



The A.C.N.M. Foundation, Inc.
Midwifery Legacies Project

Twentieth Century Midwives

Student Interview Project
&
Midwife-to-Midwife Interview Project

2012 ~ 2015



American College of Nurse-Midwives
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The Midwifery Legacies Project: History, Progress, and Future Directions

Tonia L. Moore-Davis, CNM, MSN, Karen B. McGee, CNM, MSN, Elaine M. Moore, CNM, MSN, Lisa L. Paine, CNM, DrPH

The Midwifery Legacies Project, formerly known as the OnGoing Group, was founded as an annual greeting card outreach aimed at maintaining contact with midwives as they approached retirement and beyond. In 2009, the importance of documenting personal and professional stories of midwives arose out of a bequest by a midwife who was relatively unknown outside of the community she served. The result has been the evolution of a robust collection of stories, which are known as the 20th Century Midwife Story Collection. Between 2009 and 2014, more than 120 US midwives aged 65 years or older were interviewed by a midwife, a student midwife, or a professional filmmaker. Collectively, these midwives' stories offer an intimate snapshot of the social, political, and cultural influences that have shaped US midwifery during the past half century. Individually, the stories honor and recognize midwives' contributions to the profession and the women they have served. This article details the development, progress, and future directions of the Midwifery Legacies Project.

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INTRODUCTION

The documented history of certified nurse-midwives/certified midwives (CNMs/CMs) in the United States focuses heavily on the lives and achievements of key professional leaders. Personal stories, especially those of clinically dedicated midwives, remain relatively absent from most historical accounts. The Midwifery Legacies Project aims to give voice to the less known stories within midwifery through the development of the 20th Century Midwife Story Collection, which is a compilation of personal narratives from midwives who dedicated their clinical careers to sustaining and expanding the presence of US midwifery during the past half century. This article details the development and future directions of the Midwifery Legacies Project and provides highlights from the current collection of stories.

PROJECT HISTORY

Early Development

In 2005, a small group of midwives identified that hundreds of their colleagues were approaching, or had entered into, retirement. Several group members, nearing retirement themselves, began discussing ways to ease their own transition from the workforce. Desiring to continue contributing to the profession that had provided them with many years of livelihood, the group members sought ways to acknowledge and support their colleagues during retirement transition. Self-dubbed the OnGoing Group, they began developing a plan for outreach and engagement with midwife retirees.

The OnGoing Group's first major initiative was the mailing of annual greeting cards to senior midwives who were

defined as midwives aged 65 years and older. Originally, Mother's Day cards were sent, recognizing the contributions of midwives to this special occasion for the many women they had served. Later, the greeting card project evolved into personalized birthday cards sent in recognition of the midwife's own day of birth.

Pivotal Funding

Coincidentally, as the OnGoing Group was getting started, the A.C.N.M. Foundation, Inc. (the Foundation) received notice of a sizable legacy gift from the estate of a midwife whose name was unfamiliar to the Foundation trustees. A series of contacts with the midwife's family revealed that the donor had been a clinical midwife for the entirety of her career, practicing as the sole midwife in a community. Her passion for the care of women and families served as her personal motivation and allowed her to endure difficulties and clinical practice obstacles throughout her career. Foundation leadership, inspired by the bequest, became determined not to let other clinically dedicated midwives' stories go untold. The Foundation charged the OnGoing Group with developing a strategy for documenting senior midwives' stories from across all realms of the profession.

Project Expansion and Name Change

Members of the OnGoing Group proposed a multifaceted approach to story collection, with an emphasis on gathering the stories of midwives from a variety of backgrounds, practice settings, and geographic locations. The expanding scope of work led to a more formalized group structure and the addition of new members from across the country. The OnGoing Group was formally established under the auspices of the Foundation. In October 2013, the Foundation Board endorsed a recommendation to rename the OnGoing Group as

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- ◆ The Midwifery Legacies Project, formerly known as the OnGoing Group, is sponsored and supported by the A.C.N.M. Foundation, Inc.
- ◆ The Midwifery Legacies Project's mission is to maintain contact with midwives aged 65 years and older and to assist in documenting their personal and professional stories.
- ◆ More than 120 senior midwives' stories, known collectively as the 20th Century Midwife Story Collection, have been developed using short, semistructured interviews conducted by midwives, midwifery students, or professional filmmakers.
- ◆ Ongoing interview efforts aim to archive as many midwives' stories as possible. Meanwhile, strategic planning is underway regarding use of the stories to publicly promote midwifery and support midwifery education and research endeavors.

the Midwifery Legacies Project to better reflect the group's expanded mission.

CURRENT PROJECT INITIATIVES

Greeting Cards

The mailing of annual greeting cards to senior midwives is accomplished with assistance from the national office of the American College of Nurse-Midwives (ACNM). An estimated 1800 active ACNM members are currently aged 65 years or older (S. Chairez, ACNM Director of Membership, written communication, September 2014). Notably excluded are those midwives who elect not to continue their membership following retirement or not to provide their date of birth on the ACNM membership application. Since 2009, more than 7000 greeting cards have been mailed, totaling an estimated \$5000 and with countless volunteer hours devoted to the project (R. Ballard, CNM, MSN, OnGoing Group founding member and coordinator of the Midwifery Legacies Project Greeting Card Project, written communication, May 2014).

Developing a Story Collection

The Midwifery Legacies Project's 20th Century Midwife Story Collection incorporates both written and video interviews of senior midwives from across the country (see Figure 1). The majority of stories in the collection have been captured through student-conducted interviews (75%) or professional video interview sessions (17%). A smaller number of interviews (8%) have been conducted by CNMs/CMs (L. Paine, CNM, DrPH, Executive Director, A.C.N.M. Foundation, Inc., written communication, September 2014). Semistructured questions are used to guide the interviews (see Table 1).

Student Interview Project

Since 2011, student nurse-midwives/student midwives (midwifery students) have been invited to contribute to the Midwifery Legacies Project by applying to interview a senior midwife in their community. Project participation consists of interviewing a senior midwife and providing a self-reflection on the interview experience. Student submissions are reviewed by a panel of Midwifery Legacies Project judges who use a standardized scoring rubric to rank submissions based on creativity and overall storytelling.¹

The Foundation Board reviews the judges' recommendations and endorses the final slate of awards; winning submissions are recognized during the ACNM Annual Meeting & Exhibition. Funding for the awards is provided through the general fund of the Foundation. The student interview project has been more successful than anticipated, evidenced by high-quality written narratives and an exponential increase in the number of student participants. To date, 90 student interviews have been completed and more than \$4500 in awards has been given (L. Paine, CNM, DrPH, Executive Director, A.C.N.M. Foundation, Inc., written communication, September, 2014).

Professional Video Interviews

Between 2006 and 2010, the Foundation Board, seeking to diversify the story collection, began to conduct video interviews of senior midwives with connections and former service to the Foundation. A Foundation Trustee volunteered as videographer, filming the encounters during several consecutive ACNM Annual Meetings. These early videos provided important promotional materials for the Foundation's Frances T. Thacher Midwifery Leadership Endowment (the Thacher Fund), which supports activities to advance midwifery leadership development, as well as continued professional involvement of midwives affected by chronic disease and disability. Many midwives with chronic conditions seek ways to remain involved in their beloved profession of midwifery, a situation similar to that of many senior midwives.

In 2013, the Foundation sought to expand the video collection by hiring a professional filmmaker to conduct formal video interview sessions at a series of midwifery gatherings. The first professional video interviews were held in conjunction with the 2013 ACNM Annual Meeting & Exhibition in Nashville, Tennessee. These sessions proved to be both popular and successful, with a total of 14 midwives interviewed. Funding for the Nashville interviews was provided through the general fund of the Foundation.

A second, formal video-interview session was conducted in April 2014 during a gathering of senior midwives at a private residence in Bedford, New York. Interviewees consisted largely of midwives who had practiced in New York City and included several midwives of color, as well as the mother of one midwife. A total of 7 interviews were completed, with

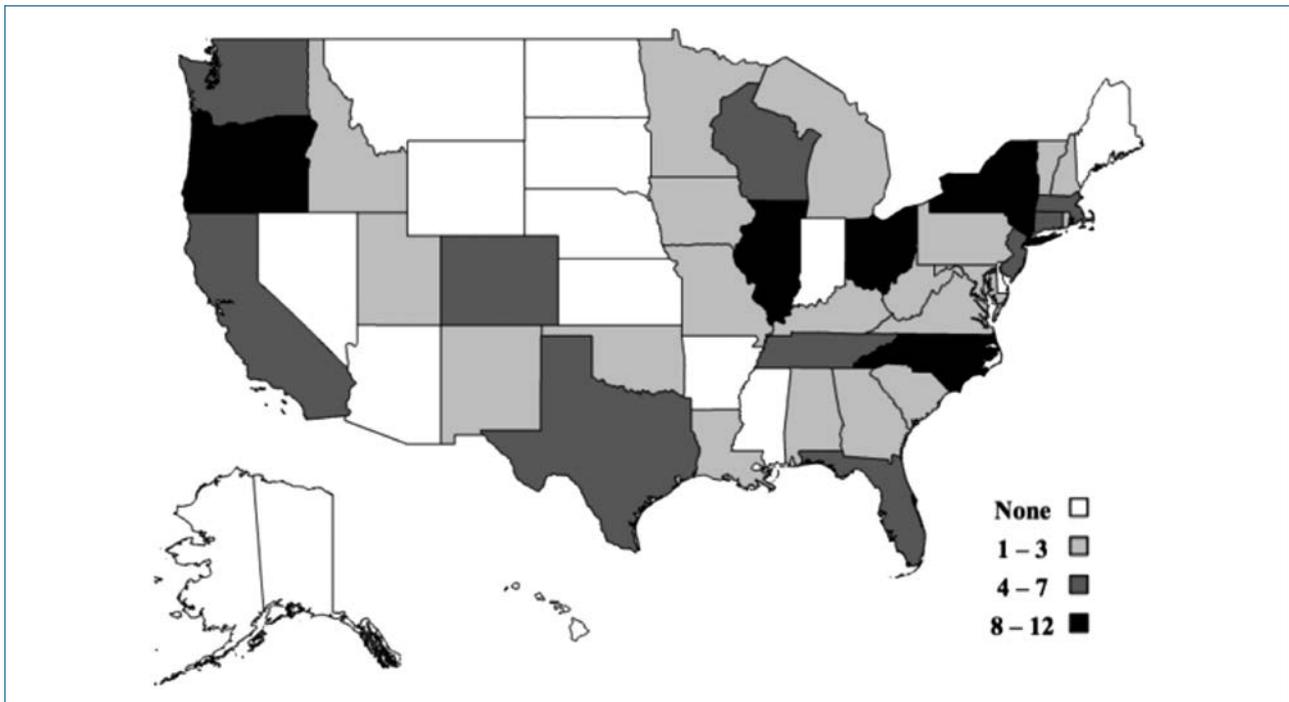


Figure 1. State Distribution of Senior Midwife Interviews^a: The Number of Completed Senior Midwife Interviews by State

^a Video and student-led interviews collected between 2011 and September 1, 2014.

Table 1. Midwifery Legacies Project Interview Questions

<p>What experience influenced your decision to become a midwife?</p> <p>Tell me about the different stages of your midwifery career.</p> <p>During your education and practice, were there any barriers of gender, race, or other factors that contributed to your particular challenges?^a</p> <p>What were your greatest joys and deepest regrets about in your midwifery career?</p> <p>What have been the political, professional, and personal challenges that have shaped your role as a midwife?</p> <p>What do you consider the “heart of midwifery”?</p> <p>How are you using your midwifery education now?</p> <p>Is there anything you would like to tell us that we didn’t ask?</p>

^aQuestion added in April 2014.

Source: Midwifery Legacies Project.¹

funding provided by the Thacher Fund, in part because of the Thacher Committee’s commitment to support efforts that promote diversity or foster inclusion within the midwifery profession. An excerpt from a video interview is available online (Supporting Information: Video S1: Premiere of Midwifery Living Legacies).

PROJECT PROGRESS

More than 120 senior midwife interviews have been conducted as part of the Midwifery Legacies Project initiative. The combined efforts of student participants, CNM/CM interviewers, and a professional videographer have resulted

in a robust collection of stories. In October 2013, the story collection made its debut when a sampling of the Nashville video interviews was previewed by attendees of the Fall 2013 Foundation Fundraiser in Tampa, Florida, held in conjunction with the ACNM Midwifery Works! conference.

In late 2014, the Foundation and select members of the Midwifery Legacies Project conducted a brief review of the story collection. Preliminary observations from this review revealed an exceptionally rich collection of stories with extraordinary potential for use in future research, education, and philanthropic endeavors. This section provides an overview of midwife and student participation, as well as examples of content contained within the story collection.

Midwife Participation

The uniting thread across the story collection is that the professional efforts of these midwives were pivotal in sustaining and expanding US midwifery during the 20th century. Some interviewees were recognized leaders in the midwifery profession, whereas others remained relatively unknown outside of their local communities. This latter characteristic honors the midwife whose legacy donation was the impetus for the project.

Demographics of Midwife Interviewees

Almost all interviewees were aged older than 65 years, and many were in their early 70s. Most of the interviewees considered their primary midwifery role as that of clinician, although many also served as preceptors or midwifery faculty—and a few embraced roles in research and policy. The stories represent diverse practice sites and geographic locations, including several global health experiences. Although all

of the interviewees identified themselves as retired, most reported ongoing involvement in goodwill activities within their community.

Commonly Discussed Topics

Three distinct topics were expressed most frequently in the story collection: challenges of practice, legal limitations on practice, and various intrapersonal conflicts. The most commonly cited practice challenge was a struggle to hold to the core values of midwifery within a medical system that sometimes viewed the role of midwives as defunct or dangerous. One CNM said, “I remember going on calls in the tenements of Chicago for home birth, assisting a CNM who showed me that birth was a natural, normal process.”

Some of the midwives also reported practicing in isolation from other midwives and felt independently responsible and challenged to articulate the role of the midwife to the community, hospital administrators, politicians, and physicians. Many midwives reported being unable to practice to the full extent of their training because of particular laws or facility rules. Identification of a consulting physician was often a major barrier to practice, and many midwives could only do home births because movement into the hospital required legislative change. A CNM said:

As midwives, we have the extreme privilege of greeting new beings as they flex and extend out of their mother and into the world. We are present for that time and time again. If our awe, wonder, and gratitude remain intact, we are practicing in the true spirit of midwifery. If we become jaded, harmfully impacted by the politics and obstacles, we will lose the eyes of love and the accompanying ability to be present, and that will negatively affect the care that we provide.

A common intrapersonal conflict, revealed across multiple interviews, was the regret that midwives felt about spending so much time and energy away from their families while recognizing that their passionate calling was often spiritual or faith-based and could not be denied. A CNM said, “I felt the hand of God’s providence leading me to become a [nurse-] midwife.” Many others expressed exhaustion as they lived out their convictions. For example, “I remember being in the shower at the end of the day just crying and wishing that I didn’t have to spend any more energy—like if breathing wasn’t involuntary I wouldn’t do that either.”

Student Participation

The student interview project has been well received by both students and faculty. Self-reflections from the student interviews are housed alongside the midwife stories and provide an intimate view of the experience and meaningfulness of the encounter at a pivotal point in the student’s professional development. Several midwifery education programs have incorporated the interview project into academic coursework, granting the students credit for their participation or accepting the interview products as an alternative assignment.

Demographics of Student Interviewers

Midwifery students who are members of ACNM and enrolled in an education program accredited by the Accreditation Commission for Midwifery Education are eligible to participate. Project publicity has effectively expanded the number of midwifery education programs participating each year, with 13 programs to date logging participants (see Figure 2).

Common Student Reflections

The overarching message heralded in many student self-reflections is one of admiration and gratitude. Many students report coming away from the interview experience with a new perspective on what it means to be a midwife. Often, students recount not having realized the magnitude of barriers and personal sacrifice faced by previous generations of midwives. Students sometimes experience significant personal revelations as a result of their interview encounter. One student recounted:

I remember the feeling of gratitude after leaving her apartment. Up the road I pulled the car over to gather myself. My heart was beating so fast. There was this overwhelming feeling that I was where I was supposed to be, doing what I was supposed to be doing.

Another student wrote:

Her words were like a call to action for me and served as a timely reminder that I need to strike the right balance between work, leadership, and family to ensure I can maintain a long and healthy career and do not burn out too soon.

PROJECT FUTURE

Plans

The primary aim of the 20th Century Midwife Story Collection project is to document the individual and collective stories of midwifery over the last half of the 20th century, thus creating an important repository of information for research and educational endeavors. Another proposed use is for the promotion of midwifery as a profession and to potential consumers. The Foundation would like to have formalized analyses of the story collection in hopes of better understanding commonalities experienced by midwives of the late 20th century.

The Foundation Board plans to showcase a selection of the 20th Century Midwife Story Collection in conjunction with the ACNM 60th Anniversary Celebration and Annual Meeting & Exhibition. The production of additional video interviews is proposed in conjunction with this landmark celebration.

Funding

Although the Midwifery Legacies Project has had a stable financial backing to date, several key items will be essential for continued success of the project. While the project grows, additional funding sources will be needed to support its many facets. The majority of current costs are attributable

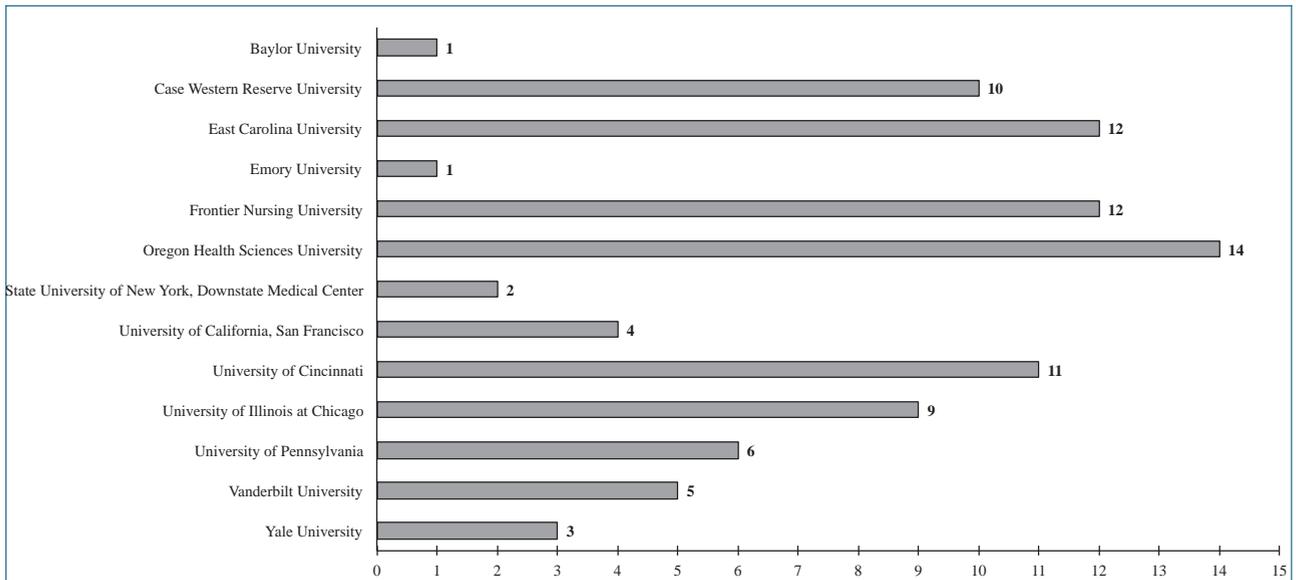


Figure 2. Student Interview Participation by Midwifery Education Program^a: The number of Completed Student-led Interviews by Midwifery Education Program.^b

^aPrograms without student participation not shown.

^bBased on data from the 20th Century Midwife Story Collection as of September 1, 2014.

to conducting professional video interview sessions. Associated costs of contracting with videographers and content editors will increase as more interviews are conducted. Currently, the Midwifery Legacies Project is funded almost exclusively by donations to the general fund of the Foundation. The growth of the project and the availability of the interviews for education and research endeavors will be limited if only general funds are available to support this effort because the Foundation Board is faced with funding competing projects with limited financial resources. A growing number of one-time donations have been received for specific use within the Midwifery Legacies Project, but thus far these donations support only a small portion of the overall costs. The ideal scenario would be for the Foundation to augment these smaller donations with outside grants from organizations interested in historical interview projects. The perpetuity of the Midwifery Legacies Project could be further ensured through an increase in sizeable, endowment-level donations, as well as an increase in the number of individuals who make estate gifts to the Foundation (members of the Midwifery Legacy Circle) and earmark a portion of their planned giving for this purpose.

CONCLUSION

What started as a simple project to recognize and connect with senior midwives through annual greeting cards has led to a robust program of documenting, archiving, and reconstructing the roles and experiences of CNMs/CMs during the 20th century. The ultimate value and utility of the 20th Century Midwives Story Collection might not be realized for years to come, but the results thus far have provided numerous insights into the lives of midwives during the past half century. Further research and exploration is needed to identify ways in which the data from these interviews could contribute to

the growth and veracity of public understanding of the US midwifery profession.

AUTHORS

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CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose.

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shared their personal stories during interviews—your courage and contributions are admirable and invaluable.

SUPPORTING INFORMATION

Additional Supporting Information may be found in the online version of this article at the publisher's Web site:

Video S1: Premiere of Midwifery Living Legacies.

REFERENCE

1. Midwifery Legacies Project. Twentieth Century Midwives Student Interview Project: Information and Application Packet.
The A.C.N.M. Foundation, Inc. Web site: <http://www.midwife.org/Foundation-Scholarships-and-Awards> Published September 2014. Accessed September 19, 2014



Twentieth Century Midwives

Student Interview Project

Interviewers are student midwives who are members of ACNM and are enrolled in an AMCB-accredited midwifery education program.

These student interviews are one important aspect of the Midwifery Legacies Project Twentieth Century Midwives Story Collection.

Students meet and interview an elder midwife, record her/his story and write a reflection essay that focuses on what they learned from the midwife they interviewed and how their listening to the senior midwife may influence their midwifery career.

Awards are given annually by The A.C.N.M Foundation, Inc. to the student(s) who submit the most outstanding interview and reflection essay.

Nancy Bardacke, MA, CNM

Interviewed by
Sage Bearman, RN, SNM
March 30, 2013



This is a story about challenge, change, and love, as most stories are. It presents an incredible individual who has always been drawn to midwife the best in humanity, whether as a community leader, mother, wife, anthropologist, friend, educator, or as a wise woman supporting another during labor, holding space for moments of transformation and the myriad accompanying emotions.

Nancy Bardacke has cared for women and families during pregnancy and childbirth for more than four decades. She is the founding director of the Mindfulness-Based Childbirth and Parenting (MBCP) program; her book, *Mindful Birthing: Training the Mind, Body and Heart for Childbirth and Beyond* which describes the MBCP program, was published in July 2012. This is Nancy's final year leading the intensive nine-week course for expectant parents at the UCSF Osher Center for Integrative Medicine which she originally developed in the living room of her home in Oakland, CA. Nancy has led seventy groups through the innovative program and I have been fortunate enough to take the course twice as a student midwife, the final two times she will lead them before turning seventy herself and turning her attention to training MBCP instructors. There are many words in our vast language but few appropriately describe the sense of honor I have felt learning from such a wise, caring, and humble mentor. The legacy Nancy bequeaths inspires and adds significantly to the history and future of midwifery. I am grateful for the opportunity to share a portion of her tale here.

It begins with a request for a chemistry set at a young age, an inquisitive mind in the making. Nancy's parents obliged but they neglected to nurture and encourage her curiosities because she was not a boy, and such were the times. In spite of this, Nancy was passionate about learning throughout her education at UC Berkeley, exploring psychology, political science, philosophy and her chosen major, anthropology. A central mission of her intellectual and emotional quest focused on understanding our unique evolution as a species. The classic theories held aggression and survival of the fittest aloft above all else. But after giving birth to her first son, Nancy saw that this was only half of the story--that cooperation, generosity, connection and most importantly, the capacity to love--were also a deep part of our nature that through time created and elevated human society.

During the 1960's, social change was the backdrop to revolutions in thinking great and small in the San Francisco Bay Area. Civil rights activists continued their efforts to engender true societal equality, human chains of Vietnam War protestors lined busy streets, and women became the architects of something more for themselves, for their bodies, and for their births. Women's consciousness raising groups gathered in living rooms across the country, including Nancy's, while some moved back to the land, craving the feel of the earth and nature's rhythms. Nancy was a young woman during this time and was active in and influenced by the times. She became a mother as the summer of love wound into autumn and despite her efforts to have a normal childbirth—she trained in a Lamaze class which in those days was something barely known and was cared for by Dutch obstetricians who were schooled in normal childbirth--her first birth experience was far from optimal. Nancy knew that

something else was possible and when she moved to a small rural community with her son she connected with others who viewed childbirth in another way. Attending homebirths with local physicians, nurses and lay midwives who were at the forefront of a newly emerging childbirth movement, Nancy experienced the beauty of normal birth when attended by providers who supported the basic ability of a women's body to give birth.

Though she had never met a midwife and midwifery was not yet legal in California, Nancy felt the ancient calling to serve women and families through midwifery. As a single mother in her early 30s, already toting a master's degree, Nancy bravely returned to school for the requisite nursing training that granted her eligibility for the CNM programs in the country; at that time there were only nine training programs and all lay east of the Mississippi. Nancy graduated nursing school in 1976, just as California deemed midwifery to be a worthy practice and a courageous group of nurse-midwives launched the nurse-midwifery program at the UCSF/San Francisco General Hospital.

In the years that followed, Nancy birthed a second son, spent time abroad, met the Radical Midwives of London, and had the opportunity to meet and learn from the famed Michel Odent. It was on her journey back from this inspirational trip to the UK that Nancy learned she had been accepted to the UCSF/SFGH Midwifery Program. Later as a midwifery student in 1980, Nancy continued her bold approach to raising awareness regarding normal birth by arranging for Dr. Odent to give a UCSF OB Grand Rounds presentation during which he showed the obstetric chiefs and residents slides of women from his hospital in Pithiviers, France giving birth to their babies in joy, squatting, on their hands and knees or submerged in a pool of water. How I would have loved to be there to see their jaws drop!

Once Nancy responded to her calling, the path unfolded and she found her unique and inspirational approach within our craft. Her passion for understanding the relationship between mind and body, particularly in relation to childbirth, as well as challenges in her own life led her to explore meditation practice. She attended her first 10 day silent meditation retreat during her first year of working as a CNM at Mt. Zion Hospital in San Francisco, one of the very first hospital-based Alternative Birth Centers or ABCs in the country at the time she had a small private practice teaching women self-hypnosis for childbirth.

Bringing these seemingly disparate threads into her impactful life's work as integrative medicine became incorporated into the medical system, mindfulness, which is cultivated through meditation practice, became the heart of Nancy's attention. As thousands of expectant parents and providers have come to experience, the practice of being mindful and present proves indispensable during not only the contractions of labor but also the contractions of life. This is the foundation of the MBCP curriculum that Nancy has taught for nearly 15 years and I have both witnessed and personally experienced its profound impact. Nancy feels that this is her most important legacy to midwifery and women's, children's and family health: the creation and dissemination of the MBCP program, an evidence-based childbirth preparation program infused with midwifery sensibilities and knowledge, a way to use the opportunity of the transformative time of pregnancy to teach expectant parents life skills for decreasing stress during pregnancy, working with pain during childbirth and most importantly, to have these skills in place for parenting with caring and connection from the moments of birth.

As Nancy prepares to retire from this portion of her career, she shares with me her wisdom about what is both most joyful and challenging about midwifery - safeguarding the eyes of love. As midwives

we have the profound privilege of greeting new beings as they flex and extend out of their mother's body and into the world. We are present for that time and time again. If our awe, wonder, caring, gratitude and the capacity to truly "be with" and present with the women and families we serve remain intact, we are practicing in the true spirit of midwifery. If we become jaded and harmfully impacted by the politics and obstacles of our work, we will lose those eyes of love. It is both our joy, our charge and our calling to facilitate connection and love within expectant families, whatever their configuration, and to midwife the best in humanity. It is not that fear, cruelty, and sadness do not exist, because they do. But if we utilize mindfulness to strengthen the deep kindness and caring that is fundamental to our human nature, we can perhaps approach one of the basic truths of existence, that everything changes, with a degree of grace and ease.

It is the final meeting of our MBCP class. We light candles for one another, for safe passage for the mothers and their babies yet to be born, and for classmates who have already given birth and become parents. There is a pile of smooth river stones in the center of our circle and we each exchange our lighted candle for a stone. It is a ceremony that speaks to Nancy's compassion and generosity of spirit. The words we share tonight seal our practice together and the stones serve as a reminder to what we've experienced. Nancy has held this ceremony countless times, but she brings the same eyes of love and heartfelt blessings that were present when she set off on this path. I focus on my breath, my heart expands, and I know the beauty of this moment.

Reflection

By Sage Bearman, RN, SNM

March 30, 2013

On a sunny Saturday in March, I met Nancy in her home in Oakland, CA where she had begun teaching MBCP 15 years ago. Fresh flowers from her garden gathered in unique Japanese vases and splashed spring color amidst the family photographs and calm, Zen aesthetic. I'd spent numerous afternoons and evenings with Nancy during her MBCP courses as a midwifery student assistant and eager participant, but the day of our interview meeting carried a special meaning. We both have a deep love and respect for history and the sharing of stories, and have a great appreciation for the purpose and spirit of this project. Nancy was one of the early graduates from SFGH Midwifery program, and she was in nursing school on her way to pursuing midwifery when our craft finally became legal in the state of California. She helped set the stage for future midwives in the Bay Area and played a central role in the creation of resources for women and families wishing to participate in their birthing processes and gain skills in mindfulness that translate to every other area of life. Midwifery is her core, mindfulness is the framework, and love and service are the unifying and driving principles. I have been so lucky to learn from Nancy during her last series of the Mindfulness-Based Childbirth and Parenting classes, numbers 69 & 70, as she completes her 70th year on this planet. We both chuckle about the surprising ways that life turns out and wonder at the intricate network of causes, conditions, choices and events that make up a life.

Intersection of the anti-war movement, women's rights, politics, anthropology, spirituality. The reaction to and challenges of a hospital based birth. Raising sons for a time as a single mother. Hospitalization and recovery from infectious hepatitis. Time in a rural community. Participating in and learning from the courageous midwives helping women give birth at home when no one else was there to attend them. Women reclaiming their bodies and the birth process. Our Bodies, Ourselves.

Love, connection, cooperation, and questioning forming women's consciousness raising groups – a reaction to individualistic drives, male-centric views about how the world and human beings are, the violence and pain of war.

A synchronicity of events:

Midwifery became legalized in California as Nancy finished nursing school with the intention to become a midwife. She attended homebirths with physicians while applying to the newly established midwifery school at San Francisco General Hospital. A summer in London with visits to Sheila Kitzinger's home and connections with the radical midwives there. A week with Michel Odent in Pithiviers, France where she witnessed water births, ecstatic births. On the journey home, she found out that she was accepted into the 3rd class of the SFGH Nurse-Midwifery program.

During midwifery school, she brought Michel Odent to UCSF to lead OB grand rounds, look on the OB chiefs face as Michel showed pictures of women assuming a variety of positions while giving birth with ecstatic looks on their faces. Continually working to expand the conversation around childbirth. There was a real feeling that they had the ability to guide the growth of midwifery practice and create the edge.

Her first meditation retreats – early 1980's. She developed her meditation practice in sync with development of midwifery practice, always curious about the mind-body connection. Created meditation tapes for women on bedrest for preterm birth.

Mt Zion birth center – a perfect collaborative practice between midwives and obstetricians.

Began learning and teaching Mindfulness-Based Stress Reduction after a 7 day retreat with Jon Kabat-Zinn in 1994, and the pivotal ah ha moment of a mindfulness-based curriculum to prepare expectant parents for childbirth. Felt it was essential to involve the partners in the meditation practice in order to set the family up for the cooperation and teamwork needed to raise a healthy family where women could continue to work in the world, to equip both parents with the tools of a mindfulness practice so that they can, as Nancy says, cope with the contractions of labor as well as the contractions of life. Throughout the course, the parents evolve, gain tremendous insight into the patterns of their minds and lives, their styles of communication and reactions that may not be serving them. Something I've enjoyed is reflecting back to the first class when introductions are made and inevitably a few male partners say something to the tune of "well I can understand how this class will help us with the delivery process but I'm really just here because it's important to my wife." And down the road it's often these individuals that spend a fair bit of time sharing how the simultaneously simple and challenging task of sitting in focused silence for thirty minutes a day has changed their lives in significant ways. It's not unusual to hear reflections on increased productivity and peace at work, or a general realization that the small enjoyable moments of life are heightened and the challenges or annoyances made much more manageable with the cultivation of a mindfulness practice. The power of mindfulness practice to reduce the physical discomforts of pregnancy far before labor contractions occur is made quite clear over the 9 weeks that we spend together. From round ligament pain to the dreaded dermatological conditions that can plague the 2nd and 3rd trimesters, I've witnessed many women in the class learn how to use mindfulness of breath and an accepting approach that helps them put the sensations into perspective and to be able to listen to their bodies in order to achieve comfort with more grace and less resistance. Inevitably, women find the lesson from these discomforts incredibly value and feel like they are given the opportunity to practice their responses and approaches to the challenges, both physical and emotional, that occur during childbirth and especially the steep learning curve of becoming a parent. We rarely have a choice about what comes our way, but a key lesson in mindfulness practice is that with mindful awareness, we always can have a choice about how we respond. Can we receive and respond in a way that affords us grace and access to a deeper wisdom than is possible if we react.

I've had the honor of attending Nancy's Mindfulness-Based Childbirth and Parenting class for two sessions as a student midwife and assistant. This experience coincided with my first year of midwifery school and has formed the foundation of my practice. Synchronicity – Nancy teaching her 69th and 70th MBCP class in her 69th year, she will be 70 this May. Nancy is traveling around the world training healthcare professionals, especially midwives, so that they might teach the MBCP curriculum; she is passing the torch. I'm incredibly lucky to learn from her during this transition. I'm grateful to the Legacy Project for a connection between generations of midwives. I knew immediately that I wanted to write about a woman who is a true midwifery hero. I have had the honor of learning from Nancy during our classes, and our time in conversation, but I thoroughly enjoyed the chance to learn about her path in midwifery and the amazing things that she has done to serve the women and families in our community and around the world. This exercise is happening at a key time for our profession. In discussions with my classmates I sense a fear that the magic of the past or the heart of our profession is somehow harder to reach as we apprentice in hospital settings where staff shortages and packed

clinic schedules pose challenges to providing the type of heart and soul care that is central to midwifery. The discussions that we have with midwifery's legacy reveals that every generation has its challenges, and the spirit of our craft is what gives us the drive and wisdom to navigate obstacles. A more litigious environment, one in which the Cesarean section rate in our communities and around the globe are steadily increasing, insurance practices that hardly incentivize optimal care and outcomes. These are very real challenges. But we are being educated during a time when the power of the individual to affect change through research, policy and advocacy is also very palpable. We learn how to access that by the examples set by brave midwives before us, who pave the way, fight for the ability to practice to the full extent of our training, and provide the type of empowering care that helps women and families live healthier and happier lives.

Karen McGee, RN, CNM, MSN

Interviewed by Toni K. N. King, RN, SNM
Frontier Nursing University
February 6, 2013



Karen McGee can be considered the mother of Nurse-Midwifery in Cincinnati. She has paved the way for future nurse-midwives through education, mentoring, and implementation of legislation. She was the director of nurse-midwifery at the University of Cincinnati and started the university's Graduate Nurse Midwifery Education Program. She is founder of the TriHealth Nurse Midwives and an education organization known as PEACE- Parents Exploring the Adventures of the Childbirth Experience. She was instrumental in helping Ohio nurse-midwives gain prescriptive authority and currently works as a consultant for "The Midwife Is In", where she does triage, screening, teaching and referral. She exemplifies the heart of midwifery and through her efforts has eliminated many obstacles for future nurse-midwives.

Faced with an assignment for an obstetrics class, Karen would have her first exposure to midwifery at The Ohio State University. A midwife from the Chicago Maternity Center had recently spoken to her class. Karen decided she would contact the midwife and write a paper about her. Her first birth experience would be a home birth in a very poor section of Chicago. Karen could remember the midwife being so matter-of-fact about the delivery, treating the mother like she was a friend. This was a contrast to what Karen was accustomed to at Ohio State. Birth there was manifested in a cubicle and fathers weren't allowed. They would give the mothers so much medicine that they'd be wild with 'odd behavior', screaming and hallucinating. This delivery seemed more normal to Karen. Nonetheless, Karen would forget about her encounter with midwifery, getting married, starting her own home, and having her own birth experience.

Fueled by a desire to have a positive birth experience, she began *monatricing*, French for labor coaching. Nurses would stand outside her room; she'd bring her music, stand the woman at the side of the bed and "rock and talk with them, and just be with them". She could recall the feet underneath the curtain of the nurses watching. It became a passion to support women in labor. This would lead her to becoming a childbirth educator and starting an organization known as P.E.A.C.E – Parents Exploring the Adventures of the Childbirth Experience. However, Karen began to see that the doctors were making the birth decisions, so she decided to go to midwifery school.

Karen graduated from Medical University of South Carolina with a Master's in Midwifery. Karen came home optimistic about working. Unfortunately, nurse-midwives at the time couldn't get hospital privileges! She would do home births for the next three years. One day she approached a supportive physician with a request for 1000 square feet of office space. He had just opened an office on Beechmont Avenue and said to her, 'come with me'. There in the back of his office, was 900 square feet of undeveloped space. She still cries thinking how divine it was. She can't recall how much she paid him, but it wasn't a lot. They were the receptionist, the bookkeeper, the nurse, the lab technician, the midwives; they were very busy! During that time they pursued legislation for obtaining hospital privileges. They were able to make that happen in six months, which was unusual back then. Fortunately, Karen had the support of the governor at the time; he and his wife had used a midwife!

Often called misguided, she would forge on with the support of her family and very few physicians. She and her partner would hire six different physicians, paying each of them 150 dollars out of their fee; which at the time was paid out of pocket. They would have to borrow money from her partner's aunt in order to open the office. It took three years before they actually implemented those hospital privileges. Karen still believes that she learned the most from home births.

Karen and her partner would later join with the University Midwives of the University of Cincinnati; later becoming the director. They had a great relationship with the maternal-fetal medicine perinatologist. They were midwife-trained high risk obstetricians who believed the world only needed high risk doctors and midwives! It became clearer to Karen that she wanted to start an education program. After meeting with the dean of the university for a good 5 years, she finally convinced them of the need. She got a grant from the state to fund the graduate program. Karen would later leave the university and start a practice at the Good Samaritan Hospital in Cincinnati. Unlike the first 25,000 dollars she received, she received a whole lot more money to start this practice.

Karen faced much opposition throughout her career. Things have evolved from a time when nurse-midwives were licensed through the medical board. People would ask all the time, 'who she thought she was', doing everything she had done. Karen would doubt herself and ask who *did* she think she was? As Karen states, "It is a challenge to be driven to do something and then to try and fulfill it the best you can". She has experienced many joys and a few regrets. Although, her deepest regret has nothing to do with midwifery. She often feels she neglected her family, consumed with her studies and occupied by her mission. Nevertheless, she is reminded of her joys as well; those times when the birth was sacred and treated as such. It has taught her that "birth is not a medical event; it's a physiological event and does not have to be brought with terror."

It has been a privilege for Karen to do the work. It has been a calling for her, nothing she could have turned her back on or turned away. Sustained by her faith and the understanding that God was with her, she realized she was not alone. Karen could let go and use her knowledge to anticipate properly, not being afraid to ask for help. As long as she kept this in mind, she could take a deep breath and allow the process to unfold, sometimes rather quickly and sometimes forever.

Reflection

by Toni K. N. King, RN, SNM
Frontier Nursing University
February 6, 2013

I remember the feeling of gratitude after leaving Karen's apartment. Up the road I pulled the car over to gather myself. My heart was beating so fast. There was this overwhelming feeling that I was where I was supposed to be, doing what I was supposed to be doing. I felt that Karen just handed me the torch and was telling me to carry on, with pride, dignity and in excellence. I was on fire with inspiration and more importantly motivation. It is amazing God's will for your life and how he will line up people for your purpose. Karen, unknowingly, laid the foundation for me. She'd done all the leg work and opened doors! She has become midwifery to me and I plan on carrying on her legacy of trail blazing! Although my interview of her was in fact astounding, one thing stood out very much in our interview. I felt my heart hit the floor when she revealed her deepest regret of feeling like she neglected her family. I am a single mother of three and I know where my heart is right now, my thoughts are consumed with midwifery; so that bothered me a little. Somebody once told me, passion is a willingness to suffer for the things, the ideas you believe in. I understand that nothing good comes easy. I must sacrifice for the things that I am passionate about. Karen helped me to realize that family will understand as much as they need you, there are mothers and children who need you as well. We do what we do, sacrificing blood, sweat and tears for the mothers and the babies. Knowing from Karen, that it is not going to be easy, everybody will not be as enthusiastic, but I am ok with that.

Jean Downie, CNM

Interviewed by Jennifer Rudnik, SNM
Frontier Nursing University
February 17, 2014



Jean Downie paved the way for generations of midwives with her pioneering spirit and collaborative work in the fields of obstetrics and midwifery. At an early age, she recognized her calling to work in service to women throughout the lifespan. Her story and contributions to the field add to the rich history of nurse-midwifery in the United States.

(Emma) Jean Downie, the daughter of American missionaries, was born February 20, 1934 in Nanping, China. Her father, a doctor, worked at Nanping Methodist Hospital and her mother was a music and English teacher at the mission school.

When Jean was 7 years old, her sister was born and Jean witnessed her mother being cared for at home by a nurse during her postpartum recovery period. This early encounter with a nurse made a lasting impression on Jean and it would inspire her to become a nurse, and ultimately a certified nurse-midwife (CNM).

After spending her formative years living in China and India, Jean returned to the United States. She enrolled in a 5-year bachelor degree program at MacMurray College, graduating with a bachelor of arts in psychology before going on to nurse's training. It was in nurse's training that she was first exposed to labor and delivery, during a 3-month clinical at Chicago Wesley Memorial Hospital School of Nursing.

In 1959, she began working at the Chicago Maternity Center (CMC), with the intention of staying a year to "learn all there (is) to learn about obstetrics". She recalled with great joy the privilege of working with and learning from the innovative Dr. Beatrice Tucker, CMC's medical director. One year turned into two as she grew accustomed to working night shifts at the Center, absorbing as much knowledge as possible.

Before long, Downie began to question if she should work as a missionary, and In January of 1962, she began working at a rural clinic in Sarawak, Malaysia and as a general nurse in a 25 bed hospital. Some of her most vivid memories of this time were of infants brought in convulsing with tetanus due to application of ashes from cooking fires used to stop bleeding from the umbilical stump. She also went to Hong Kong and worked as a supervisor of outpatient clinics and also as a school nurse until 1965. Though her public health and missionary experiences were unique and satisfying, she missed labor and delivery and returned to the Maternity Center.

It was there that she encountered her first CNM, Sally Yeomans, who became her mentor. Jean went on calls in the tenements of Chicago for home births assisting Yeomans, who showed her that birth was a natural, normal process. During the second such trip one winter, Sally talked Jean through a solo delivery. From then on, Jean knew she was going to become a nurse-midwife.

In fall of 1968, she started her graduate program at Johns Hopkins University with 5 other nurse-midwifery students. She went on to receive her Master's in Public Health at Johns Hopkins in 1970.

After studying at Hopkins, Jean was recommended for a nurse-midwifery internship by Dr. Lillian Runnerstrom, director of Johns Hopkins Nurse-Midwifery Education Program. For three months, she was a preceptor for CNM students in Shiprock, New Mexico while her mentor and friend Sally Yeomans was working nearby in Albuquerque.

In 1971, Jean took a CNM position at Cook County Hospital in Chicago and became Director of the Nurse-Midwifery Service under Dr. Augusta Webster, simultaneously working as a clinical instructor for the University of Illinois. She grew the Service to include a staff of 12 CNMs. It was during her tenure at Cook County hospital that she realized her biggest challenge as a CNM: She was to introduce the role of certified Nurse-Midwife to the nurses on the unit, and that role was not one of a doctor, but that of a nurse with advanced training. To her surprise, it was more difficult for the nursing staff to accept CNMs into the hospital than it was for the physicians. This new approach to maternity care, to include certified nurse-midwives, was one of the first of its kind in Chicago.

In 1979, Lois Olsen, CNM, notified Jean of a job opening in Wisconsin. Jean applied for and was hired as Director of Nurse-Midwifery Service at Family Hospital in Milwaukee. Along with three other CNMs, she helped cultivate midwifery practice and nurse-midwife-assisted natural childbirth. Nurse-midwives at Family Hospital had private caseloads and their clients got family-centered care and developed strong relationships with the nurse-midwives during their pregnancies. Reflecting back on her time at Family Hospital, Jean recalled feeling a genuine sense of meaningfulness working as a CNM. Building rapport with clients was central to Jean's values and character as a CNM. When Family Hospital abruptly closed in 1986, giving just two short weeks' notice, Jean was devastated.

In spring of 1980, Family Hospital had opened the Teen Pregnancy Service (TPS) in Milwaukee, an area of the country with a high teen pregnancy rate both then and now. The CNMs provided primary care to adult and TPS clients. Pediatric nurse practitioners worked in collaboration with social workers, and parent educators, to provide well-rounded care. TPS focused on natural childbirth, healthy pregnancy, and continuous support that extended into the postpartum period. After Family Hospital closed, the administrators of TPS began looking for a hospital that would allow CNMs to deliver babies. Dr. James Amedt, Acting Director of OB-GYN at Milwaukee County Hospital said yes, after reading the CNMs Orders & Protocols and meeting with the CNMs. So Jean started working at Milwaukee County as the 1st CNM. She was soon joined by other CNMs.

The head nurse, Donna Pogrants, RN, very wisely told the RNs that if they found out that they couldn't work with CNMs, it was ok and changed the RN's assignment. What a wise woman!

In 1996, when TPS was forced to close its doors for financial reasons, Jean decided to step away from practicing as a nurse-midwife, ending an inspiring, illustrious career that spanned many decades and touched a countless number of lives.

Looking back on her extensive career as a nurse-midwife, Jean expressed that to her, the ability to provide continuous care throughout a woman's lifespan, not just during pregnancy and childbirth, is the heart of nurse-midwifery. She recalled feeling an "all-inspiring presence" of taking part in the birth process. These passionate, humble words embody the spirit of Jean Downie, CNM, a woman who dedicated her life in service to women and their families.

Reflection

by Jennifer Rudnik, SNM
Frontier Nursing University
February 17, 2014

Having the opportunity to interview and get to know Jean Downie, CNM, has been truly and honor. When I met Jean for our interview, she was welcoming, friendly, and very forthcoming with stories and information about her days as a nurse and as a nurse-midwife. A great storyteller, Jean brought me into her world of home births in the tenements of Chicago in sub-zero winters, and rural hospital nursing in the hills in India. While I had planned to meet for an hour or two, before long, four hours had past.

Jean has helped deepened my appreciation for those who've come before me in the fields of obstetrics and nurse-midwifery. In sharing her experiences, she has taught me about some figures that were instrumental in the progress of nurse-midwifery, including Lois Olsen, Wisconsin CNM; Lillian Runnerstrom, Dr. Augusta Webster, Dr. DeLee, Dr. Beatrice Tucker, and of course, Jean, herself. Listening to her stories of her professional relationships with her colleagues and mentors helped me understand that obtaining a wide array of experiences and perspectives are critical to success in nurse-midwifery.

When I started my graduate program in the field of nurse-midwifery, I was unsure of how I would fit into the field as a student and graduate with my public health background. I struggled to figure out if I even had the qualifications to apply to school, and I struggled even more in my first term, wondering if I belonged there. Hearing Jean's stories about how intertwined public health and nurse-midwifery have always been- from Kentucky, to New York, to Chicago-has given me the reassurance that I am in the right place as a CNM student. I am so grateful to have had the opportunity to meet with a pioneering nurse-midwife and take inspiration from her life's story.

Lois Olsen, CNM

Interviewed by Allison Scholl, SNM
Frontier Nursing University
January 9, 2014

Courage and Contentment



A small leather bound black book holds the birthdates and birth weights of 983 babies born all over the world. From England to Sierra Leone, Kenya to the United States, these babies were born into vastly different cultures, unique in language, customs and resources. Many of these babies were born to mothers as young as twelve years old. Some were twins, and a few were triplets. All of these babies, however, shared the good fortune of being born into the steady hands of a brave and faithful midwife: Lois Olsen.

Lois Olsen, the only child of a preacher and his wife, was born in 1925. She knew from a young age her faith would shape her life. It was this faith that motivated her to pursue missionary work overseas as a nurse. Since her teenage years, Lois's heart was particularly drawn to China. So after completing nursing school at the University of Wisconsin-Madison in 1949, Lois studied Chinese at Yale in preparation for what she believed would be her life's work. However, as communism gained power in China, working as an American missionary in this region of the world was prohibited. Lois was devastated and counts this as one of the most challenging times of her life. Having already committed to missionary work, Lois awaited a new assignment. When Lois received her new placement of Sierra Leone, it came with a prerequisite: she must first attend midwifery school in England.

In 1951 Lois was certified as a midwife after completing a yearlong program at St Alfege School in Greenwich. Here she attended her first sixty births, most often traveling by bicycle to women's homes for both births and postpartum visits. When speaking of this time in her life, Lois fondly says she lived the modern, "Call the Midwife" television show.

In 1952 Lois arrived in Sierra Leone and was stationed in the city of Taiama. She was mentored by Dr Mabel Silver and quickly transitioned to autonomous practice, providing care for not only women during pregnancy, birth and postpartum but also for all community members with diverse health needs. Lois became a thriving member of Taiama's community building strong professional relationships as well as lasting friendships. One of these friendships was with Abraham Lavalley who ran the dispensary and taught Lois about local customs. Abraham greatly influenced Lois's time in Taiama, and taught her a saying in which she believes there is great truth: Contentment is great gain. Lois was at home in Taiama; she celebrated with her community and took particular delight in a visit Queen Elizabeth made to the region. Lois also had the privilege of experiencing and celebrating Sierra Leone's independence in 1961.

In Sierra Leone, Lois served a unique population with challenges rooted in traditional Mende culture. It was common for girls to have their first child at twelve or thirteen years of age. The oldest primigravida Lois cared for in Sierra Leone was sixteen. Female circumcision was also widely practiced,

a ritual of the coming-of-age-secret society known as the Bundu Bush. Lois is a passionate advocate against female circumcision saying, “I fought against it from the day I got there and I’m still fighting it today.” These practices, in addition to the young age of childbearing, brought about many labor complications, notably fistulas. Malnourishment also brought a plethora of problems including insufficient protein intake that Lois says made labors lasting five to seven days a common occurrence. Diseases like typhoid and measles were not uncommon. Early in Lois’s time in Sierra Leone, neither running water nor immunizations were widely available. Furthermore, there were neither facilities nor staff equipped to perform Cesarean sections in Taiama, and traveling to the closest hospital required over two hours most often in a pickup truck. Transfers were difficult, Lois notes, and finding assistance in physically moving a woman included a unique cultural challenge: Mende men are not allowed to touch a woman that is not their wife or family member.

Fortunately, despite these limited resources Lois and her team were able to undoubtedly save countless lives. Lois safely delivered many sets of twins, managed a variety of obstetrical complications, and when needed coordinated transfers. Sadly though, with limited resources, Lois encountered the deep sorrow of infant and maternal mortality on an all too common basis. With detail she recalls the first maternal death she experienced in Sierra Leone, a young mother and wife of a community leader, who had an eclamptic seizure.

When asked about the heart of midwifery, Lois says, “It’s about the concern and treatment of women in labor, even more important than delivery.” Throughout her career, Lois treated women with respect regardless of their culture, age, race or religion. The care she provided was not only physical, but emotional and spiritual as well.

Lois passionately believes that education for women is key to the health of families. This is evident in her work in and outside of Sierra Leone. Upon returning to the United States, Lois worked as a public health nurse, providing education to vulnerable populations in Milwaukee, Wisconsin. She also practiced as a nurse-midwife in Milwaukee and served as faculty for both the nurse-midwifery program at the University of Illinois and the School of Nursing at the University of Wisconsin-Milwaukee. In addition, Lois mentored nursing students as an assistant visiting professor in Kenya.

Today Lois lives in Milwaukee and enjoys being a part of a community writing group. In 1996 Lois published her first book, Contentment is Great Gain: A Missionary Midwife in Sierra Leone. She is currently working on her second memoir detailing her experiences abroad outside of Sierra Leone.

For those who have the privilege of running their fingers across the script in Lois’s leather bound birth log, it is evident how many lives one individual can deeply impact. With contentment in her heart, Lois Olsen spent a lifetime putting the needs and comforts of others above her own. When reflecting on her career, Lois says simply and profoundly, “I loved it all.”

Addendum: Lois spent six months in Liberia in 1980 and four years in Kenya where she was the midwifery tutor.

Reflection

by Allison Scholl, SNM
Frontier Nursing University
January 9, 2014

Meeting Lois was an absolute pleasure and the first thing that struck me about her was her humble nature. Lois did not set out to be a nurse-midwife. Midwifery chose her because of her willingness to serve people in the way they needed it most. Lois didn't speak of a passion for birth, a piqued interest in the transformative nature of pregnancy or even a desire to catch babies. Midwifery was a vehicle to best serve the people. Lois safeguarded life, and I am convinced there is no more noble a pursuit.

As she told stories of the conditions in Sierra Leone, I was impressed by Lois's courage, to come face to face with maternal and infant mortality and bear the weight of responsibility in this challenging environment. Death was a part of her practice in a way it is not for most nurse-midwives, but Lois had the courage to persevere knowing her community would be lost without her.

Some midwives may choose to practice in a setting like Sierra Leone for a month or two, maybe a year. Lois devoted twelve years of her life serving this region and this did not come without sacrifice. In talking with Lois, it is clear her heart is still in Sierra Leone. Her apartment is covered in art from the region and her picture frames are filled with the children of her African colleagues. I am incredibly impressed by this lifelong devotion to women and families of Sierra Leone, even while Lois now resides in the United States.

Lois reminds me what a profound impact midwifery can make. My goal is to use midwifery as Lois did, to put my own faith in action, to give of myself and humbly serve those in need, while being forever changed in the process.

Linda Osborne, CNM

Interviewed by
Victoria R. Mayfield, SNM, RN
OHSU School of Nursing, Portland, OR
March 8, 2014



Linda Osborne is an exceptionally warm, personable woman with a deep caring for those who have the good fortune of meeting her. When we met her for the first time, she shared a presence like an old friend anxious to catch up. “Tell me about you,” she said excitedly, smiling and high-fiving when I told her I was in school for nurse-midwifery. From those first few minutes on, I knew Linda as one who seeks to listen rather than to hear, and to befriend, rather than to simply know. The following conversation wholly supports this assumption. Linda’s years of nursing and nurse-midwifery practice are defined by her deep dedication to each individual woman and sincere commitment to the wider communities she has served.

Even from her earliest years as a nurse, Linda’s personal, caring demeanor was hard to miss. One of her first jobs was as a staff nurse at Yale, New Haven Hospital during the advent of electronic fetal monitoring (EFM), and other advancements in research. She recounted a fond memory of caring for a laboring mother undergoing monitoring. Dr. Edward Hon, co-inventor of EFM and inventor of the Doppler, approached her clinical instructor and told her what wonderful skills and finesse Linda utilized in providing care. She could hardly believe it, and was flattered at the time. Upon looking back now, she understands how unique and timeless her gentle approach was amongst the continually changing world of obstetrics.

Linda’s talent and passion for labor and delivery grew, and took her many places. A nursing job at Yosemite National Park from 1973 to 1977 was a unique position before attending UCSD. The UCSD Midwifery program was new at the time, and faculty who had known her from New Haven personally invited her to study under their instruction. She remarked, “I just knew after working so remotely that there was no way I could go back to calling for orders... plus I had gotten the call from my friends with the personal invite.” She continued, “And I was ready for change.” Undeniably, Linda’s generous nursing care impressed many people and set her up for success in midwifery.

At San Diego, Linda’s passion for caring for disadvantaged and diverse peoples grew. The OB program there staffed state run programs that would host weekly clinics in outlying communities in San Diego County. Providing care to them was rewarding, and she grew in her flexibility to provide care across cultural boundaries. The downside, as she recalls, was the lack of continuity between prenatal care at the community clinic and delivery at the university hospital. This was difficult for Linda because she loved it when she could care for those with whom she had built a relationship. After moving to Medford and into private practice, she continued to serve disadvantaged women. Linda understood the value of this passion and thus worked part time for the local community health center for many years.

Linda does not define the highest points in her career by the “dramatic things” which invariably happen for all providers. Instead, she considers the day-to-day fulfillment as being the best part about

34 years of midwifery practice. She explained to me that the pleasure comes in “getting histories, getting to know people, and sharing.” After all, as she pointed out, these are the moments that can be life changing, incredible experiences. From what Linda shared, I believe she genuinely saw every day of practice as an opportunity to provide superior personalized care.

As many midwives would attest to, a successful midwifery career can cause an emotional toll on family. To Linda, this stands out as her deepest regret related to her profession. She recounted a story from her retirement party. Smiling, she told me of all the nice things her superiors had to say about her and the midwives at the Providence Medford OB/GYN Health Center. Continuing, her smile slowly turned and the twinkle in her eyes turned to tears. “My daughter got up to speak and what I’ll always remember her saying is, ‘I used to cry when she left... I never wanted her to go’.” Linda warned that these experiences are ones a midwives should be prepared for, and to be mindful of, when advocating for themselves in professional pursuits.

As for retirement, life now moves at a very different pace. Linda gushes about the lack of alarms, baking in her new free time, and giving backrubs to someone besides her patients – her husband. While she explains a retreat from the midwifery care, Linda unquestionably remains a valued member of our Southern Oregon community. It is impossible for her to anonymously go to the grocery store, as a typical outing includes anything from shouts of “Hey Linda, remember me?,” across the checkout lines to quieter thanks to her for a birth moment long cherished by a family. What remains of Linda’s practice is a network of friendship and caring throughout the community.

Linda shared a piece of wisdom with me that I will always treasure. When asked what she believes is the heart of midwifery, her quick-paced energy changed and she looked at me fondly. It was a lesson shared at graduation from UCSD, though it hadn’t truly resonated until later. Linda maintains that the power to do what we do, day after day, comes from our patients. She elaborated, saying that a midwife takes herself to the extremes of fatigue, yet keeps at it because of the deep caring for her patients. As she recalled, “I remember being in the shower at the end of the day just crying and wishing that I didn’t have to spend any more energy – like if breathing wasn’t involuntary I wouldn’t do that either.” While these words may be frightening to those outside of midwifery, they are an honest description of how much a midwife gives selflessly of herself. Calling to mind the words of Winston Churchill, “We make a living by what we get. We make a life by what we give.” Undeniably, Linda Osborne has made a remarkable life.

Reflection

By Victoria R. Mayfield, SNM, RN

March, 2014

I am inspired by the achievements Linda has obtained by simply being a loving, hardworking, caring midwife. When I imagine who I hope to be as a provider, it is someone just like Linda. One day, I hope to be able to reflect on my career and acknowledge the “highest points” as being the joy derived from providing midwifery care on a day to day basis.

Accordingly, at this point I do not carry lofty ambitions or dreams of the highest achievements. Through this opportunity, I am now open to admitting this, as I now understand that happiness and professional achievement come from daily dedication and caring. When I think about what this means, I summon the words of Mother Teresa: “Not all of us can do great things. But we can do small things with great love.” I will enact these “small things” into my development in two ways.

Firstly, I will strive to be present as a midwife daily, both professionally and personally. Sometimes it may feel difficult because, “I’m just a student,” or “I’m having a rough day.” However, every interaction with patients and peers is capable of shaping how my career may be defined. Secondly, I would like to aim to improve my community. What impressed me was realizing how much Linda was an instrument of community building. By imbedding my practice into the fabric of my community I can imagine myself being as accomplished as I believe Linda to be.

Interviewing Linda Osborne for the 20th Century Midwives project will be an experience that I will undoubtedly treasure for many years to come. From our conversation with one another, I expected to discover many things about her. What I was not expecting was to discover and explore parts about myself and what will make me a spectacular midwife.

Julie Walker, CNM, FNP

Interviewed by
Stephanie A. Kleven, SNM
University of Pennsylvania
November 30, 2013



The door leading into Julie Walker's office is covered with pictures of babies that she has ushered into the world during her 50 years of practice, first as a nurse, then as a midwife. Framed photos of her own family hang on the walls in her exam rooms - a reflection of the warmth and candor that she exudes; while beach scenes and kitten photos perch strategically over exam tables. With tenacity, humor and a great deal of faith, Julie has spent much of her career moving gently against the grain to establish a thriving career as a midwife in the unsuspecting community of Kennewick, WA.

Julie did not set out to be a midwife early in her career; rather, she will tell you, it was an accident. While working as a Family Nurse Practitioner at a clinic in Kentucky, a physician colleague overheard Julie considering midwifery. Brazenly, he interjected that he would not allow her to become a midwife! That settled it. Months later she was enrolled at the Frontier School of Midwifery.

With a husband and two preschool-aged children at home and a 45-mile one-way commute to school, Julie set out on a challenging phase of life that, as she describes, "Midwifery training wasn't something I enjoyed, it's something I survived." There were silver linings, of course. Julie recalls Professor Caroline Miller as a woman who "was so interesting that I felt like we were just chatting and I would forget to write things down."

Midwifery school was not, after all, the greatest challenge that Julie would face. Her move from Kentucky to Washington State to be closer to family was precipitated by perhaps the most painful part of her journey. Her husband tragically sustained a traumatic head injury that would eventually take his life when her children, Linda and Larry, were just adolescents.

With the stress of loss and transition ever present, Julie thought it best to forego practicing midwifery when she arrived in Washington in 1982. Instead, she joined her brother-in-law, an emergency medicine physician, and put her FNP skills to work in his private, emergency clinic. Alas, she would not evade midwifery long after her female patients began to catch wind of her training as a midwife and insist that she attend their births. They pleaded that the Tri-Cities area was devoid of practitioners who supported their rights to give birth gently and without intervention. If she did not agree, they promised, they would have unassisted homebirths.

Maybe it was divine intervention, maybe she could not bear the guilt, but Julie managed to create a beautiful and fully equipped birthing room within the emergency clinic in no time. She hung her shingle as a CNM and the women of the Tri-Cities flocked. One birthing room quickly became two and, despite never planning to work out-of-hospital, between 1983 and 1986, Julie welcomed 500 babies into her birth center. "God blessed us. We did well," Julie says, and with a smirk, she adds, "Nobody died, including me."

Julie had been told that midwives would *never* work at the hospital in town; but as the old dictum goes, “*Never say never.*” By 1986, Julie gained privileges at Kennewick General Hospital, recently renamed Trios Health, just before the birth center closed. “I believe God worked this all out,” Julie says. In order to become privileged, Julie had to meet with the entire medical staff - all men, except for quiet and meek Dr. DeLeon. Only one physician needed to sign on the dotted line and Dr. DeLeon did, much to the chagrin of her male colleagues.

Julie’s intention has never been to ruffle feathers, just to take good care of her patients and do right by her family and by God. Part of her success, I suspect, lies in the grace, respect and humor with which she approaches her challengers. During her days at the birth center, when the head OB nurse at Kennewick General heard about the number of births Julie was attending, she called and incredulously demanded, “What do you plan to do with all your half dead patients over there?” to which Julie responded, “Well I really wasn’t planning on having any half dead patients, but if I do, I’ll send them to you!” Years later, when Julie moved her practice into the hospital, the two became good friends. Julie even delivered that nurse’s grandbabies.

After almost thirty years of working in hospital, Julie says with gratitude, “I have one of the most enviable relationships with the OB staff.” As the tides changed over time, Julie remained steadfast but humble in her midwifery practice. She did not boast when the nurses implored the OBs to “learn how to deliver babies like Julie”, without routine episiotomies, but lo and behold, they took note. Julie set an example to her colleagues, and over time, has helped move her labor & delivery unit in a more woman-centered and family-friendly direction.

At 73, Julie is still attending births and continues to relish in caring for patients with concerns that no one else has managed to diagnose. She focuses on preventative medicine, nutrition and supplementation and eliminating unnecessary medications. While she no longer takes call at night, she trusts the care that her OB colleagues provide to her patients. She assures the women that if she misses their birth, the OBs will take great care of them and, “I promise them,” she grins, “that they will have the very same baby.”

Julie’s career overflows with reasons for celebration: from delivering two of her own grandchildren to caring for 40 mamas who she delivered when they were born. Just one way Julie expresses her gratitude is by sending a photo and thank you card to each of her patients after they birth their baby. One thing is abundantly clear as I reflect on Julie’s inspiring story: Her life and the trail that she has blazed as a midwife are reason enough for women, families and midwives everywhere to honor and celebrate *her*.

Reflection

by Stephanie A. Kleven, SNM
University of Pennsylvania
November 30, 2013

As I look forward to my graduation from midwifery school in a few short weeks, I cannot resist reveling in the sense that I am *finally done*. My interview with Julie, however, was a poignant reminder that, in a wonderful way, this is just the beginning. Innumerable patients, births, successes and challenges are waiting in the wings, ready to become the stories that shape my journey as a midwife. It is a thought that is equally exhilarating and intimidating.

For over two hours, Julie walked me through her journey, story-by-story. Her anecdotes were replete with wisdom, but perhaps the single most important lesson that I took away from the interview was this: I will not be shaped passively by events that happen to me, but rather by how I choose to respond to those experiences. Julie's response to adversity has been marked by patience, humility, humor and respect. As a result, obstacles and setbacks have not dampened her spirit. On the contrary, her career and her life have been enlivened by many of her greatest challenges.

A second theme that was woven throughout Julie's stories was that of relationships. Julie has artfully crafted a career over many years that centers on sturdy, respectful and trusting relationships. I am both an introvert and a product of Scandinavian heritage, which is another way of saying that I value personal space. It takes me time to form close, personal relationships, but those that I form tend to be lasting. Many of the relationships that have buoyed Julie's career are those that were formed not in an instant, but patiently, over time. This parallel gave me the opportunity to consider how characteristics that I have perceived as weaknesses may unexpectedly and beautifully define my own career as a midwife. Only time will tell.

Linda Alford, RN, MSN, CNM, FNP

Interviewed by
Adela Griswold, RN, SNM
Vanderbilt School of Nursing
October 26, 2014

An Early Calling



When six-year-old Linda Alford, hospitalized for a minor surgical procedure, wandered over to the maternity wing and saw the babies through the thick glass window, something clicked. She was entranced by the rows of newborns, and as she stood gazing at them a voice whispered, “you will spend your life serving mothers and babies.” From that moment Linda never doubted that her life would be dedicated to women and families... her question became *how*. This conviction and purpose has been constant over the course of her life; through decades and a multitude of personal, professional, and legal challenges, Linda has never questioned *if* or *why* she continues to serve women – only *how*.

Linda began as a “candy striper” – a hospital volunteer – at fifteen, and then began her associates nursing degree at eighteen. Birthing five of her own children meant that the two-year program took seven, but eventually she began working as a nurse. Over time, Linda’s exposure to hospital obstetrics shaped her belief that there had to be a better way for mothers to birth their babies. Her interest in midwifery began with Mary Breckenridge – Linda was enamored with the Frontier Nursing Service model of serving rural women in their homes. Two chance meetings with CNMs provided the push that she needed: Linda met Suzy Martincak in Fayetteville, TN, and Diane Barnes at a class in California. Both women attended home births and were instrumental in Linda’s decision to pursue midwifery through the Frontier School of Nursing. In addition to serving as a mentor and preceptor for Linda, Barnes went on to lead the Midwives Alliance of North America (MANA).
In Transition.

During her first eighteen months as a midwife Linda worked in a hospital practice, during which time she came to believe that CNMs in hospitals are largely physician extenders. She wanted to “labor-sit,” and was often chastised for going against protocol. In one instance, Linda successfully resolved a shoulder dystocia and was subsequently called to the chief’s office. She anticipated praise for her successful management of the complication, but instead was reprimanded for failing to cut an episiotomy. Linda argued that the baby was caught in the bones and not the skin, but still she was informed that she would be brought up on charges if she failed to follow procedure in the future.

It was her mentor Suzy Martincak who convinced Linda to transition to home births, and who taught her how to practice out of the hospital. In the early years Linda practiced both well-woman and perinatal care in a trailer that served as her clinic in south-central Tennessee, but eventually demand outpaced her volume capabilities, so she began referring her well-woman clients to a local physician. Many of Linda’s clients live in poverty, so she developed a policy of “if you don’t have money, tell me up front and we’ll work it out.” Her clients and their families have the option of paying in the form

of farm chores, sharing knowledge or a skill, or devising another creative way to barter for Linda's services.

The Bigger Picture

Linda's opinions about midwifery – specifically CNMs versus CPMs – are as complex and nuanced as the debate itself. Having practiced in homes and hospitals, Linda believes that nurse-midwifery as Mary Breckenridge developed it has been warped: what CNMs are learning and practicing does not meet the intention that Breckenridge had when she began the Frontier Nursing Service. Linda believes that hospitals are good places to begin your practice, as it is valuable to learn in a setting where backup is available, but that hospitals are typically too restrictive for midwives to grow into their full potential. While Linda insists that her nursing background has served her well on occasion, she sees the intrinsic value of many of the elements of CPM practice. In her words, “if you merge the systems of CNMs and CPMs, women get the best of everything.” Equally importantly, Linda underscored her concern that CNMs and CPMs remain “at each others' throats” and cautions that women cannot succeed when they do not support each other.

Challenges and Triumphs

In late 2013 Linda faced the most significant struggle of her career. Despite never having had a poor outcome, representatives from the Tennessee Board of Nursing arrived unannounced at her home to assess the state of her practice. She felt violated by the intrusion but was unaware of her rights and was informed that if she was uncooperative “it will not go well for you” with the Board of Nursing. There was a subsequent lawsuit alleging that Linda's documentation was lacking, and because she could not afford legal representation she was forced to settle the case and forfeit her CNM and FNP licensure. As a result of her experience, Linda plans to educate student midwives regarding the importance of knowing their rights and the laws and regulations that exist in their state.

Many decades and many hurdles after Linda's whispered calling as a child, serving mothers and babies still holds a sense of wonder and magic for her. Knowing that she is the first person to touch a baby's head... convincing women that they were *made* to birth their babies... these moments keep Linda coming back. In recent years, Linda had the privilege of catching each of the four babies of a woman who was told she would never have children due to a hormonal disorder. This woman's sister was laboring in the hospital with her first baby for forty-two hours when the woman called Linda. Over the phone Linda recommended utilizing a rebozo – in this case a sheet off the bed – and two hours later the baby was born naturally. This same sister sought Linda out for her second birth and when after five hours of labor, she took her baby to her breast she cried, “Mama I did it – I birthed my baby!” This exemplifies Linda's mantra that women have everything they need to birth babies – they only need support to find it.

Reflection

By Adela Griswold, RN, SNM
Vanderbilt School of Nursing
October 26, 2014



Linda's testimony of her life and career was at once humbling, inspiring, and galvanizing. She has given herself wholly to the women and babies she serves, explaining that "first, last, and foremost I am a midwife... if I accept an invitation, understand that I may not be there; if I make a promise I will to my best to fulfill it, but my first promise is to a baby being born." Linda embodies the notion that for many, midwifery is not simply a job but a calling.

Perhaps most influential to my practice and career as a nurse-midwife is Linda's intense respect for the body of knowledge and values that are held uniquely by CPMs. Already in my few years of midwifery "awareness" I have both sensed and witnessed an uncomfortable dynamic between different branches of midwifery, one that sometimes escalates to true animosity. I believe and concur with Linda that conflict and competition amongst midwives serve only to hinder our goals, degrade the spirit of our work, and harm the women we strive to serve. By recognizing and appreciating the values, strengths, and limits to both CPM practice and CNM practice, we can work together to serve each individual woman in the most appropriate and caring way possible.

Linda's experiences also highlight the need for political and legislative advocacy on behalf of midwives, as well as the importance of advocating for ourselves individually. As someone who is interested in political activism and the promotion of midwifery, the opportunity to hear stories like Linda's is of particular value. Finally, I will try to honor and abide by what Linda considers to be the heart of midwifery: patience, love, and trust – equally. As Linda said, "you couldn't do what we do, in people's homes, during their most intimate moments, without those."

Carolyn Aoyama, CNM, MPH

Interviewed by
Melissa J. Fleming, SNM
George Washington University
May 1, 2015



“I think midwives need to be strongly feminist.” That is the advice Carolyn Aoyama, CNM, MPH offers midwifery students. “I would advise that, because they are going to be working with women and they’re going to be seeing some rough stuff, some tough stuff, and if they aren’t seeing some rough stuff and tough stuff, they don’t have their eyes open. Open up your eyes, open up your ears, really listen, really pay attention to what women are saying with their bodies, nonverbal behavior and verbally. Listen to them and take them seriously. Offer them the assistance that you can, where they are in

their lives now.”

Aoyama’s most memorable experience as a midwife was one in which she had to employ excellent listening. Working for Planned Parenthood in Arizona, she cared for a patient status post her fourth therapeutic abortion. “I thought to myself, there’s a reason she’s had four abortions. I don’t know what that is, but there *is* a reason. As a part of my screening...I asked her if she was depressed and she said she was. I asked her if she was drinking, and she said she was. I asked her when was the last time she’d had solid food, a regular meal. She said about two weeks ago. She’d been on a bender. I realized why she was getting pregnant and why she was having abortions. I realized that she probably had a problem with alcohol, *because* I asked those questions. Nobody had asked those questions of her before. I think everybody had assumed that, because she was coming in and having all those abortions, that maybe she was careless, maybe she was stupid ...there’s a lot of discrimination against women. The lesson I learned from that is that women will present with a physical problem, and if we scratch the surface, we will find a glacier of trauma and that in our clinics we need to offer behavioral health care in a seamless system... available in our system 24/7.”

Midwifery as social justice has been the work Aoyama has dedicated herself to since she became a nurse in 1973. This passion was encouraged by her father, a medical doctor, and her mother a social worker. Growing up in Sturgeon Bay, Wisconsin, Aoyama would accompany her father, who made house calls which included home births. "He treated people with great love and great respect, and I respected that. I decided that being a health care provider was probably the greatest calling anybody could have. So I took to heart his stories of laboring women and deliveries and became a midwife." Her mother, a social worker, shared stories of people she assisted. "I realized that what she was doing was fighting for basic social justice. She called herself a social worker, but she was really a human rights worker, and that's what I wanted to do."

Inspired by her parents, she looked to the midwives of the time and their example of midwifery as public health. At the time, the midwives of Kentucky rode on horseback to care for the poor and underserved. The midwives in New York City practiced in the public tenements and addressed the conditions in which their patients’ lived. Aoyama, who received her nursing degree in 1973, was now a mother and focused to practice midwifery as they did, and sought out schools.

After being discouraged from attending a Midwestern midwifery school because, "they had never had a student that was married or had a child," Aoyama moved herself and her daughter to a Navajo Indian reservation, where she practiced public health nursing for three and a half years. Living in a hogan and observing reservation life, led her to see the benefits government assistance offered. "They (the Navajo) could get water, sanitation services, housing ... and health care ... I just thought that *that* was how the world should be organized...the government had a role to play in furnishing people, who did not have either the education or income, with those services. I believed that was appropriate."

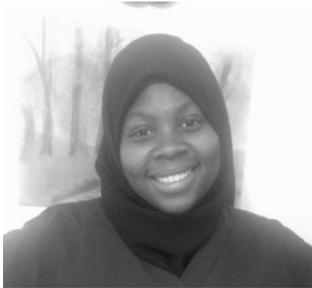
Aoyama did eventually earn her MPH/CNM through Johns Hopkins. Post-graduation, Aoyama accepted a post as the Alaskan State Maternal Child Health Consultant as part of service payback for a scholarship she accepted. There she tackled native issues including barriers to services and premature birth. After Alaska, she worked at a community health center, and there completed her most rewarding work; streamlining the ability for patients to obtain mental health care in house, during a time when mental health cases were referred out of health centers.

"I realized we should be focusing on the conditions of this female mother human being. What are the conditions of her life and what's wrong with it...What I saw was violence. I saw a lot of violence on the Navajo, in Baltimore. I learned more and more...that violence goes hand in hand with oppression, and that the oppression of large populations becomes internalized and people start beating up each other and their children. Pretty soon you've got violence...in whole communities. Violence becomes normalized. Then you end up with tremendous morbidity, psychological and spiritual morbidity. There was tremendous trauma...early childhood trauma, inadequate services and difficulty in survival issues. People were just trying to survive. They have to set priorities in their lives, which might not be my priorities for them ... but that was a lesson I had to learn." These experiences clarified the heart of midwifery for Aoyama. "I think that's the highest calling of midwifery, human rights work. You're doing it through obstetrics, you're doing it through a mother focused lens, but ... we should be doing human rights work...To have a safe, respectful and dignified experience of care, whatever care that is."

Aoyama is currently the Senior Consultant for Women's Health and Advanced Practice Nursing in the Office of Clinical Preventive Services for Indian Health Service (IHS). Her work with IHS includes reservation protocols regarding sexual assault, breast/cervical cancer, and immunizations during pregnancy.

Reflection

by Melissa J. Fleming, SNM
George Washington University
May 1, 2015



It may be cliché to say someone, is a force to be reckoned with, but that is how I felt after my interview with M. Carolyn Aoyama, MPH, CNM. Not because she was fearful or intimidating, but, because she was energetic, generous, wise, and caring. Our time together emboldened me to light a fire under my current practice, and evolved my concept of future practice.

Aoyama shared her experiences with underserved populations. Together we reflected on the importance of reaching and helping patients where they are in their lives. We discussed understanding that a nurse may think she knows best how a patient should approach an issue, but has to remember patients go back to their own lives, which may not accommodate a provider's ideals. While it is always important to share knowledge and information with patients, it is deeply important to help them find ways to integrate that information into their lives. She made me question myself. What am I doing each day to improve the quality of life of others? Am I looking at their whole story? I utilize this insight in my interactions with my patients more now than before.

As a student midwife, I was enlightened by Aoyama's chosen direction in midwifery. I have viewed midwifery mostly as the delivering of OB/GYN services focusing on family planning, pregnancy, delivery and the newborn period. Through Aoyama's career story, I see that midwifery can be the tool utilized to raise the quality of life of others not only through clinical practice, but by shaping public health and institutional policies. I hope to carry that understanding into my career as a midwife. I will aim to hold my patients' hands, listen to them, support them, teach them and create change through shaping guidelines and policy.

Mary Lou Campbell, CNM

Interviewed by
Mollie Gilbert Brody, SNM
University of Michigan
January 26, 2015



Most grandmothers, when sharing about their grandchildren, are not able to boast, “I got to hold them first.” Being the first to hold two of her granddaughters is something Mary Lou Campbell proudly shares. When asked about her most memorable experience as a midwife, Mary Lou answers without hesitation that it was attending the births of her two eldest grandchildren, both born to her youngest daughter. Mary Lou provided her daughter’s prenatal care and was present at the births both as midwife and grandmother. Straddling the roles of mother and midwife defined much of Mary Lou’s career. She raised six children as a single mother while building an inspiring career as a nurse midwife.

Mary Lou started her career as a professional groom working with horses. She turned to nursing to increase her income as she faced raising her children on her own. While in school, Mary Lou realized that many aspects of nursing did not suit her, but found her calling working as an OB tech. She developed an interest in birth and spent the rest of her career caring for women. Upon graduating from nursing school, Mary Lou worked as a labor and delivery nurse in a small hospital in Kentucky. Without any physicians in the building at night, Mary Lou attended the births of babies who arrived before the doctor did. She loved the experience and decided she would prefer to catch babies as the primary provider, rather than only in cases of precipitous labor.

Mary Lou then moved her family to Michigan to enroll in the second midwifery class at the University of Michigan. While a student, she learned from caring and generous individuals who helped to shape her approach to practice. Considered one of Michigan’s pioneers in midwifery, Terri Murtland was a member of University of Michigan’s midwifery service when Mary Lou was a student. Mary Lou recalls Terri’s kindness, remembering when Terri went out of her way to help Mary Lou further her education. Mary Lou admired the way Terri cared for women, always by their side as a calm and soothing presence. Mary Lou integrated Terri’s model of care into her own practice. She was known as a calm midwife, and able to share that composure with her patients.

A self-proclaimed “birth junkie,” Mary Lou found great joy in her work. She loved attending births and never stopped seeing the beauty of the occasion. Throughout her career, she would tear up at births. Mary Lou worked for years at Hutzel Hospital in downtown Detroit. Although most midwives in the practice worked shifts, Mary Lou established a private practice within Hutzel to offer her patients personalized, continuous care. Mary Lou strove to provide exemplary midwifery care, spending extra time with her patients, seeing them regularly and remaining on-call for their births. Most of Mary Lou’s patients were from lower socioeconomic backgrounds; others came to her because they specifically sought midwifery care, including many labor and delivery nurses.

During the years Mary Lou worked at Hutzel, she also provided gynecological care at Planned Parenthood clinics throughout Michigan. In addition to seeing women for annual exams and

gynecological concerns, she performed colposcopies, and was trained to do LEEP, although changes in state regulations prevented her from performing them. She enjoyed the balance of working in different settings, providing both gynecological care at Planned Parenthood and attending births at Hutzel.

Working seventeen years as a midwife, Mary Lou did encounter challenges. She recalled a birth when she physically stood in the door of the patient's room, reassuring the resident that the patient was fine and forceps were not necessary. Although she always tried to work collegially with physicians, striving to collaborate rather than clash in patient care, the tension between physicians and midwives was a hardship. She was frustrated when physicians would verbalize their belief in the value of midwives' contributions, then fail to acknowledge them as independent providers. However this friction strengthened Mary Lou's resolve to protect and advocate for her patients. Through the resistance she faced from physicians, Mary Lou grew as a midwife who sought the best for her patients. In this role, she initiated the effort to bring water birth to Hutzel, a proposal that was eventually accepted, though after she retired.

The other struggle of Mary Lou's career was supporting her family independently. Her responsibility to her family limited her options. She dreamed of working in a homebirth or birth center practice, but needed a stable income and health insurance. Despite this challenge she found balance, successfully meeting the needs of both her family and her profession. At one point when her family was facing significant financial demands, Mary Lou worked two full-time jobs, demonstrating the strength of her commitment to sustaining her family.

No longer practicing as a midwife, Mary Lou still speaks with passion about the role of midwives, recognizing the value of care that women provide for other women. In her career, she saw how midwives could intuitively understand the experience of birthing women and connect with them in a profound way. The empathy and caring midwives offer elevates the birth experience. Mary Lou encourages new midwives to gather as much experience as possible in their budding careers and then to focus on a niche in which they will excel. She advises young midwives to approach midwifery with a sense of awareness, both in the births they attend and the contributions they can make to the field.

Although Mary Lou is not currently involved with midwifery, she has continued to find outlets for her caring nature. She provided end-of-life care for her mother, and now spends much of her time caring for her granddaughters. She says that she has pulled away from midwifery connections mostly because of how much she would miss birth if it continued to surround her. Listening to Mary Lou's stories of the women whose lives she touched and the births she attended, it is clear how deeply birth will always be part of her.

Reflection

By Mollie Gilbert Brody, SNM
January 26, 2015



Dear Mary Lou,

Eight years ago, while I was pregnant with my first child, who is now turning seven, I decided I wanted to become a midwife. Now a second-year midwifery student, the road has been long, and often difficult. Over the past eight years I have taken so many classes, had two more children, worked long nights as a nurse, and have yet to catch a baby. At times I have wondered if the journey is worth it...and then I have the opportunity to meet someone like you.

Meeting you in our local library on a snowy day in January absolutely reaffirmed my decision to become a midwife. I was profoundly inspired by your devotion to women and birth, and the fascinating trajectory of your career. The story of your strength, as you blocked the doorway from a resident eagerly approaching with forceps, is one that I will remember as I encounter similar challenges. Similarly, when I begin my intrapartum rotation this fall, I will endeavor to incorporate the awareness you described of the mother and the birth process.

Most significantly, the balance you achieved in caring for your children and your patients encourages me. As a mother of young children, I am often unsure of how I will raise a family and build a career. It is so reassuring to know that others have faced similar struggles, and persevered. I now aspire to one day attend the births of my grandchildren, an occasion which surely must be the apex of a midwife's career.

I thank you deeply for the opportunity to meet you and to learn your story.

Mollie

Libby Dickson, CNM

Interviewed by
Kim Fleming, SNM
East Carolina University
March 18th, 2015



Libby Dickson received her BSN from West Virginia University in 1964 and began working as a staff ICU nurse at Chapel Hill Memorial Hospital. Libby recalls with great clarity a moment from that first nursing job in which she realized that, being a BSN rather than diploma educated nurse, she needed help developing her skills on the unit. She found someone she trusted, and confided that she only knew how to read a metric thermometer. She speaks of great fondness for that LPN, for the help she received that day, and for the lasting friendship that grew out of that moment. It was a moment that clearly inspired one of her more important pieces of personal philosophy, and the best pieces of advice she had to give: “It’s better to ask for help than to pretend.” Echoed too in this sentiment, repeated often during our conversation, is the notion that not only should you not be afraid to ask for help, but that there is great value in knowing from whom to ask help, and when.

Though Libby knew right out of nursing school that she wanted to be a midwife, having been inspired by her OB instructor and a lecture about Mary Breckenridge, her life took her down many other paths first. She spent time as head nurse in a nursing home in Scotland, as staff and head nurse in newborn nurseries in Houston, TX and Chapel Hill, NC, and as a staff nurse in Greensboro, NC. During these years she also taught in obstetric and maternity nursing. In 1977 Libby received an MSN in Maternal-Child Nursing from UNC Greensboro; she spent the next three years continuing to teach undergraduate nursing courses at UNCG while also teaching childbirth education classes.

In 1980 it was finally time to pursue her dream of becoming a midwife. She submitted applications, but had been repeatedly told it would take three or four years to get accepted, so she told no one. Being wait-listed at MUSC in Charleston, SC was a fact that initially confirmed that she’d just need to reapply again the following year, and perhaps the year after that. She was undeterred, and determined. To her surprise, she received a call a few months later to offer her a seat in the post-master’s midwifery certificate program from the waitlist. Having told no one that she’d even applied, she found herself in a quandary. She already had students and clinicals assigned for the coming semester. Again, she realized that she needed to ask for help. She spoke with her dean at UNCG, was encouraged to go, and she did. She moved to Charleston for a year, and completed her Integration Module at the first birth center in North Carolina, a hospital based center in Siler City, NC. She was awarded her certificate in Midwifery in late 1981.

After returning to Greensboro from Charleston to be with her family, Libby set about the task of finding a job as a newly minted midwife. Initially, she expected this to be an easy task, anticipating that physicians would be happy to have her help. She quickly realized that she was to have no such luck. Time and again she was turned away. The OB community in Greensboro was uninterested in incorporating a midwife into their ranks. A friend suggested that she try the neighboring community of High Point. The thought of practicing in High Point had never occurred to her, and at the time it

seemed impossibly far away. Nonetheless, she was determined to begin practice as a midwife, so she began to arrange meetings. Again, she was met with stonewalling, and then everything changed.

She was waiting for an interview when the doctor came out, greeted her warmly, and apologized, telling her that he was about half an hour behind, but would be with her shortly. This was a night-and-day difference from how she'd been treated by the other doctors whom she'd approached. In their conversation he explained that he'd worked with midwives in California, and would be happy to have her as part of his team. He told her that he was planning to open a birth center, and he gave the project over to her. From meeting with the architects to developing daily operations, the birth center truly became her own. Libby speaks affectionately of her relationship with this doctor, and the true partnership they had. She jokes about the “dog and pony” show they would play with doctors who were skeptical of the birth center and of midwives. He was truly an ally of both Libby and midwifery. In 1982 they opened the first freestanding birth center in the state, the Carolina Birth Center in High Point, NC; the first birth at the center was in 1983.

During this time midwifery was being hotly contested at the state level. Libby was active in lobbying for legislation that would allow midwives to continue to practice once the current law had sunset. When the Midwifery Joint Committee was established, she was appointed as one of two midwives to hold a seat; she served in the role from 1983-1995. Her years on the Midwifery Joint Committee were often frustrating, and the experience with the physicians on the board was often adversarial. Nonetheless, she remains proud of what they were able to accomplish, and the manner in which it helped to expand midwifery services for women in North Carolina.

Libby retired from birthing on 9/9/1999 and as the director of Carolina Birth Center in 2002. She speaks with great joy and passion of her years as a midwife. She reiterates again and again the importance of finding allies and asking for help, of hard work, and of recognizing serendipity when it's staring you in the face. She looks back on her time as a midwife fondly remembering all the babies she helped into the world, but the moments she relishes the most are those in which she was with women as they found their own power.

Reflection

by Kim Fleming, SNM
East Carolina University
March 18th, 2015

Meeting with Libby Dickson was a humbling and inspiring experience for me. As a student midwife in this era, it's easy to get bogged down in how unfriendly the obstetrical community often still is for our profession. It's easy to feel as though there are few places where my practice will be welcomed. It's all too often easy to let this feel demoralizing, especially while also trying to slog through real life, school, and work. Talking with Libby served as an amazing counterpoint, reminding me of just how far we have come as a profession, but also how far we still have to go. Libby fought hard to ensure the rights of midwives to practice in North Carolina, but we still don't have autonomy of practice.

I'm so grateful for the contributions of women like Libby, who fought long and hard for midwives and women; through her story, I feel newly inspired to keep fighting the good fight, and to stand up to be a force for positive change. Hearing Libby reflect on her life as a midwife with so much consideration and passion has helped to reignite in me the passion I felt when I was first applying to midwifery programs. Being a graduate student often feels like an endless process, but Libby has helped me to refocus on my end-goal: to be with women, and to help them find their power.

Elizabeth “Biddy” Fein, MPH, CNM, RN-C, FACCE-R

Interviewed by
Brennan Elizabeth Taylor, SNM
Vanderbilt University
September 6th, 2014



Introduction

Elizabeth Fein, known to most as Biddy, worked as a CNM for nearly 20 years. As a member of the first class of CNMs to graduate with a Masters in Public Health from Boston University, she overcame a major hurdle to begin practice in 1993. Biddy went on to become the Director of the Harvard Vanguard Midwifery Service and serve in this capacity for 11 years. In 2012, Biddy’s clinical career came to an end but she remains inspired by the profession and its power to help women make choices for themselves and their families. She shared the following reflections on her midwifery education and career during an interview on September 6, 2014.

Nursing Education. Biddy Fein, CNM does not have an MSN. However, lest anyone be confused, Biddy *is* a nurse. She earned two nursing degrees – a diploma degree from Massachusetts General Hospital in 1974 and a BSN from Boston College in 1981. It was during Biddy’s first obstetric rotation that she decided she would eventually become a midwife.

Journey to Midwifery. In 1974 Biddy took her first position as a Labor and Delivery nurse at St. Elizabeth’s Hospital. A fellow nurse (and Irish midwife), Theresa Cronin, took Biddy under her wing. Theresa taught Biddy the fundamentals of caring for the laboring woman and Biddy’s experience with Theresa confirmed her desire to work as a CNM.

Political Challenges. The Boston University School of Public Health created a masters program for nurse-midwifery in the 1990s to address a shortage of obstetric providers who were leaving practice. Biddy enrolled in the program and she and her classmates had their education provided for – with a stipend – by the Massachusetts state government. Two of the program faculty, Lisa Paine and Mary Barger, were among Biddy’s most valuable midwifery mentors. The public health portion of her program gave her unique tools to provide care for underserved populations.

Upon graduation in 1993, Biddy and her fellow MPH graduates found that teaching hospitals in Boston were unwilling to hire them. Despite state funding for the program, the nursing departments of these hospitals refused to hire the CNMs without a MSN degree. The group enlisted the help of the Massachusetts Commissioner of Health. The fight of these new graduates was reported on the front page of the Boston Globe, with Biddy featured as their spokeswoman. Their appeal sent a strong message to the hospitals, which yielded one after another to grant privileges to the new nurse-midwives.

Collaborative Practice. Biddy was the first CNM/MPH graduate hired by Harvard Vanguard Medical Associates. The Midwifery Service at Harvard Vanguard provided (and still provides) highly collaborative care. From the outset of care, each woman had visits with physicians and midwives. The

two professions worked closely together, with clear emphasis on the client's freedom to choose what was best for her. Twenty-eight weeks into her pregnancy, the client was asked to consider her choice of delivery provider. Almost without fail, 60% of women chose to have midwifery care during the intrapartum period.

Mentorship. Shirley Kamarowski, the director of the Midwifery Service at Harvard Vanguard when Bidy began working there, educated Bidy about midwifery practice and administration. After 6 years, Bidy became the Assistant Director of Nurse-Midwifery under Shirley. In 2000, Bidy succeeded her as the Director of the program. This move gave Bidy the privilege of guiding the practice to keep women at the center of every decision made by its providers.

Leadership. As an administrator, Bidy continued to work at least one day in the office and took 12 hours of call each week. This helped her keep a finger on the pulse of the practice and relate to her colleagues' needs. She enjoyed being a mentor for others, identifying and cultivating new midwives' skills. "Every midwife has special talents," she says, "which should be honed to contribute to the profession of nurse-midwifery as a whole." Bidy also served on the Board of Trustees of Harvard Vanguard as one of two trustees representing the voice of nursing. This leadership role provided her another opportunity to advocate for patients from a nursing and public health-informed perspective.

Bidy faced a major professional obstacle when she moved to Tennessee in 2012 to be closer to two of her children. This time it was a major local institutions' nursing regulations that would not recognize Bidy's MPH credential as adequate for practice, despite interest from local practices to hire Bidy as a CNM. After a short stint as a labor and delivery nurse in a less-than baby friendly hospital, Bidy chose early retirement. Despite the unfortunate end of her clinical career, Bidy remains a vocal advocate for the power of midwifery to educate women and empower them to make choices at birth and beyond.

Advice to Students. To current midwifery students, she gives the following advice: "Every decision you make has to start with the woman and expand out." She also advises new midwives to learn how to work collaboratively and value the roles of other providers. Women should never be exposed to inter-professional antagonism, she says. Just as all decisions made by the providers should reflect the interests of mother and baby, the mother should feel nothing but support from everyone involved in her care.

Heart of Midwifery. The heart of midwifery, for Bidy Fein, is the woman. She considers herself fortunate to have seen countless women transformed by informed choices made during pregnancy and birth. One of her most memorable patients was a 17 year-old, single African-American woman who she saw for prenatal care. This young woman was eager to be a good parent and worked closely with the midwives to stay in school and make plans for her baby's arrival. The respectful care this young black woman received at the midwifery service inspired her to finish school and become a nurse. Bidy was delighted, 18 years later, to receive a letter announcing the child's college acceptance and the mother's completion of a Doctorate of Nursing Practice.

Reflection

by Brennan Elizabeth Taylor, SNM
Vanderbilt University
September 6th, 2014

“I know there is strength in the differences between us and know there is comfort, where we overlap.” - Ani DiFranco



I am grateful to have had the opportunity to interview Bidy Fein for the Midwifery Legacies Project. In addition to providing me with her story, she helped broaden my understanding of what midwifery is and can be. For example, when I disclosed to her my preference for un-medicated birth, Bidy suggested that I consider that it could be empowering for a woman to make an educated choice to have pain medication. “It is our responsibility as midwives to facilitate informed decision making,” she reminded me, “regardless of the type of birth a woman chooses it is my hope that she smiles every time she recalls her birth experience.” She went on to explain that, within the scope of what she could offer a woman, she always made sure it was the woman making important choices about a birth, not the midwife.

Bidy Fein fought in the 1990s to be able to practice as an MPH-prepared nurse-midwife, she led 37 CNMs at the highly-collaborative Harvard Vanguard practice, and she has worked over several decades to shape Lamaze Childbirth Education. While her clinical career recently came to an abrupt halt, I believe she showed great courage in her willingness to participate in this interview project and speak about the disappointment at the end of her career. While I am also disappointed that Bidy no longer practices as a CNM, her career inspires me to appreciate the diversity that exists within this profession. Our diversity as midwives can give us strength and despite our differences, we can continue to find comfort where we overlap – in our goal to provide woman-centered care.

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Kate Mitcheom, MSN, CNM, RYT

Interviewed by
Enabah Laracuenta
Yale University
April, 2014



Given her passion for mindfulness, yoga, and all things Zen, I expected Kate to choose to be interviewed on the beach or at least at a new age coffee shop. I had asked her to choose the interview location believing it would tell me something about her. It did. She chose to tell her story in the oldest exam room, the one no other clinician wanted, of the community clinic where she has served as a midwife for the past 30 years, the Fair Haven Community Health Center of Connecticut. It was in these humble hallways that she found her life's work, best friends, and the heart of midwifery.

Kate Mitcheom sits gracefully across from me in this poorly designed exam room, but the energy in the room is warm and easy. This story sharing is about celebration, and it begins with celebrating womanhood. "Strong women raised me--women who had a solid sense of being female and valuing the role they play in family and community." She's referring to her mother and grandmothers. "Women taking care of women" was Kate's learned value, although oblivious to its future manifestation.

Kate's road to midwifery lay in the socio-political challenges of her time. She pledged into the U.S. Navy at age nineteen, but soon became a conscientious objector of the Vietnam War. Ranked as an officer, she nonetheless honored her commitment by becoming an intensive care nurse. She expresses gratitude for all she learned being the sole bed-side nurse to 28 patients at a time. Every need from starting an IV line to giving back rubs were in her hands. Sadly, her nursing unit in Guam lost many people, and Kate needed to recover. Her prayers led her to a small maternity team delivering about 900 infants yearly. Before she knew it, she was supporting three laboring women in one room with a fetoscope. After the women were tucked in with their babies, she mopped the floors of the birth room.

Kate's love of birth was nourished by rising midwifery leaders of the 1970s. Her curiosity led her to the Farm where she met Helen Burst. "Ms. Burst," she boldly inquired, "Tell me why I should come to Yale?" "Helen looked at me like I had two heads," Kate laughs. Nonetheless, Helen would become her lifelong mentor and friend. Kate needed deprogramming from the fast-paced medical units of her nursing years. Yet she was more motivated to learn than ever from an "unbelievable faculty" including Helen Burst and Pixie Elsberry. Her mentors were brilliant, unapologetic feminists, and also hilarious. Several years later, Pixie would be attending Kate's birth. Shining a flashlight on Kate's crowning perineum, Pixie exclaims, "The moon! It's like we have the moon!"

Sisterhood was an essential lesson Kate learned in midwifery school. She arrived to New Haven alone after a painful divorce and could only afford to live in a dangerous neighborhood. "What am I doing

here?” she asked unsettlingly. Yet a new bond was forming with her midwifery cohort, and as they opened up to each other Kate found her place. Their sisterhood was tested as competition for integration sites and first jobs brought out tension. Kate learned that midwifery sisterhood is “invisible support from a group of wise women to which you belong” and “hurt feelings and jealousy are part of sisterhood too.”

One of the biggest blessings in Kate’s career has been loyal partners. The community clinic hired her fresh out of school to become their solo midwife. She rightfully asked for help, and spent several years looking for committed partners. Finally, Ellen Wormser and Melissa Lonergan arrived. Joyous about the fruits of a career with the right partners, Kate exclaims, “This is what it is like to have midwifery partners!” More than partners really, they were each other’s midwives and close confidants. Kate laid out an elaborate web for me of how they delivered each other’s babies. During snowstorms they would ask, “Who is going to take care of the kids, who is going to be on call, and who is going to be in the clinic?” Their support also gave her the opening she needed to seek knowledge that would enhance her life and her work in the clinic. In the 1990s, Kate began to study mindfulness and energy medicine. It opened her eyes to see people as a composite of their life experience, body, and personality. Nowadays, you will find Kate sitting in a circle with inner-city pregnant women practicing loving-kindness meditation in preparation for birth.

Kate’s patients have been her greatest teachers of midwifery. An enlightening story from her career involved an overwhelmed mother and her toddler. She had just walked into an exam room to find this mother in the act of striking her toddler with a clog. Startled, Kate screamed, “What are you doing? This is your child!” Lamenting the judgment in her own voice, she admits, “I didn’t think about how I treated this woman was going to help or hurt her. She was going to go home and feel worse. There are two victims there, not one.” Kate leans forward and tells me heart-to-heart that often a midwife learns how to be open-hearted with patients from personal experience of what it feels like to have someone reach out and see her. She now strives for her patients to feel that is OK to confide in her with anything. And from these women, she learned an unlikely lesson of self-compassion. Kate believes that one of the greatest challenges women face is being loving towards themselves. “We grow up in a culture that glorifies the mother –martyr who is always giving,” Kate explains. We nod our heads in agreement as we recognize how that illusion affects women. Without asking the question, it is clear what Kate believes to be the heart of midwifery, and the particular gift that she has given to so many women: “Help women learn how to love themselves. It is the best thing we can do.”

Reflection

by Enabah Laracuenta, SNM
Yale University
April, 2014



Kate has taught me many things over the past year of working with her, but there has been nothing more life-changing than learning how to love myself. What this means in practical terms is that my approach to becoming a midwife has changed. I am much more patient with myself and everyone around me. It used to be that when I made mistakes in the clinic or on the labor and birth floor, I would start telling myself that I would never be a good midwife and go into despair. Now I remember her advice to me, “There is more right with you than there is wrong.” I have begun to share this message with other women around me from my family and friends to the women I serve as a student-midwife. I am conspiring a grass-roots revolution of women showing loving-kindness to themselves! Imagine.

Collecting Kate’s story also brought out a new interest for me in the role of women, in particular nurses and midwives, in the Vietnam War. Most of our history has been written about the suffering of men in this era. While the stories of male veterans are valid and important, there is much to be said about the contributions of women in saving lives and promoting the end of the war. Many of the members of the American College of Nurse-Midwives were among these women. I hope that we can gather their stories for the recognition they deserve. Thank you for the opportunity to participate in this initiative.



Twentieth Century Midwives Midwife-to-Midwife Interview Project

The Twentieth Century Midwives – Midwife-to-Midwife Interview Project began in 2015 and along with the Student Interview Project, has collected numerous personal and professional histories of senior midwives.

The stories, along with the interviewer names, are archived at The A.C.N.M. Foundation headquarters as part of the Twentieth Century Midwives Story Collection.

Interview content is used in print and electronic form to publicize the midwifery profession.

Dr. Judith T. Fullerton, PhD, CNM, FACNM

Interviewed by
Barbara A. Anderson, DrPH, CNM, FACNM, FAAN
May 4, 2015

Judith T. Fullerton, PhD, CNM, FACNM has a depth of midwifery engagement rarely matched in the United States or internationally. Her experiences include hospital and community-based full scope midwifery practice, preceptor, academician, researcher, writer and global consultant. Her curriculum vitae demonstrates engagement at the highest level in all the areas identified above.

Dr. Fullerton has risen to the highest levels in academia and international consultancy, always maintaining a clear vision of the value of midwifery for women, newborns and families. Highly regarded as a top midwifery leader, she has been an active participant in both the American College of Nurse-Midwives (ACNM) and the International Confederation of Midwives (ICM). In 2000, Dr. Fullerton was honored with the Hattie Hemschemeyer Award, the highest award of the ACNM.

In discussing the experiences that influenced her decision to become a midwife, Dr. Fullerton described *interpersonal conflict* as the first factor. She reflected upon her observations and lived experiences of rural poverty among the recently immigrated peoples of her community. She described their struggles and her inner struggle in witnessing the silence around reproductive health issues and the concurrent emergence of reproductive options with the birth control pill.

During her BSN program, while writing an assigned paper about opportunities available for education beyond the bachelors' degree, she discovered a brochure about nurse-midwifery at Columbia University. Writing this paper led to the next factor influencing her decision to be a midwife. Dr. Fullerton described this factor as *serendipity*. In her words, "I wrote for information to complete my assignment, received materials from Columbia about the profession, and a program application. I filled it out!" She found her *passion* and her *mentors*, the final factors in her decision to be a midwife. Her mentors have guided her in clinical practice, teaching, administration, research, writing, and significant global engagement.

In speaking of regrets, she stated, "Midwives and their children don't necessarily experience the joys of physiological birth, It happened to me. It happened to my daughter. Everything I knew or could do couldn't change things as they happened."

However, this regret has been tempered by her description of "soul-filling joy," sharing in the lives of childbearing women and their families around the globe, being a part of creating an environment of midwifery education, policy and midwifery access that brings health and care to women across the globe. She exemplifies the "heart of midwifery," i.e. *being with women* everywhere. Her work with program development in some of the lowest resource areas in the world is well acknowledged.

All of these experiences have been shaped by the serendipity of Dr. Fullerton's life. Her "words of wisdom" are to embrace the uncertainty of life, risking, making mistakes, learning from mistakes, seeking mentoring and in the process, forging the future. She encourages young midwives to see the potential in childbearing women, no matter what their circumstance. As an exemplar, she concluded with this story:

I was the midwife for the birth for a young woman who was 11 years old during her pregnancy. She had no prenatal care, but arrived in the hospital emergency room in very early labor, two days before her 12th birthday. According to the young woman, her sister (age 14) had recently delivered a baby. The parents were very supportive and attentive to the 14 year old but were not even aware that the 11 year old was pregnant--until that day when they told her to leave the home. She had nowhere to go. My midwifery colleague and I found a bed for her in the nurses' residence. We took turns watching over her, and then caring for her during a prolonged latent phase followed by a surprisingly quick and easy labor and birth on the day of her 12th birthday. By the time of hospital discharge, Social Services had found a foster home placement for her and the child. That young child-mother has been my mantra "Do what you can in the moment. Moments become a lifetime."

Reflection

by Barbara A. Anderson, DrPH, CNM, FACNM, FAAN

May 4, 2015

Dr. Fullerton has exemplified that “moments become a lifetime.” As one of the most powerful mentors I have ever had, she has been with me at turning points. She helped to launch me into my career in midwifery, albeit with a healthy dose of reality in my intake interview with her. She lived her mantra “Do what you can in the moment” with wisdom and calm guidance in a time of crisis for me. In her “words of wisdom,” she stated that one should never give advice but rather share experience. It was in the sharing of her experiences and lessons she learned that she guided and advised me in my professional path. Our life courses have many parallels in clinical, academic and global work. Along those courses, she has fully and unselfishly engaged me, sharpening my thinking and showing me the way in the finest tradition of mentoring. It was my privilege to interview Dr. Judith Fullerton for consideration into the Legacy Project.

Barbara A. Anderson