



KELLY'S CORNER

by Jan Kelly



Colette Price

M I D W I F E

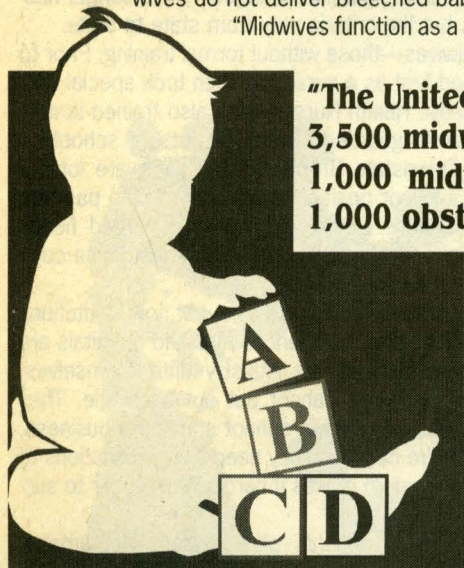
A very intense conversation recently transpired between myself and a highly experienced, intelligent caring person, a soldier fighting for better universal health care. Nurse and midwife Colette Price works in the North Central Bronx Hospital which used to be part of the Montefiore Medical Center. Colette graduate a nurse in 1963, a midwife from the Downstate Medical Center in 1981. She holds a Master's degree in Public Health from Columbia University and worked in El Salvador between 1993 and 1995 training midwives. She resides in New York City and Truro. Her sharing was so articulate and impassioned and her knowledge so broad and clear that I did not intervene at all. Below, she tells her own story for you...

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"Midwifery is an ancient skill as old as the very birth of babies. What began as a natural skill for a caring person to take up has become a formal system within the medical field system that has changed and seen adaptation through the years. Midwifery addresses normal births and most births are normal since birth is a normal human reality. The midwife functions as an assistant—'Don't touch, don't interfere,' no medication. If the baby is not too big nor a breech birth, then the labor progresses by itself. 'Hands off the breech,' the mother must do all the pushing—today midwives do not deliver breeched babies.

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a protector in labor. There's a natural tendency to use technology—a pill for pain... But be careful: once you take a pill and no longer feel pain, you can't walk, you

can't move—how can we deliver this baby? The pain makes the mother push... The baby's coming, you feel it and you push; that's normal. With painkillers, a woman can't pee. We have to take her urine—another complication. Midwives have a reputation for being against painkillers, but that's not so, such is not the first option.

"Walking helps, a jacuzzi, a bath—they help. The midwife wants to facilitate a mother's best chance for a normal, natural birth. If I see that will not be possible, as quickly as possible, I will turn you over to someone who can deliver the baby—the doctor. In the 1860's, hospitals were not always the places that saved lives. Women were dying from childbed fever or "puerpera," the period that follows delivery. Doctors would return from an autopsy without

washing their hands and assist in the delivery. They infected the wombs and the women died within weeks. Dr Samuel Weis deduced this and the problem was corrected.

"Today the problem is managed care—a new system of health care. The power now resides outside the hands of the doctors and midwives and in the hands of insurance companies. Prices are set and fixed. Women need permission for each procedure...or what if a second opinion is needed? Not all managed care is bad. As it works out in the obstetrics field, more and more doctors are enter-

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ing the normal birth arena. There's money to be made there and midwives are being pushed out. Midwives become direct competition with the doctors.

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"There are lay midwives—those without formal training. Prior to the change, one trained first as a nurse and then took special midwifery studies. The Public Health Nurses were also trained in midwifery. The future now is guarded. There are lots of schools—Columbia University, Downstate Brooklyn—and there are lots of students, but finding a job or position is not easy. In the past ten years, many positions were eliminated due to managed health care. Health care shrinks for the individual, but the insurance companies are making the money.

"There were many practitioners years ago, but now institutions are cutting staff. We don't plan in America. Jails and hospitals are run for profit and have become an industry unto themselves. Ninety-nine percent of midwives cannot put out a shingle. They need a doctor for back-up. A midwife cannot start up a business, even in rural areas. They're caught. They need the certifications to act responsibly, but the system makes it harder and harder to succeed.

"I have many Spanish patients plus African, Vietnamese, Cambodian women; I see South Americans from Peru, Equador, Colombia; some women come from Kosovo, Bosnia; African Americans—a real ethnic mix. Each ethnic group has a different style of birthing. When the Vietnamese women come in you have to keep your eye on them. They're fast! They will go into a corner and squat and self-deliver. The Africans are very verbal. They shake their arms and click their fingers, moan and yell "Sister, Sister!" They yell a lot. So I ask, 'Do you want something for the pain?' 'No,' they yell. They're expressive.

"Women from the Muslim countries are oppressed. They moan "Allah, Allah!" as if they were dying. They won't sit up or walk. 'No, Miss.' They say we call them the Dying Swans. Their duty is to have a male child. Some husbands give us tips for having boys... One husband gave us \$50, when he saw he had a boy. 'Here, take the staff out for a drink,' he said. I told him, 'Keep it!'

"What's really sad to address are the women who have a cliterodectomy which makes the vagina small and limits its flexibility. It's so painful, you have to cut the bottom to ease their pain. This makes childbirth so difficult and leaves them prone to urinary tract infections. There are so many problems... AND American companies send expired birth control pills to Third World countries!

"There are so many stories, each birth tells a different story. I once assisted a woman from Equador through her labor and she was irritable. I tried to bond, to relate to her but it was hard to connect. Her bilingual husband was there but she spoke only Spanish. When it was over and she had given birth, I had to stitch her and she had a little tear. It was what they call 'The Husband Stitch.' So in English he said to me 'Make her tight, give her two stitches.' The woman caught my eyes, 'Que dice?' she asked. 'El quire me hace

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su vagina un poquito mas pequino.' 'Porque?' she replied, 'Su instrumento es pequeno.' And our bonding problem was over.

"Such an ethnic mix! The Mexicans have such strong family values. A young and yet so mature 17 year-old girl came in. She was accompanied by a woman I assumed to be her mother. Their relationship was so loving. The woman stayed with her right though the birth telling her, 'Be strong. You can do it!' while wiping her face in

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a one-on-one tunnel vision communication. Their exchange was so inspiring to watch and the delivery was so smooth. While we were showing the mother her baby, I asked the woman, 'Is this your only daughter?' 'Oh no, she's one of my nieces,' she replied, 'I have 6 children. I'm very close to everyone in my family.'

"It's so important for a woman's body in childbirth to remain in control of the birthing woman. There's a great tendency in the medical establishment to wipe away the experience with unnecessary interventions. While a woman is birthing, it's important to the rest of her life to praise her throughout the delivery process. 'That's wonderful! You're doing so well.' I want their birthing to be a positive experience, for the woman to know that she did her best in this endeavor, the best she could possibly do, even if in the end the delivery had to be a caesarean delivery. This birthing experience and how she copes with it will define how she will deal with other experiences in the future.

"Technology can be useful and valid when needed. For instance, a sonogram or ultrasound, but these instruments can be overused. In India and China, they are misused to determine the need to abort a female fetus. In China, very little health care exists, but sonograms are common so they can 'abort that female.' Only one child per family in China? That's stupid! What kind of country will they have? All men? Is this 'family planning?' I see it as an example of technology used poorly with no protection for women."

All the while we were talking, Colette's five year old grandson Max was busying himself with the activities that fill the summer mornings of a small child. Max is verbal, responsive and polite. Colette told me when he introduces her he reports, "This is my grandmother, she delivered me."

Colette Price has delivered more than 1,500 babies. I asked her how she felt delivering family. "Sometimes that can get too involved, but you want to do your best in each birth, so why not family? Do I seek just a successful outcome? No. I want to be mindful, to have a centered view. I treat family as I do any patient and if the delivery requires hospital care, that's OK, that's how it is. To deliver my own grandchild was a great moment. I would always hug him and say 'I delivered you, Max.' and so today he greets people with 'This is my grandmother, she delivered me.'"