

## **The Office of Midwife – Some Historical Background**

Women have helped each other in childbirth from time immemorial; indeed, until relatively recently such attendance remained a female domain in which men very rarely played a part. Generally the midwife was the senior woman in the community, commonly a married woman or widow who had herself given birth. With the gradual development of towns and cities came the specialisation of occupations, including midwifery, and with this the professional midwife. These women would acquire their skills over years as apprentices to older midwives; indeed, in her *Complete Practice of Midwifery* (1737) the West Country midwife Sarah Stone stresses how essential were her three years spent as ‘deputy’ to her mother to the practice of her art,

Not much is known about individual English midwives before the fifteenth century, but mention is made in the Parliamentary Rolls for 1469 of an annual pension of £10 (then a substantial sum) granted to Margaret Cobbe, midwife to Elizabeth, Edward IV’s Queen. From Church records and other writings however we learn of the duties the Church laid on midwives generally, forbidding them to connive at contraception, abortion, child destruction or concealment of birth. Midwives were also ordered to take weakly infants to the priest for baptism, or if necessary perform the ceremony themselves. If the mother died undelivered, the midwife was expected to cut the child out while it yet lived, and so christen it. In England the midwife’s duties were incorporated into the oath she swore under the licensing system operated through the Church under an Act of 1512.

As the sixteenth century progressed, so the new Renaissance spirit of enquiry was applied by leading surgeons to the anatomy of childbirth. Eminent among these pioneers was Ambroise Paré (1510-1590), surgeon to four French kings, notable here for his use of podalic version. The fame of men like Paré, now spread through the printed word, in the vernacular rather than the traditional Latin, was to encourage male attendance in childbirth, first in ‘extraordinary’ cases and later in routine ones. Thus originated new designations (‘Man-midwife’ in English, ‘accoucheur’ in French), to indicate men (usually surgeons) who added midwifery to their practice. This development gradually spread throughout Europe, being further boosted from the 1720s by the new availability of the midwifery forceps whose use, like other instruments, belonged officially to the surgeon. Meanwhile Church licensing, which had given the ‘sworn’ midwife her official standing, was gradually discontinued, while the higher status of leading men-midwives lifted that of all the rest, however rash and inexperienced some of them they might be.

As men encroached on better paid midwifery practice, so the poorer rewards left to midwives made the investment of time and money in learning their calling no longer worthwhile for the educated women from whom previously top midwives had come. As fewer educated women entered the occupation, so midwives’ status declined further, until by the 1840s some male practitioners were calling for their total abolition on the grounds of (alleged) general incompetence. Midwife supporters countered by demanding instead better midwife instruction. Commenting on this proposal in 1842, *The Lancet* was in characteristic mood. The ‘women of England are’, the journal pronounced, ‘happily for her sons, wholly deficient both in the moral

and physical organisation necessary for performing the duties of that most responsible office'. Yet clearly some male practitioners were as lethal as the worst midwives, such as the 'disembowelling accoucheurs' (condemned in 1845 by the *Medical Gazette*) who cut out womb or intestines with scissors or knife.

Not all medical men opposed better midwife training, some advocating an order of skilled 'Lady Midwives' for 'ladies' preferring female attendance. Alarmed, anti-midwife interests then proposed low-level registration schemes, control to be totally in medical hands. Realising the danger their occupation faced, however, three educated midwives, aided by the wealthy philanthropist Louisa Hubbard, in 1881 set up the 'Matrons' Aid, or the Trained Midwives' Registration Society' (later the 'Midwives Institute', and, ultimately, the Royal College of Midwives). The Society's aim was the rehabilitation of the midwife through a recognised system of training and registration. This, it was hoped, would attract educated women back to the work, thereby providing this category with much-needed employment. However, hoping to allay medical fears of financial competition by such women, the Society insisted its object was merely the creation of a class of safe midwives to attend natural labour among women too poor to pay the general practitioner's (larger) fee.

With no initiative coming from Government, this handful of voteless women sought allies among members of the all-male Parliament and well-disposed medical men to promote a Private Member's Bill. The first Bill was introduced into the Commons in 1890. But it was not until 1902, twelve years and eleven Bills later, and despite fierce opposition from among the medical profession, that a Midwives Bill finally became law. In 1915 and 1918 respectively similar legislation was enacted for Scotland and Ireland.

The 1902 Act established a national regulatory authority, the Central Midwives Board, consisting mainly of medical men, without the requirement of even one midwife member. At Privy Council insistence however, there was to be a woman appointee to represent the interests of childbearing women. Although the Act was not as prejudicial to midwives' interests as its medical opponents had wished, midwives were nevertheless in the hands of a rival profession. Indeed, some modern writers have criticised the Institute for not securing a more favourable deal. This is to fail to appreciate the difficulties facing this tiny female organisation campaigning for the support of male-law-givers in late Victorian society. Not only did the extreme prudery of the day prevent open discussion of childbirth, but the Institute also had to contend with the animosity of much of the highly organised medical profession, and the popular stereotype of the midwife as the low-class gin-drinking 'Sairey Gamp' in Dickens' *Martin Chuzzlewit*.

Despite its restrictions on the midwife's independence, the Act worked gradually to reverse her decline. With time, training was lengthened, midwives gained direct representation on the Board, and the 1936 Midwives Act provided for a nation-wide salaried and pensioned municipal midwife service. Without the Act, even with its constraints, it is highly probable that the midwife's situation would have deteriorated further, ending with the disappearance in this country, as virtually happened in North America, of this ancient and honorable female calling.

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