

CONFLICT AND MIDWIFERY

An Analysis of Fieldwork

Presented to

Dr. Burt Feintuch

Department of Modern Languages

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Western Kentucky University

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by

Patrick Sean Davison

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The Nurse-Midwife Program at the Warren County Home Health Agency is a less expensive alternative to conventional obstetrics. In some people's mind the midwife conjures up images of ageless granny-women who have come by their skills in an informal traditional manner. The certified nurse-midwife (CNM) has received two types of intensive training. First of all she has studied the skills necessary to become a nurse and after she has completed that training she must tackle a considerable amount of specialized obstetric schooling. The first professional association in the United States was the Kentucky State Association of Nurse-Midwives founded in 1928. In 1941 the name was changed to the American Association of Nurse-Midwives. In 1955 the American College of Nurse-Midwifery was founded in New Mexico. In 1969 the American Association of Nurse-Midwives and the American College of Nurse-Midwifery merged to form the American College of Mid-Wives which is the present governing body (Olds, London, Ladewig, and Davidson, 1980).

The Nurse-Midwife Program in Warren County is staffed by three certified nurse-midwives. The three nurse-midwives rotate shifts at the Home Health Clinic performing prenatal clinics on tuesday and thursday and on call for 24 hours at the Medical Center at Bowling Green where the actual deliveries are performed.

The purpose of this study was to observe a setting

or event in which folk and academic medical beliefs and practices come into conflict. All fieldwork was conducted at the Warren County Home Health Agency nurse-midwife prenatal clinic on thursday October 15, 1987 between 8:00 AM and 1:00 PM.

The first informant was three weeks overdue and it was her first child. The entire encounter consisted of observing monitoring by fetal electrocardiogram. The signs were good but since the informant was three weeks overdue the nurse-midwife, Ellen, decided to send her to the hospital. The next informant, who was in her 30th week (a fetus is considered full term at 38 weeks), already had two children through nurse-midwives. She cited cost as her initial reason for using the service but added that now she had insurance and she still preferred the nurse-midwife to an obstetrician. She was accompanied by her preschool daughter who remarked she did not care if the baby was a boy or a girl as long as it was a baby. During the examination Ellen noticed that the informant still had on her wedding ring. Ellen told her that if she did not remove the ring she could possibly loose her finger due to swelling. Ellen mentioned soapy water as a method of removing the ring and added if that did not work to wrap string tightly around her finger and slip the ring off over the string. During palpation it was determined that the baby was in breech position which the expectant mother found very disconcerting despite Ellen's

reassurances. The third informant, who was in her 32nd week, was expecting her first child. When Ellen asked her if she knew any old wife's tales about pregnancy she said that all her relatives were telling her what to do and not to do. One aunt had told the informant not to touch a dog or the baby would have dog hair. She also mentioned going to the local mall to bring about labor by walking long distances. Ellen told her it was a bad idea because she would need all her strength to cope with labor when it did come. Ellen then asked her how her infection was coming along. (The informant had chlamydia which Ellen later told me was almost epidemic among her young black clientele.) The informant responded that the swelling in her lymph nodes had gone down. Ellen told her that it was a sign that the medicine had been effective. The fourth examination was very much routine with little exchange of information. The fifth informant, who was in 37th week, was expecting her second child. She did not recognize her contractions and referred to them as "like menstrual cramps." At the mention of the mall she volunteered that she had put in about three miles the previous evening. When she complained of sleeplessness Ellen suggested that a glass of wine would be preferable to a sleeping pill. The informant responded by saying that her brother-in-law would kill her if she drank any alcohol. Ellen assured her it was alright in moderation. The sixth informant was routine. The seventh and last informant was in her 38th week and due the day before. She was very

disappointed because the 14th had been her birthday. During palpation the contractions were very strong and easily observable and the head was positioned very low indicating the delivery would come soon. Despite the fact that it was her third child the informant said she was very nervous.

In analysis the major conflict between the folk/patient and the academic/nurse-midwife medical beliefs and practices involved what was considered healthy and unhealthy during pregnancy. In this category two instances of walking long distances to bring about labor were noted. While the patients considered this practice healthy the nurse-midwife took the position that it could actually be dangerous resulting in complications during delivery. A single instance of differing opinions on the consumption of alcohol, with the nurse-midwife considering it safe to consume one glass of wine a day for medicinal purposes while the patient considered any consumption detrimental, was noted. Another point of conflict was a patient's concern over her fetus being in breech position while the nurse-midwife assured her <sup>it was</sup> not significant in her stage of pregnancy. One instance of superstition was noted: that if you touch a dog while you are pregnant your baby will have dog hair, however it was not considered significant because it was a relative's belief. In Conclusion Ellen used folklore to put her patients at ease, tailoring her performance to the individual.

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