Introduction

Throughout the 20th century, lay midwives made a significant contribution to the health of black women and children throughout the U.S South. Often - although not exclusively ï elder black women without formal registration, lay midwives were experienced, skilful and knowledgeable. Their presence was particularly important in the poor, rural and predominantly black areas of the South where physician-led medical care was difficult to access. Well into the mid-20th century, lay midwives delivered over fifty percent of babies born in the South.[1] Although their main responsibility was pregnancy and childbirth it was common for midwives to also provide additional support for impoverished communities, such as administering general first-aid or providing food and clothing. As a result, the black lay midwife became a highly respected figure across the South. Despite the clear successes of midwife-based care, in the 1920s public health officials begun abolishing traditional lay midwifery practices. In the name of modernization and scientific advancement, midwifery was medicalised and formalised. As a result, by 1972 only 1% of all births in the United States were attended by midwives and the black lay midwife had become a close to obsolete figure in the South.[2] Throughout this dissertation, I will be using the phrase ólay midwifeô to describe the black midwives who practiced in the South prior to official Government certification. Other scholars use the title ñGranny midwifeò to describe this group. However, not all midwives at this time were elderly, or in fact female. óLay midwifeô is therefore a more appropriate term.

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This will primarily be a historical analysis. However, discussions of this topic demand an awareness of the current conditions of black maternal health in the United States. In 2011, a report by Amnesty International revealed that black women in America are four times as likely to die from pregnancy related complications than white women.[3] The reasons for this disparity are both varied and historically rooted. Amnesty International identifies a number of causes, including: an overreliance on caesarean-sections, inadequate postpartum care and financial, bureaucratic and linguistic barriers to care.[4] Evidently, these factors have all contributed to poor outcomes for black mothers. However, the long-term impact of the removal of lay midwives, and their accompanying community-based care system, must also be acknowledged.

This topic has already been explored by other historians, notably Gertrude Fraser and Linda Janet Holmes who have both written extensively about the variety of services provided by lay midwives and their important community role. I am not the first scholar to attempt to link the delegitimization of lay midwifery to current trends in maternal fatalities, as

assault on the reproductive rights of black Southern women.[5] Ultimately, the delegitimization

a detailed account of the experiences of lay midwives and the respected positions they held in their communities. We will also explore the health outcomes for midwife-led care in this period, acknowledging the conditions of poverty most were working within and how this affected birth outcomes in ways that were often out of the midwivesô control.

Chapter Two will explore how, and why, black lay midwives begun to disappear from the South. We will use primary sources demonstrating the views of public health officials to understand e

by-state basis. However, my historical analysis will mostly concentrate on the period between 1920 and 1970.

Chapter One:

The role of the Southern lay midwife

ñThe people of Sweet Water respected midwives a great deal. Loved all of emò.[7]

ï Onnie Lee Logan.

This chapter will cover the traditions of Southern lay midwifery after 1920. However, it is important to recognise that the relationship between Southern black women and maternal health has deep historical roots. For her book, *Working Cures: Healing, Health, and Power on Southern Slave Plantations*, Sharla Fett extensively researched womenôs health on plantations. She found that enslaved women frequently adopted the role of the healthcare provider and, for them, ñAfrican American doctoring became an important weapon in the battle against the broader conditions of enslavement.ò[8] In other words, performing traditional healing practices on the plantation was one of the only ways for enslaved women to reclaim authority over the black body. Fett also noted how traditions of black midwifery date back to slavery, where enslaved women would visit ñslave dwellings and white households to attend mothers and catch babies.ò[9] This idea is important to consider, as it contextualises the role of

By the first half of the 20th century lay midwives had forged an essential role in many rural Southern communities. In 1930, 80% of all midwives practising in America were in the South, where the significant majority were black.[11] Black women relied on midwifery care partly out of choice and partly out of necessity. In many rural areas, hospital care was difficult to access. Linda Janet Holmes wrote how, as late as 1930, Greene County, Alabama had ñno county health unit or any other system providing prenatal careò.[12] Women living in largely black areas of the South often had little-to-

Lay midwives typically honed their trade using a combination of traditional medicine stemming from African and Native American practices and contemporary maternal care practices. In her oral history, Margaret Charles Smith dedicates a whole chapter to birthing practices. She recalls caring for the motherôs emotional and physical needs through a variety of methods, including the popular medicinal herbal teas.[16] Gertrude Fraser found how black

These trends are not exclusive to Virginia. Linda Janet Holmes mentions findings that white women receiving private healthcare in Alabama had ñhigher maternal and infant mortality ratesò then rural poor black women with access to midwifery-led care.[26] While not every midwife-supported birth had a positive outcome, and they were not appropriately resourced to care for high-risk cases, midwife outcomes at this time were generally good. Contrary to the beliefs of the medical establishment, lay midwives were certainly not the singular cause of the high mortality rates at the time.

It is important to acknowledge the conditions of poverty that were persistent in the rural South at this time. When lay midwives did lose a mother or baby in their care, it was often due to issues of institutionalised poverty rather than a mistake made on the part of the midwife. The poverty faced by many black families in the rural South effected birth outcomes in ways that were often out of the midwivesô control. According to Holmes, widespread poverty in the region led to ñoverwork, poor diets, closely spaced births, and harsh living conditions, causing major health problems to women giving birth.ò

A crucial aspect of lay midwifery was the greatly respected position they held within their communities. As we have seen, most lay midwives were highly skilled, produced generally good health outcomes and sincerely cared for their patients. As a result, they became much-respected community members, often allowing them privileges that were unusual for women of the time. Gertrude Fraser wrote about how lay midwives ñtransgressed many of the rules and expectations of what a woman should be and doò.[33] As they were so deeply respected, female midwives were able to travel freely - including unchaperoned overnight stays - which was unusual for women at the time.[34] The respect for midwives can be clearly seen in primary sources from the period. The author of the *Life* article describes how Callen had become ñso vital to the people of the communityò that is was impossible for her to take a vacation.[35] Another black midwife, Minnie Conley of Tennessee, was so widely known and respected in her local community that she had a street named after her.[36] In one Mississippi town, midwifery retirement ceremonies provide communities an opportunity to honour the midwives who had served them. The retiring midwife would sit as ñqueen for the dayò in the local church and be honoured with gifts and speeches of praise.[37]

Lay midwives were not only respected by their wider communities, they were also trusted, deeply, by the women in their care. Black lay midwives formed long-lasting relationships with their patients and were fully embedded within the communities that they served, meaning that they understood the lives of the women in their care and what they needed. They knew where and how improvements could be made that would benefit the lives

[33] Fraser, Gertrude. clearly seen in primar

progressed Government health officials began to scapegoat midwives, placing sole blame on them for the ever-increasing infant mortality rate. The next chapter will detail how, and why, this elimination system progressed.

Chapter Two:

The structural elimination of midwifery traditions

ñFor African American and poor white women, the ideals of a federally funded health care program were never realized. Nonetheless, they were expected to embrace the gift of science and to abandon the traditional midwifeò.[40]

Gertrude Fraser

The 20th century oversaw a rapid transformation in childbirth trends. In this period, most American mothers transitioned away from homebased, community-centred midwife

the so-called ôMidwife Problemô. Despite contemporary studies finding maternal mortality rates to be consistently lowest in areas where levels of midwife-led care were highest, lay midwives were publicly targeted by health officials.[42] Due to a long anti-midwife public health campaign, midwifery became culturally synonymous with dangerous birth conditions and high infant mortality rates. The white medical profession accused un-certified black midwives of working in unclean environments and using unscientific ófolkô medicine.[43] In response, the US government began requiring increased regulation of lay midwives. The regulation required differed on a state-by-state basis. Predominantly, it took the form of training classes, compulsorily uniforms, close surveillance by white health officials and strict rules and protocols to abide by.

Widespread regulation of lay midwifery began with the Sheppard Towner Act in 1921, which provided federal funding for the training and licensure of midwives. While the intention was to improve infant mortality rates, over time this regulation made it increasingly unsustainable for a community midwife to practice in the manner detailed in Chapter One. While many states presented their programs as attempts to ómoderniseô midwifery, the true intention of some public health officials was to move away from the practice all together. For example, Susan L. Smith noted how ñthe official policy of the Mississippi State Board of Health remained to eliminate midwives in favour of professional health careò.[44] The dismantling of Southern black midwifery traditions was a long and state-specific process. While it officially began in 1921, in most states unregulated lay midwives were still practicing decades later. Generally, by the mid-1930ôs most Southern states had established

[42] Litoff, Judy Barrett. *The American Midwife Debate: A Sourcebook on Its Modern Origins.* (Connecticut: Greenwood Press, 1986), 5.
[43] Smith, Susan L, ñThe Public Health Work of Poor Rural Women: Black Midwives in Mississippiò in *Sick and Tired of Being Sick and Tired: Black Womenôs Health Activism in America, 1890-1950*, 118.
[44] Ibid, 146.

midwife training or certification programs, and, by the post-war period, midwifery was in a significant decline across the South. In 1948, the push to standardize medical care across the country and completely eliminate lay midwives began in full force.[45] In most Southern states, the medicalisation of childbirth eventually resulted in the near-total removal of black midwives. The January 27, 1951 edition of the *Jackson Advocate* featured the headline, ñNegro Nurses Wipe Out Midwifery in the Memphis Areaò and exemplifies the extent of the elimination programs.[46] The article refers to ñthe ignorant Negro midwifeò and states that, in Memphis, ñin 1920, there were more than 400 of these midwives; in 1950, only twoò.

Official government training programs were an attempt to replace the traditional on-the-job midwifery training detailed in Chapter One. Evidently, the official classes were no more successful at preparing midwives than the apprentice system. Some historians, for example Susan L. Smith, argue that government regulation allowed black lay midwifes the opportunity ñto become important health workers well beyond their midwifery practiceò.[47] It is true that some lay midwives relished in the opportunity to learn more about their craft. However, many found the official lessons to be redundant after years of practical experience. Onnie Lee Logan, who became a licensed midwife in 1949, wrote that ñtwo-thirdsò of the information she was taught in her midwife training class, ñI didnôt get from the class. God gave it to me. So many things I got from my own plain motherwitò.[48] Most lay midwives were already experienced after years of attending births and supporting families. When the official training program begun, all that changed was that now white health officials could

[45] Robinson, S. A. ñA historical development of midwifery in the Black community: 1600-1940.ò *Journal of Nurse-Midwifery*, 29, (1984): 247.

control what the midwives were being taught. Most of the midwives enrolled in the training classes were already skilled and experienced, suggesting that this increase in regulation was, at its core, about reinstating white control over the black body.

As the Government commenced the systematic removal of the traditional lay midwifery systems, they also began the process of breaking down community trust in midwife-based care.[49] According to Fraser, in order to justify the medicalisation of childbirth, white health officials had to argue that lay midwives were ñcompletely unable to handle complicated birthsò.[50] When analysing primary sources from the period, it becomes clear that this is far from the truth. In her oral history, Margaret Charles Smith recounted how she oversaw multiple emergency births, including occasions where babies were born in a breech position, or with the umbilical cord wrapped around their neck.[51] It is clear that she was experienced dealing with all kinds of births and was capable of delivering healthy babies under difficult circumstances. Regarding deliveries involving a nuchal cord, she stated: ñIôve done it so many times. I donôt need a doctor for thatò.[52] Nevertheless, the proficiency and experience of midwives like Charles Smith was ignored by many Government organisations, and they were presented to the public as old fashioned, incompetent and unsafe.

In order to convince women to pursue obstetrician-led care, white health professionals began a public anti-midwifery campaign. A 1915 article from *McClureôs Magazine* about the high infant death rate blames the crisis on the ñcarelessnessò of the motherôs caregivers and refers to the ñappallingò number of American women who do not receive hospital care.[53] The

[49] Fraser, Gertrude. *African American Midwifery in the South: Dialogues of Birth, Race and Memory*, 53.
[50] Ibid, 61.
[51] Charles Smith, Margaret and Holmes, Linda. *Listen To Me Good: The Life Story of an Alabama Midwife*, 106.
[52] Ibid, 107.
[53] Richardson, A.S. ñSafety first for motherò, *McClure's Magazine*, May 1915, 97.

As we have seen, the rural South suffered from consistently high levels of poverty. Therefore, it is unlikely that midwife-led care was solely to blame for the birthing outcomes of poor black women in rural communities and urban centres. Regardless, this narrative was excluded from most contemporary analysis of health outcomes. Any suggestion that a poor, black mother was more likely to die in childbirth than her rich, white counterpart was immediately blamed on the ôMidwife Problemô. As Susan L. Smith wrote, ñtargeting midwives was an easier solution for public health officials dealing with an impoverished rural population than challenging the medical establishment or altering the economic and living conditions that contributed to ill-health.ò[59] Ultimately, tackling the deep-rooted and institutionalised issues of poverty in the South would have forced health officials to admit their own role in the black health crisis and tackle the long-held racism in the Ameri53m10.061of g0.2

stereotypes about black people. For example, as a result of a long-held racist mythology linking black women with dirtiness and uncleanliness, white health officials were particularly obsessed with the hygiene of black midwives.[60] The film *All My Babies: A Midwifeôs Own Story*, released as an educational resource for training midwives in 1953, can be used as a primary source to show how black midwives were represented by the medical profession as being inherently unclean. Resources, such as this one, were used to emphasise the inability of lay midwives to adequately serve the families in their care without close white supervision. In one scene, a white male health official chastises a group of black midwives for the death of a baby in their community before warning them about being ñcarelessò with cleanliness in the future.[61]

mythology

As established in Chapter One, the medical elite struggled to find data to justify their claims of midwife-led care as being unsafe, therefore they relied upon racist tropes and myths. As long as black midwives were practising successfully, they were a threat to the white medical establishment. As Gertrude Fraser wrote, it was ñfear of the midwifeôs real power ï her ability to do the work of obstetricsò that underlined the motivations of the health authorities, who used videos like *All My Babies* and articles like the one in *McClureôs*, to undermine midwifery in justification of their actions.[64] Ultimately, the dismantling of Southern lay midwifery traditions occurred slowly, but efficiently. By making it more and more difficult for lay midwives to practise autonomously, health officials eventually succeeded in their ambition to remove all lay midwives from the South, bringing the reproductive health of black women, once more, entirely under white control. The next chapter will present why the elimination of such a successful tradition should be considered within the reproductive justice framework.

64 Fraser, Gertrude. *African American Midwifery in the South: Dialogues of Birth, Race and Memory*, 83.

of black women to give birth safely. Throughout the 20th century, US infant mortality rates did drop significantly. However, there is little convincing data to suggest that the removal of lay midwives significantly impacted this. A 1999 study from the *Centres for Disease Control and Prevention* cited a number of other factors that led to this result including, ñenvironmental interventions, improvements in nutrition, advances in clinical medicine, improvements in access to health care, improvements in surveillance and monitoring of disease, increases in education levels, and improvements in standards of livingò.[73] These factors did not need to exist separately from an established system of midwife-led care. Potentially, these improvements could have co-existed with a strong program of community-based midwifery-care in the South, which may have improved infant mortality rates even further. In fact, a 2017 study from the *National Bureau of Economic Research* suggests that Southern census data has been historically mishandled, resulting in the level of black infant mortality in the early 20th century, and its resulting decline, being significantly overestimated.[74] This evidence supports the work of lay midwives, who oversaw most black Southern births in this period, and raises doubt in any correlation between the drop in infant mortality rates and the elimination of lay midwifery.

It is important to understand that the trend towards improved infant mortality did not occur equitably for all women. Statistics from the Georgia health department actually show that ñnon-white infant mortalityò increased when ñthe number of black out of hospital births dropped dramaticallyò in the late 1950ôs, just as the process to eradicate lay midwifery was reaching its peak.[75] After black women in Georgia lost the ability to be cared for by

[73] Centres for Disease Control and Prevention. ñAchievements in Public Health, 1900-1999: Healthier Mothers and Babiesò. Accessed May 2021. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4838a2.htm

[74] Maas Steve. ñNew Evidence on Historical Infant Mortality Ratesò. *The Digest*: *National Bureau of Economic Research* 6 (June 2017). Accessed April 2021. https://www.nber.org/digest/jun17/new-evidence-historical-infant-mortality-rates

[75] Charles Smith, Margaret and Holmes, Linda. *Listen To Me Good: The Life Story of an Alabama Midwife*, 114.

undertreated than their white counterpart.[78] Racial biases are less likely to occur under the supervision of a black healthcare provider. Therefore, the continued presence of lay midwives in the South, who were overwhelmingly black, would have benefitted the maternal health outcomes of black women, as their pain would have been more likely understood and treated appropriately.

Not only would lay midwives be less likely to prescribe to racial biases in pain assessment, but scientific research has since proven the medical benefits of the type of care they provided. A 2016 study published by a British medical journal found that ó the midwife-led continuity modelô, a model of care in which the pregnant mother is cared for consistently by one midwife throughout her pregnancy and birth had far-reaching and impressive benefits, including a 16 percent decrease in the likelihood of miscarriage.[79] The report concluded that the model leads to significant benefit for mothers, especially those from black and minority ethnic backgrounds.[80] As detailed in Chapter One, lay midwives across the South

Finally, we must consider the reproductive justice demand for control over oneôs own reproduction. As we have explored, the elimination of lay midwifery was, at its core, about reinstating white control over black fertility and reproduction. When Harriet Washington discusses the examples of reproductive coercion in Americaôs history, including forced procreation under slavery and forced sterilization in the 20th century, she points to the ñconsistent factorò tying these events together as the element of ñwhite controlò.[81] I believe that the powers asserted by white health officials in Chapter Two present another way in which white society sought to control the black body. As previously explored, the increasing control exerted over black midwives in the 20th

the eugenics movement, and the welfare family cap. I believe that this framework is also important for scholars to understand the long-term significance of the elimination of lay midwifery from the South. The theme of reproductive control over marginalised women has been repeated throughout American history. The fertility of enslaved women was tightly controlled as their reproductive abilities were commodified to strengthen the economic system of slavery. Then, in the 20th century, control of black reproduction transitioned towards a model where women were discouraged from having children. Forced sterilizations and the ófamily capô on receiving welfare are often cited as examples of white authorities discouraging black women from reproducing, and I would argue that the criminalisation of lay midwifery is another one.[84] By removing the option of a trusted, safe, healthcare provider, the authorities made it more difficult for a black woman to bring a child into the world. While it did not remove the option of reproduction for black women, it made it the process of birth less appealing, more dangerous and moved it directly under white control. The elimination of lay midwifery is evidently an example of reproductive control, and therefore should also be considered alongside the reproductive justice framework.

[84] Romero, Diana and Agénor, Madina. ñThe Welfare Family Cap: Reproductive Rights, Control and Poverty Preventionò In *Radical Reproductive Justice*, edited by Loretta J. Ross et al, 382.

Conclusion

To quote Loretta Ross, reproductive justice activism is ñbased on the human right to make personal decisions about oneôs life, and the obligation of government and society to ensure that the conditions are suitable for implementing oneôs decisionsò.[85] By this definition, the American healthcare system has failed black women twice over. Once, by removing their right to choose midwife-led care, and secondly by failing to create the conditions where black women can give birth safely, regardless of the care provider they choose.

[85] Ross, Loretta J. ñConceptualizing Reproductive Justice Theory: A Manifesto for Activismò In *Radical Reproductive Justice*, edited by Loretta J. Ross et al, 174.

Throughout this dissertation, we have seen how lay midwives were counted on, treasured and respected in rural, black communities throughout the early 20th century. Midwives filled the huge gaps in medical care, as well as welfare needs, in poor Southern rural communities. The criminalisation of lay midwifery therefore robbed poor black women in the South of not only a trusted medical caregiver, but also a pillar of the community who cared for, and supported, families in a variety of ways. I agree with the scholars who recognise that their removal left a void in the medical care of many black Americans. In prior chapters, I have attempted to show how the removal of lay midwives also had a significant long-term impact on black womenôs health. It has become evident that community-based care from a trusted figure is the safest way for a low-risk patient to give birth. By falsely associating midwifery with unclean, uneducated practises and poor outcomes, white health authorities removed this option for most Southern black women.

While the *Radical Reproductive Justice* anthology does not explicitly mention midwifery, I believe that this issue is evidently one of reproductive justice. At its core, reproductive justice is about power, and it is clear that the criminalisation of lay midwives restricted the power of Southern black women in a number of ways.[86] It robbed them of the power to control who cares for them at one of the most intimate moments of their lives and, for low-risk pregnancies, the ability to choose to give birth safely. Additionally, it also restricted the power of women to follow their God-given vocation in becoming midwives in the first place. We saw in the first chapter how enslaved women took up healing as a mechanism to regain authority over the black body. When the authorities began regulating black midwifery, they destroyed these traditions in an attempt to re-gain the control that they had lost. This has not only been psychologically damaging to black women, but I believe that it has had long-

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term ramifications on their health and autonomy, and, as a result, gains from being considered within the reproductive justice framework.

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