

1995

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## Publication details

Rogers, N 1995, 'Wimmenspeak on midwifery lore', *E Law*, vol. 3, no. 2.

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# WIMMENSPEAK ON MIDWIFERY LORE

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**Subjects:** [Feminist jurisprudence](#) (Other articles)

Midwifery

**Issue:** [Volume 2, Number 3 \(December 1995\)](#)

**Category:** [Comment](#)

This paper is an attempt to write in a form of wimmenspeak which eschews footnotes, academic jargon, and the position of the objective observer. I am writing in wimmenspeak because, as we all know as "good" postmodernist feminists, the logical rational constructions of academic language, the distancing of subject and object, are part of what Ursula Le Guin calls the father, or learned tongue. She says (you see how hard it is for us academics to avoid footnotes): "The essential gesture of the father tongue is not reasoning but distancing - making a gap, a space, between the subject or self and the object or other." [1]

Since what I am going to talk about is my own experience of birth, the process of becoming a mother generally, and whether law should intrude on that most intimate and immediate of female activities, it is appropriate that I should try, at least, to avoid such distancing. In fact, the interesting thing about labour and birth is that the distancing of subject from object is conspicuously absent. Labour and birth are very much in the present tense. The objective observer which accompanies us through most of our experiences, and allows us simultaneously to analyse and report, holds its breath and shuts its eyes. There is little concurrent analysis which can proceed whilst we are in the throes of a contraction. Perhaps that is why language cannot describe childbirth. It tries, it can manfully (excuse the pun) resort to metaphors, but childbirth eludes language.

Before my own experience of birth, I found this very unsettling. I pored over written accounts of birth, listened to other women tell their tales, but the process remained darkly mysterious, unknown as a physical experience. Language ultimately fails us when it comes to birth. In the first manual for midwives published in English in 1540, the prologue states "Many thinke it not meete ne fitting that such matters be intreated of so plainly in our mother and vulgar language to the dishonour of womanhood and the derision of their secrets." [2]

Perhaps this explains the silence which tends to surround birth. Indeed birth is not customarily accorded much serious recognition as a topic for academic, or, as Ursula Le Guin argues, general conversation:

"One thing we incontestably do is have babies. So we have babies as the male priests, lawmakers, and doctors tells us to have them, when and where to have them, how often, and how to have them, so that it is all under control. But we are not to talk about having babies, because that is not part of the experience of men and so nothing to do with reality, with civilization, and no concern of art. -A rending scream in another room. And Prince Andrey comes in and sees his poor little wife dead bearing his son - Or Levin goes out into his fields and thanks his God for the birth of his son - And we know how Prince Andrey feels and how Levin feels and even how God feels, but we don't know what happened. Something happened, something was done, which we know nothing about. But what was it? Even in novels by women we are only just beginning to find out what it is that happens in

that other room - what women do."[3]

As Ursula Le Guin points out, traditionally men have never known what happens in that other room because, rightly or wrongly they have been excluded from that room. Even now that they are admitted to that room, and in the guise of male obstetricians, could be said to dominate the proceedings, their position must necessarily be that of uncomprehending witness.

This paper is about what happens in that other room (other room, women's room) and some of the ways in which the law impacts on it. It is about my own personal experiences - although to indulge in such a personal account is a clear violation of the dictates of the father tongue. It is about my midwife, Santo, although legally she cannot be described as a midwife. In New South Wales, recent legislation has defined "midwife" to exclude the lay midwives, the women with no formal training, and has criminalised their practice of midwifery[4]. A woman who practises midwifery, and who is not a registered nurse authorised by the Nurses Registration Board to practise midwifery, can be imprisoned for twelve months[5].

Santo has been delivering babies for approximately fifteen years and spent three months in a Texan birth centre, delivering babies with minimal medical backup and a very strict time frame whilst she trained in Advanced Midwifery. She used to have a house in Lismore, on the north coast of New South Wales, known informally as "Santo's place" and in that house many women have given birth. There often used to be a placenta or two in her refrigerator awaiting collection by its rightful owner. Her thriving and successful midwifery practice now taken away from her by the law, Santo works for the Department of Community Services as a counsellor and is writing a book on placentas called *The Lost Organ*. She supports women through hospital births, and wages an ongoing battle with hospital bureaucracy. She is also lobbying both State and Federal governments for legislative reform which would establish guidelines for the legal recognition of lay midwives, and legalise their practice of midwifery.

My birth story began in our farmhouse in the green hills of Federal, between Byron Bay and Lismore. We live in an area in which home birth is statistically much more common than in any other part of New South Wales. This reflects the fact that since the Aquarius festival at Nimbin in the early 1970s the area has been colonised by people who attempt to live in close harmony with nature, adopt alternative styles of living, and widely advocate subversion of the dominant paradigm. I began my labour at home with Annette, my support person, Jan, my partner, and Santo, my midwife in fact though, not, of course, in law. If we had decided to have a home birth, a decision which we had postponed until the labour itself, Santo could not have legally delivered the baby. She had arranged for her partner, a registered midwife<sup>6</sup> with professional training, to arrive for the delivery.

When I think of my labour I think in a sequence of flashbacks - the sporadic niggling contractions of pre-labour which kept me awake throughout the first night with Santo, the long waiting of the next morning as the contractions refused to intensify, the cold euphoria of an ocean swim at the beach at Byron Bay and the dolphin which leapt through the waves, pulled by the energy of the erupting life within me. I can recall the stark panic and despair which filled me as another night began and birth still seemed a long way away. I remember my decision to go to the hospital, and Santo's gentle support, and the long drive, with contractions buffeting me every few minutes. I remember the exhaustion of the second night, and the remorseless energy of the contractions, and Santo hugging me on the bed, as, unbelievably, I slept in the brief pauses between contractions and listened to her soothing voice as each contraction jerked me awake. The night was silent and empty but our room was full of the quiet warm energy of birth. Jan and Annette slept. The hospital midwife ignored us. Only Santo held me as I drowned in the night.

Labour was a severely uncomfortable and finally painful, unglamorous, experience.

Santo made bearable what would have been confusing and lonely. In the last excruciating moments I

asked her "How long?" and believed her when she reassured me. When the pushing contractions began, I wanted to retain our quiet private world, but Santo had to inform the hospital midwife, who contacted the obstetrician. In the hospital's eyes, and in the eyes of the law, Santo, who has in the past delivered countless babies by herself in isolated areas, was unqualified to deliver my baby.

As the baby serenely travelled towards the moment of birth, the room became crowded with equipment and people. Dawn broke early in the pushing stage, so that with each mighty contraction the room filled gradually with bright early morning sunlight and warmth. When my obstetrician arrived for the last moments, I only dimly registered his presence and the farcical nature of his command to stop pushing whilst he eased the baby's head out. I turned, incredulous, to Santo, and only when she nodded, did I obey. Santo was my mouthpiece, shielding me from hospital interference. I focused only on her until my baby emerged. Later, I both wondered at, and was grateful for, the unobtrusive and insignificant role of my obstetrician.

We left the hospital four hours after the birth. Santo stayed at our home for the two days after the birth, and then visited daily. For the first three months of my baby's life, we saw her weekly. She showed me how to bathe the baby, relax with the baby, breastfeed the baby, incorporate the baby into my everyday life, and counselled us about our changing roles. She was truly my midwife, guiding me through the difficult transition from selfhood to motherhood. The law, however, has stripped her of this title.

That is my birth story but there are alternative versions, variations on the actual events. Here is one possible alternative story. This is the home birth which could have happened, had I not been filled with fear, fear induced by the underlying (and not statistically supported) belief that only in hospital could my baby and I be safe. As the second night of my labour grew close, I grew uneasy but decided to stay at home. We lit candles and had the fire roaring in the potbelly stove. I paced along our wooden verandah or relaxed in the huge round rubber pool which Santo had set up in our kitchen. The long night dragged on.

In the early morning, before dawn, as I entered transition, Santo's partner arrived and began to quietly boil instruments on our stove. They allowed me to give birth in the position I chose, unobtrusively slipping a sterile sheet under me. The baby rested on my stomach, wrapped in cloths, and Jan and I marvelled at her whilst the midwives quietly checked her colour every few minutes. Much later, once my body had chosen to expel the placenta, the midwives gently weighed and measured her. Jan, the baby and I curled up on the bed in front of the fire and rested.

I hear you say, "This is poetic and interesting, no doubt, to the likes of Ursula Le Guin, but what exactly has this to do with the law?" This of course is my point. What has this to do with the law? Why does the law tell us how to give birth, and who can be with us when we do so?

Let me say at this point that writing one's own experiences in this context is quite confronting. What if she (the unseen but of course, soon-to-be present reader) doesn't like it? Should the experience be described in cerebral or in physical terms? How much blood and gore should I put in? Even more importantly, what should I omit? Of course, I have made quite conscious decisions to omit many aspects of the experience for all sorts of reasons. For the moment, however, I have finished with my story and I can see at this point the father tongue takes over, if it was ever truly silenced, heralded by a flurry of footnotes.

The term "midwife" conjures up the transitional nature of childbirth, a passage from one state of being to another. Midwifery has had a long and interesting history. Midwives were initially disempowered as the medical profession invaded an area traditionally occupied by women, during the seventeenth century in England. Seventeenth century London midwives were trained through apprenticeship and well-paid. Carolyn Merchant notes that one of the first threats to the midwifery "profession" came from male surgeons such as the Drs Chamberlen who wished to practice midwifery with forceps. In a 1634 petition against Dr Peter Chamberlen the midwives state that he

"hath no experience in (midwifery) but by reading . . . And further Dr. Chamberlane's work and the work belonging to midwives are contrary one to the other, for he delivers none without the use of instruments by extraordinary violence in desperate occasions, which women never practiced nor desired, for they have neither parts nor hands for that art."

Male physicians responded by writing treatises which discredited midwives. Women began to lose control over midwifery and by the end of the century, childbirth had become the territory of male doctors and male midwives.[7] Thousands of midwives were burnt as witches in what would have been described as cultural genocide, if the language of international human rights had then existed, and women had had the power to speak in this language. In refusing to recognise traditional midwives, lay midwives, and in recognising only the relatively new creation, the professional midwife, the law is continuing this tradition of depriving women of a large part of their cultural history.

It is a novel departure for men to intervene in this rite of passage which has traditionally been part of women's culture. The rise of the professional obstetrician, and the relocation of birth from home to hospital, transformed birth into a medical procedure with accompanying, and let us not forget dangerous, interventionist measures such as epidurals, caesarean sections, episiotomies and forceps deliveries. These interventionist measures, although necessary in some situations, also disempower women, who place the nature and outcome of the birth experience in the hands of the medical profession.

The resurgence of the home birth movement, and the rise of lay midwives in the seventies, presented a challenge to this new, almost exclusively male monopoly. In home births, with lay midwives, women retained control of the birth experience. The medical establishment has responded with a campaign of fear, citing statistics and referring to gruesome possibilities in an attempt to discourage home births and maintain its monopoly over birth. The recent criminalisation of lay midwifery has involved the use of the legal mechanism in this campaign. Home birth for the moment is still legal, provided a lay midwife does not deliver the baby, but it is certainly possible that home births will become illegal in the future, as the medical profession strengthens its stranglehold over the birth process. At the moment the policy of government is discouragement, as opposed to prohibition. For instance, Medicare does not reimburse the costs of a home birth, although some private health funds do.

It is a fundamental tenet of the women's movement that we should be free to do what we wish with our own bodies. The fight to make abortion legal was one of the early feminist campaigns in the area of law reform (although a more recent campaign than the fight to obtain the vote, and the fight to gain entry to the professions). The recent judicial suggestion that abortion is still illegal[8] indicates the necessity to constantly protect our hard-won achievements in this area. However, although the legalisation of abortion was an extremely important victory for women and gave women more control over their own bodies, it has been pointed out that abortion laws also increase control over women's bodies by a male-dominated medical profession.[9]

Medical control of our reproductive organs in the relatively recent and experimental area of reproductive technology, which is permitted by law, can be seen as one of the most terrifying manifestations of male power over women. Medical ethicist, Dr Janice Raymond, writes that the "best legal approach to reproductive technologies and contracts that violate women's bodily integrity . . . is abolition, not regulation." [10] The next step could well be the elimination of the women's role in birth completely. The Canberra Times on 3 August 1988 stated that "An artificial womb - growing a baby in a laboratory - is only a matter of time, according to human biology lecturer Dr Tony Bourne . . . By extending and refining new birth technologies it would be theoretically feasible to build an artificial placenta to supply blood and nutrients to foetuses growing in a laboratory." A team of American doctors have described how in 1983 they kept alive the body of a pregnant, brain-dead woman for nine weeks, which enabled the foetus to develop sufficiently for a safe delivery.[11] Women's power to create life is being regulated, controlled and distorted, and the

law has played a major role in the transformation of birth from a women's rite (woman's right) to a medical procedure which can only be legally performed in the presence of properly qualified medical personnel.

The disempowerment of women which has been involved in the rise of the male obstetrician is well-illustrated in Gemma's story. It is not my intention to tell Gemma's birth story, but to refer to an incident which occurred in her labour, relatively insignificant in terms of its timespan and no doubt, in the eyes of the law and in the eyes of the hospital in which it occurred, but profoundly significant to Gemma. This is part of Gemma's story.

Gemma was transferred by her midwife to the local hospital when her contractions failed to progress. Her midwife contacted another midwife, and both women, and Gemma's partner, were with her in the labour ward when the obstetrician on duty arrived to examine her. Gemma was in the throes of a contraction. The obstetrician approached her, and whilst her midwives were in the process of whispering to her that she must undergo a vaginal examination, he performed the examination without any preliminary warning and with such force that her body was pressed back against the wall. He then advised the midwives that a Caesarean section was necessary and strode from the room.

From Gemma's perspective and from the perspectives of her midwives and partner, she had been raped, examined without consent, at a time when she was relatively powerless. From the obstetrician's perspective, a routine procedure had been performed, as quickly as possible. The law was never given a chance to decide who was correct because Gemma had her baby and then wanted to forget about this incident as soon as possible. It probably never occurred to her to have the obstetrician charged with rape, and it is reasonable to assume that the law would have protected the hospital, and this doctor. The law's capacity to ignore the women's voice in rape situations, and to distort the woman's account into something that the law can "digest and process", has been pointed out by feminists such as Carol Smart.[12]

However some of the limitations on what the law could do for Gemma were revealed when her partner persuaded her to write a letter to the doctor in question. This letter was an attempt to have his deed acknowledged by him, and called for an apology. It was written in strong mother tongue. It was direct and unashamed, addressing the doctor by his name, without his title, person to person. Here is Gemma's letter:

'I was admitted to . . . hospital the night of July 6th and I encountered you in your professional capacity as an obstetrician, I ask of you to continue reading how that was for me, to be your patient.

Frankly speaking . . . I felt you treated me like a piece of shit, certainly not like someone who has fears, feelings and who was in a lot of pain.

Are you aware that you failed to even introduce yourself to me?

Are you aware that you DID NOT ASK MY PERMISSION or EXPLAIN ANY OF THE INTERVENTIONIST STRATEGIES YOU USED.

Are you aware your vaginal examination was EXTREMELY rough and performed whilst I was having contractions?

Are you aware that you abused my support people?

Are you aware how I might have felt in that situation, let me tell you, please continue.

I felt incredibly frightened. I felt physically abused. I felt helpless. I felt violated as a human being. I felt uninformed as to what was happening to me and my baby. I felt if I ever had to use a hospital

again I wouldn't. I FELT YOU HAD NO IDEA HOW IT IS FOR A WOMAN IN LABOUR AND THAT YOU FELT YOU HAD A RIGHT TO ABUSE YOUR POWER.

In fact . . . with such an attitude towards women who are public patients I would like to see you look for another job.

Examine yourself.

A successful medical outcome does not excuse such treatment.'

The doctor responded, not on a person to person footing, but as a doctor to a client. He took phrases from Gemma's letter, quoted them, and then with much condescension, used medical jargon to discount her concerns and shrug away her accusations. He did not apologise. Gemma also wrote a letter to the hospital board advising them of the incident. They wrote back that they regretted that she was dissatisfied with her medical treatment, and stated that the obstetrician in question tendered his apology for her perception that the vaginal examination was rough. The hospital further expressed regret at the 'unfortunate circumstances' that arose during her labour, and explained, also in a condescending tone, the actions of the obstetrician.

Gemma contacted the Complaints Unit of the New South Wales Health Department, who referred her back to the obstetrician, suggesting that she speak or write to him. The Unit advised her that if she then had any outstanding concerns, she should raise these with the Unit, and the Unit would decide whether any action should be taken. Gemma, who was still trying to overcome the negative impact of the incident with counselling, did not proceed further with her complaint.

What happened to Gemma was not unique, nor unusual, according to the organisation AIMS, an acronym for Association for Improvements in the Maternity Services. AIMS collects and documents complaints by women about their treatment by a hospital and/or obstetrician during labour and childbirth, and supports women if they decide to take action. It would appear from such complaints that the "extraordinary violence" to which the seventeenth century London midwives referred can still appear in the medical treatment of labouring women by male obstetricians, and at the very least medical practitioners tend to use over-interventionist, and dangerous procedures.[13]

Amongst its various campaigns, AIMS is trying to set up an accessible avenue for legal complaints by women. AIMS is the only organisation of its nature seeking to express the concerns of women who are disenchanted with the medical profession's monopoly over birth. The law has conferred its legitimacy on the control of birth by male obstetricians and other members of the medical profession, and in so doing, it has effectively silenced and disempowered women who seek alternative birth experiences.

There is as much to say on baby lore as there is on midwifery lore. It is only in the last twenty years that women have been able to breastfeed in public, instead of retreating to lavatories, without incurring charges of public indecency. Slogans such as "Would you eat your dinner in the toilet?" have empowered women to fight for the right to breastfeed in public. Breastfeeding in public is still not widely accepted.

In March 1994 ten per cent of my students who participated in a student survey recommended that I should not breastfeed and teach at the same time. In May 1994, a local magistrate expelled a breastfeeding mother from his courtroom.[14] Such incidents clearly show that patriarchal conceptions dominate not only the mechanisms of social regulation which surround the birth process, but also prevail in the workplace and in society generally. A woman-with-baby faces many subtle and varied forms of discrimination. It is time, surely, to reclaim our gestating and lactating bodies, and to identify the formal and informal controls with which society constrains them.

I am greatly indebted to my colleague Associate Professor Greta Bird, for her comments on draft

material, and her encouragement, and to my midwife Santo, for helping me to recognise my power as a woman and as a mother.

## NOTES

[1] Le Guin, Ursula, *Dancing at the Edge of the World. Thoughts on Words, Women, Places*, Harper and Row Publishers, New York, 1989, p. 148.

[2] Quoted in Macy, Christopher and Falkner, Frank, *Pregnancy and Birth. Pleasure and Problems*, Multimedia Publications Inc., Holland, 1979, p. 14.

[3] *Ibid.*, pp. 155 - 156.

[4] Nurses Act 1991 (NSW) s. 6.

[5] Nurses Act s. 7.

[6] Under the Nurses Act.

[7] Merchant, Carolyn, *The Death of Nature. Women, Ecology, and the Scientific Revolution*, Harper and Roe, 1980, pp. 152 - 155.

[8] Sydney Morning Herald, 19 April 1994, p. 11.

[9] This point has been made by Carol Smart, and is referred to in Naffine, Ngaire, *Law and the Sexes. Explorations in feminist jurisprudence*, Allen and Unwin, Sydney, 1990, p. 16.

[10] Sydney Morning Herald, 23 April, 1994, p.8.

[11] Both incidents referred to in (1988) Reform 191.

[12] Smart, Carol "Law's truth/ Women's Experiences', in Graycar, Regina (ed.) *Dissenting Opinions: Feminist Explorations in Law and Society*, Allen and Unwin, Sydney, 1990, p. 6.

[13] An example is the vaginal ultrasound, the use of which caused a radiographer to be charged with, and convicted of, rape. The convictions were later quashed on a technicality. See Caswell, A., "Vaginal Ultrasound and Medical Rape" (1992) 157 *The Medical Journal of Australia* 561.

[14] For a full account of this incident see Nicole Rogers "Stepping Out of the Ivory Tower with Contemptuous Breasts" (1994) 19 *Alternative Law Journal* 115.

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Document creation: December 1995  
HTML last modified: December 1995  
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