The publication of Wendy Kline’s book is welcome, as it makes a significant contribution to our understanding of how midwifery has developed. Its major strength to me as a midwife is that it takes me back to my roots, reminding me of the fundamentals of the meaning of midwifery.

Wendy Kline traces the development of midwifery in the USA by focussing on the practice of home birth. The organisation of the material adopts, as well as a chronological approach, a geographical orientation. Clearly different developments happened at different times in different areas of the USA. This geographical orientation serves to clarify the themes, but limited knowledge of North American geography means that the association between the various developments is not entirely clear.

In personal terms, I found that some of the material made for disconcertingly uncomfortable reading. My discomfort was particularly severe when reading those parts detailing highly interventive obstetrics. This is largely due to misgivings about my own involvement in the medicalised approach to birth which was in vogue in the UK in the 1970s.

The early pages recount the practice of home birth by medical practitioners. Unsurprisingly, the contribution of Joseph DeLee receives copious attention. Any consideration, though, of either the reality of his use of twilight sleep or of his perception of the ‘midwife problem’ is lacking. A benefit of this early part is that it forced me to rethink my assumption that home birth is a physician-free phenomenon. Wendy Kline shows how these births were as medicalised as in any hospital; this is an observation which may reflect the experience of some UK women currently opting for home birth. Any discussion of midwives’ practice in the US in the late nineteenth and early twentieth centuries is lacking, which means that ‘granny midwives’ are mentioned only in passing and the Frontier Nursing Service is quite neglected.
Although slightly nit-picky, word use does matter, which applies particularly to Wendy Kline’s frequent references to ‘delivery’. Having quoted the Santa Cruz Birth Center Defense Committee (1974; p.126), who wrote ‘I do not deliver the baby – the mother gives birth’ (underlining in original), Kline should have avoided such inappropriate terminology.

There are elements of tunnel vision throughout, meaning that childbearing is not really contextualised. Apart from occasional mentions of the counter-culture in the later chapters, the big picture is lacking. Context is neglected in the absence of any international comparisons. Similarly lacking is the socio-cultural background, particularly of the migrants, newly-arrived in the US, who brought their midwives with them from the ‘old country’. This narrow view is further illustrated by the absence of any maps, meaning that the reader is required to be familiar with the disparate geographical locations. This comment may also apply to the Epilogue, which bemoans the lack of American evidence relating to the effectiveness of midwives. The need for such to be American, when other countries’ experiences are plentiful, is not explained.

This book details the experiences of the midwives who fought the establishment, in its various forms, to be able to provide their much sought-after services to childbearing women. The detail is impressive throughout, although sometimes diversions are not clearly related to midwives’ practice. This book resonates loudly and clearly with the dreadful experiences of independent midwives in the UK and the punishments to which they have been shown to be sadly vulnerable. Further resonance is found in the current threats to the woman’s right to choose termination of pregnancy in the US.

I am most grateful to Dr Alison Nuttall for lending me her hard copy of this book, as it, in combination with the PDF provided by the publisher, really facilitated reviewing it.

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