

# The silent midwife

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## Introduction

So often, midwives in South Africa have been accused of not making their voices heard, and of allowing their profession to be dictated by other medical disciplines. Are there perhaps good historical and intuitive reasons for this passivity, and can understanding them help rescue midwifery and birth?

Looking back in time, midwives have almost always been on a love-hate, harmony-controversy seesaw regarding their work and their position in society. This was even true of times long gone, when midwifery was regarded as a hereditary calling, rather than a profession. It would be so convenient to lay the blame for midwifery's problems at the door of those who took it, tried to tame it and turn it into a medical profession, but that's nowhere near the full story. Instead, midwifery's turbulent history smacks more of an insidious mix of gender, religious, political and economic intrigue!

No wonder perhaps, considering that the birth of a baby (and the beliefs, rituals, anxiety and hope that accompany it) is so pivotal to families, communities and to life itself! Could there be a more "hot potato" event than the birth of a baby? Each birth offers the opportunity for customs and beliefs to be entrenched, for a fresh start, for societal convention to be challenged, and for the liberation of vast personal power, or its ugly opposite – subjugation – of the mother, infant and even the midwife and birth itself. A new baby represents so much to a family, so there is fertile ground to influence and even extort parents who put their child's well-being ahead of their own, at almost any cost.

## Midwifery should not be about power

Add to this heady mix the pregnancy, labour, birth, breastfeeding and postnatal hormones pulsing through a mother (and father's) body, and the limbic system or "old

brain"; adding a potent boost to this already fertile ground. The effect of oxytocin release during labour and birth in the mother, extending to those sharing the birthing experience, like the midwife, father and close family members, has been well described. Oxytocin, the hormone of love, keeps this emotion strong and true. However, it also increases the vulnerability of those infused with its effects to less altruistic influences.

Historically, the magical period of a baby's birth gave midwives immense power for all these reasons. These powers extended further than just the time of birth, and the midwife would often be consulted about the general health and well-being of the expectant mother, other children, and indeed, the whole family. She was a wise woman, traditional healer, spiritual advisor, nutritionist and a revered community support person. But, she was mostly a "silent midwife", not a community leader in the political sense of the word. She did not have an easy calling. The burden of protecting her community was on her shoulders, and she had to be constantly available. She faced arduous circumstances to get to those in her care. Payment was likely to be in the form of meagre produce, and from time immemorial she was decried and tortured for witchery.

## Sssshhhh...

Leading physiological birth and primal health pioneer and midwifery and doula advocate, Dr Michel Odent, reports how he first noticed in a large French hospital where he headed up the surgical and obstetric division, the profoundly positive effects of a midwife simply sitting in the corner of a labouring woman's room, knitting. Her constant presence provided comfort, her watchful experienced eye could pick up impending problems, her partial withdrawal offered privacy, her rhythmic knitting soothed, her silence

sent messages of respect for and belief in the woman and the natural process of birth. The safe, good, healthy outcome for mothers and infants could not be ignored. Conversely, a directive, noisy, clinical, authoritarian and illness-focused environment, while yielding mortality and morbidity data which might have seemed acceptable (though current research sheds some interesting light on this), left a trail of disempowerment, unnecessary medical intervention, iatrogenic prematurity, breastfeeding failure, mothering timidity and child behavioural disorders in its wake.

Subsequently, modern Western medicine developed into a force with which to be reckoned. Just as a birth pushes many power, economic, gender and political buttons, so does the field of general health. Midwives and midwifery still fell in and out of favour, depending on the community and the prevailing sociological climate, but the move to pregnancy, birth and women's health being dominated by men, hospitals and medical insurers, was not to be stopped during this development!

### Is silence golden or a black hole?

The mother, infant and family were affected, but so was the midwife! The "silent midwife" became the victim of her own silence. Dilemmas specific to midwifery as a profession were added to the travails midwives have had to face over the centuries. Good midwifery requires sensitivity, intuition and the ability not to direct, but rather to facilitate. Good midwives are not bossy, nor authoritarian. They are seldom in the profession for the power or the glory. As a group, midwives who answer an inner calling mostly have no interest in organisational meetings, set protocols or professional politics. This does not mean that they want to return to the Middle Ages, but they do want their learning to be experiential, true to natural birth, sensitive to women and inspired by like-minded midwifery ambassadors. Could it be as simple as that – midwifery should turn back to its vocational nature?

So often, in a world that pays great homage to health professions, it is seemingly believed that just the word "profession" guarantees knowledge, expertise, safety and good care. It is shown through dictionary definitions that vocation, educational training, service to others, and direct compensation, with no attempt to solicit further business, are the core criteria of a profession. Maybe midwives are true

birth professionals! Most of these criteria even applied to the calling of midwifery in ancient times. The professional criteria that didn't previously apply were that education needs to be accredited, and that there should be an organisation governing practitioners of the profession. Midwifery would seem to have been a semi-profession back then, and to a certain extent even in the 21<sup>st</sup> century!

### Bringing it home

In South Africa, we need to face a very sobering reality, and that is that many midwives working in maternity sections of hospitals are not fulfilling the role of a vocational midwife. They are silent midwives indeed, doing the bidding of the system, rather than the calling of a knitting midwife. Prevailing medical models are partially to blame, alongside the political, organisational, gender and even religious tyranny exerted on women and midwifery. This is a topic worthy of an in-depth book, with significant sections devoted to each category – more than can be tackled here.

The good news is that proud midwife professionals, with the heart of a silent knitting midwife, are again emerging. In fact, it is probably impossible to totally eradicate this type of midwifery! The rise of doulas shows that at the end of the day, worldwide, there will always be women who want a good, natural, empowering birth experience, and there will always be birthing companions who wish to be there to see these women through, sensitively, intuitively and with learning and experience.

As long as midwifery is subject to all the forces discussed, is governed by the laudable profession of nursing which cares for the ill and dying, and declines to engage in exploring new ways of self-regulation with innovative respect for silent midwifery, it is doomed to continue the seesaw-like periods of accord and altercation which have characterised this oldest of noble professions.

### Conclusion

The crux of midwifery as a profession is that a bit of both is needed. The respectful silence of the knitting midwife is needed, and the silent passivity that allows others to regulate midwifery as a profession must be rejected, as per the words of a 16<sup>th</sup> century quote: "A midwife should have a hawk's eye, a lady's hand and a lion's heart".