternative to having a child in a hospital. Whereas only three years ago Toronto had two midwives who were called upon to attend perhaps three births a month, the city now has 10 of them, and this month each will supervise six additions to the population.

Considering the growth of feminism, the increased demand for a midwife's services should probably come as no surprise. The new clientele is dominated by well-educated working women in their late twenties and thirties who, in the language of the women's movement, are seeking control over their bodies during the intimate process of birth.

Of course, the most frequent reason given for seeking out a midwife is that most doctors are men, and an increasing number of expectant mothers seem to want a knowledgeable woman on the scene. "The most wonderful male doctor in the world isn't going to know how it feels or how much it hurts," explains Purcell Gray, 37, who has two children, one born in a hospital and one at home.

Gray and others who like her say that their decision to diverge from the medical norm was neither easy nor made without the benefit of careful research. One general practitioner who attends home births with midwives agrees that such women tend to do their homework. He says he spends more time preparing for duty in the home because "these women question everything."

"When I found out I was pregnant, I took my little list of questions to an obstetrician I'd heard about," recalls Diane Rotteau, who had her child at home nearly two years ago and is now a member of the Home Birth Task Force, which

class, although it's a miracle how the network reaches the women who really need us." She considers those in need to be single mothers and women with poor self-images, who often rely on a midwife for support and approval they can't find elsewhere, and for whom a happy delivery can be "just the trigger they need to help them look in the mirror and say, 'I like you.' "

Mary Sharpe, a midwife whose Riverdale practice crosses all socio-economic barriers and includes most ethnic groups, says that many of her clients are having their second child. Some just want to enjoy the experience in the intimacy of their homes, without the rush to the hospital, the separation from family and all the strange faces around.

Others, however, have quite a different motivation. "What all my patients have in common," says Theo Dawson, "is some kind of run-in with the medical establishment. Something to do with their female selves, like an IUD or the pill, an abortion or a miscarriage."

Some of these complaints come in response to small insensitivities, like the mass exodus of delivery-room nurses when a shift changed, or the doctor who fretted about wasting his symphony tickets because a woman was in prolonged labor. One mother described how she was given a mirror to watch her baby being born, but hospital staff had taken away her glasses, so she couldn't see a thing.

At other times, the mother strongly disagrees with one of the various techniques sometimes used to assist in hospital deliveries. She probably is aware that midwives and the medical profession share different views as to how many cases actually require surgical procedures. The midwives argue that in the vast majority of cases

even more reasons for turning to midwives, such as psychological and emotional factors that they feel are profoundly important to their welfare and that of their children. For example, Purcell Gray had her first child in a hospital 16 years ago, and she remembers being "treated as though I was a sick person. I felt I was capable of looking after the baby, but I had no control. It became very scary."

Such fear is an important influence on the process of labor, says midwife Mary Sharpe. "Labor is a delicate balance that is difficult for a hospital to take into account." Sharpe, who has also attended many births in hospitals, describes two recent cases in which women were well into a healthy labor when they reached the hospital, but the contractions then stopped for several hours. This experience might be linked to that of animals in labor who, when confronted with danger, will cease their contractions long enough to run for safety.

Sharpe's "delicate balance" theory also extends to the fact that having a baby at home doesn't restrict the supporting cast. "The presence of the partner is an amazing force in speeding up labor," says Sharpe, who recommends that a couple spend the time together. Hospitals also allow the father to be on the scene, but they rarely go out of their way to make him feel comfortable, a service that Sharpe considers part of the midwife's duty.

Stories about home births often are loaded with emotional phrases, and the impression of its being a celebration even colors descriptions of long and arduous labors. Sharpe says the midwife's job is to create the ideal situation for the mother, which can include flowers, music, friends with cameras and visits from the other children. Some mothers want silence; in other cases, there may be a party in the next room. In one instance, the mother's parents had flown from England to witness their grandchild's arrival and, Sharpe says, "the rejoicing was like a symphony. I felt privileged to wit-

'The presence of the partner

statistics of their performance. However, a recent U.S. study showed that midwives in 13 communities had fewer newborns die than the average for doctors in their state. As well, a rare opportunity for a close comparison was afforded by Madera, Calif., whose expectant mothers were served by general practitioners until 1959, by midwives from 1960 to 1963, and by obstetricians from 1963 to 1966. Statistics showed that, after the first change in personnel, the mortality rate for newborns dropped by half. After the second switch, it increased threefold.

The Ontario Association of Midwives is now attempting to clarify and eventually legalize the profession, and its counterpart organization in British Columbia, where some areas report that almost 10 per cent of babies are born at home, seems close to winning official sanction. On the other hand, Alberta midwives say the co-operation of the medical profession is almost non-existent.

The general practitioner points out the analogy between the current situation in Alberta, and the public health danger of the illegal abortion issue. If mothers want to have their babies at home, some are bound to do it whether it's legal or not. Better, he feels, that their midwives should be free to call in medical help in the event of emergency.

Clearly, a growing number of Toronto women do want to have their babies at home, and if the trend continues and the status of home birth remains "difficult" in Ontario, midwifery might well become the motherhood issue of the eighties.

about," recalls Diane Rotteau, who had her child at home nearly two years ago and is now a member of the Home Birth Task Force, which sponsors workshops on the subject. "After that one visit, I realized I wasn't going to have a lot of control, so I got on with preparing for a home birth."

Most people find out about midwives by word of mouth. At first, some parents are reticent, perhaps because midwifery is so often accused of being unscientific, but they usually get over their fears by attending prenatal classes and reading literature on the practice. In fact, many mothers say that one of the most important features of having a child at home is the trusting relationship that develops between a couple and the midwife.

Theo Dawson is a midwife, but she calls herself a "birth attendant" because the traditional term has nebulous legal status in Ontario which has no laws to cover the independent midwife. Because she has seen some 90 babies into the world over the past 3½ years, Dawson has a good idea of just who goes looking for a midwife in Toronto.

"When I first practiced, nearly all my clients were ex-hippies," she says with a laugh. "Now, most of them are much more middle

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the natural course is best, and things will work out if the mother receives proper guidance.

Dr. John Taylor, a Toronto gynecologist and obstetrician, says that hospital doctors only appear to step in with unusual frequency because they must cope with all the high-risk cases and premature births, whereas midwives accept only cases that are unlikely to pose many problems. He also says that a surprising number of mothers actually request medical intervention, such as induced labor, for reasons of convenience.

Although he feels that "midwifery has proven itself worldwide," Taylor worries about a midwife's ability to cope with a sudden problem, perhaps one in which the baby requires immediate resuscitation: "The only advantage to hospital birth, medically, is that this can be encountered and reversed much more quickly."

Still, expectant mothers have

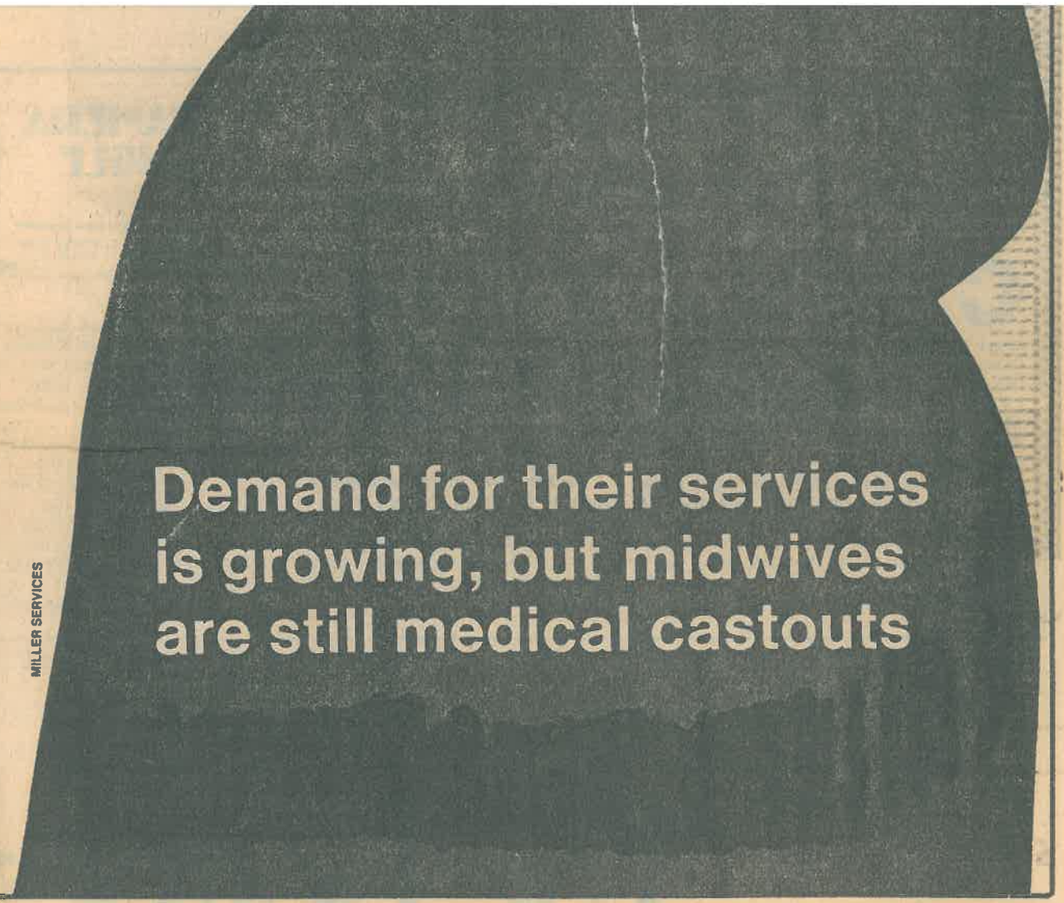
from England to witness their grandchild's arrival and, Sharpe says, "the rejoicing was like a symphony. I felt privileged to witness it."

Last month, Sharpe's work took her to Oshawa, where she joined the mother, a fellow midwife, and the father, a doctor, in the family swimming pool for the early stages of labor. When she wasn't relaxing and enjoying the buoyancy of the water, the mother swam lengths.

Throughout labor and birth, the midwife assumes the role of solicitous friend and servant to the family. She calls the doctor when birth seems imminent, but usually he only steps in to determine the good health of the baby.

There are only a few Toronto doctors willing to brave the disapproval of their professional peers by working in tandem with midwives, who certainly appreciate the added security should a birth run into serious problems. "In 98 per cent of births, you could have your uncle present, and he'd do a good job," explains one doctor. "It's the other 2 per cent where training is necessary and you have to move fast."

Whether the midwives themselves have the skills to intervene in dangerous cases is a matter of debate in Canada, which has about 600 midwives but keeps no official



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