

# The Critical Social Voice of Midwifery: Midwives in Ontario

## *La voix de la critique sociale de la pratique sage-femme: Sages-femmes en Ontario*

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### ABSTRACT

Many researchers have called community midwifery of the 1970s and 1980s a social movement. At the heart of the many goals of that movement was the desire to bring about significant social change regarding the medical and social contexts of birth. This article is an initial exploration into the critical social voice of midwifery and its current expression in Ontario, through interviewing midwives about their thoughts on the connections between midwifery, social activism and social change. The regulation and funding of midwifery in Ontario has created a new structural environment for midwifery practice and it is the phase of socio-cultural change following legislative change that is the focus of this paper. Speaking with midwives about midwifery practice and social change will help make visible the oppositional, critical work that midwives continue to do. This paper focuses on four themes identified as particular sites of the social change work of midwives in Ontario.

### KEYWORDS

*midwifery, midwives, social movements, social change, birth.*

*The article has been peer-reviewed.*

### RÉSUMÉ

Plusieurs chercheurs ont identifié la pratique sage-femme communautaire des années 1970 et 1980 comme mouvement social. Au cœur des nombreux objectifs de ce mouvement, il y avait le désir de mettre de l'avant des changements sociaux importants en ce qui a trait aux contextes médical et social de la naissance. Cet article est une exploration initiale qui touche la voix de la critique sociale de la pratique sage-femme et son expression actuelle en Ontario, et ce, en interviewant des sages-femmes sur leurs pensées en ce qui a trait aux liens entre la pratique sage-femme, l'activisme social et le changement social. La réglementation et le financement de la pratique sage-femme en Ontario ont créé un nouvel environnement structurel pour la pratique sage-femme et c'est la phase de changements socioculturels faisant suite au changement législatif qui est au centre de cet article. En s'entretenant de la pratique sage-femme et du changement social avec des sages-femmes aidera à rendre visible le travail d'opposition et le travail critique que les sages-femmes continuent d'effectuer. Cet article se concentre sur quatre thèmes qui sont identifiés en tant que sites particuliers de changement social des sages-femmes en Ontario.

### MOTS CLÉS

*pratique sage-femme, sages-femmes, mouvements sociaux, changement social, naissance*

*Cet article a été évalué par des pairs.*

The regulation and funding of midwifery in Ontario and much of Canada finds its history in many places: the mobilization of the alternative birth movement; community midwifery and the challenging of the hegemonic status quo surrounding birth. Community midwifery has been called a "social movement" whose participants were both midwives and women giving birth.<sup>1, 2</sup> Some authors have specifically called this "the alternative birth movement" which included both those who wanted to support and empower women in hospital birth as well as those who focused on home birth.<sup>2, 3</sup> At the heart of the many goals of that movement was the desire to bring about significant social change regarding the medical and social contexts of birth. One of the necessary factors in the eventual regulation and funding of midwifery was the critical voices of all participants in that fight - midwives, consumers and others - which functioned to expose the historical and constructed nature of the existing social structures relating to birth.<sup>3, 4</sup>

This article is an initial exploration into the critical social voice of midwifery and its current expression in Ontario. Our purpose is to highlight and theorize the social change work of midwives and nurture a discourse of social change within midwifery. This can serve as both inspiration and encouragement for midwives working in the terrain where clinical practice and social change collide and are inextricably linked. This paper offers an exploration of key themes raised by midwives in our interviews about midwifery and social change. Although all of our respondents connected midwifery with social change, we do not claim that all midwives choose their work for its social change aspects. Indeed, there are multiple and diverse reasons midwives choose their work. Rather we wish to explore the extent to which midwives see aspects of their work contributing to social change.

We draw on a social movement theoretical framework as a lens through which to explore these issues, and situate community midwifery and its continuation as a regulated practice within that framework. We elaborate on the importance of looking beyond structural change in understanding social movements. Our goal was to identify what

midwives do to maintain and support midwifery as an oppositional practice. There is a need to describe and theorize the social change work of midwives, and to keep an articulated and critical social change agenda on the table. Identifying the connections between social change and midwifery practice will lead to a better understanding of the de-medicalization of birth. Additionally, it will illuminate a broader social understanding of the midwifery philosophy and model of care and the necessary changes around equity and diversity, in both the profession and the clientele, in the social project of midwifery.

### *Methodology*

We conducted open-ended interviews, each lasting approximately sixty minutes, with a small number of midwives practicing in Ontario. We made efforts to interview midwives practicing in a variety of contexts – urban and rural, larger and smaller practice groups, Aboriginal and non-Aboriginal, recent graduates and long-experienced midwives – but this was not meant to be 'representative'. Rather, our intent was to explore the question of what midwives saw as their social change work from a variety of local and personal contexts. Throughout the paper we refer to our interviews with midwives as 'conversations'. We chose this term to reflect a feminist methodology<sup>5</sup> in which those interviewed are encouraged to determine the content of the interview along with the researcher. The inevitable back and forth of interviewing meant that conversations unfolded differently with each midwife. Our open-ended questions allowed our interviews to become conversations wherein midwives constructed their own meanings of 'social change', without having those meanings prescribed by our preconceptions.<sup>5</sup> Midwives thus acted as 'experts' in the practice of social change and midwifery – their perceptions shaped our concepts and theoretical frames as we analyzed the conversations. These conversations were also shaped by the broader context of Ontario's fifteen years of funded and regulated midwifery care. Although midwives' practices vary enormously across the province, their social activism is played out on one specifically regulated and funded stage, which provides its own opportunities and

constraints in some ways similar and in some ways quite different from other provinces across the country.

### *Social Movements: Structural and Cultural Change*

The central theoretical frame that we used to understand midwives' social change work is social movement theory. Academic definitions of social movements vary widely, but most emphasize collective action for a common purpose, by those not in positions of power, aimed at authorities or established institutions towards social change. Sidney Tarrow explains that "Power in movement grows when ordinary people join forces in contentious confrontation with elites, authorities and opponents. Mounting, coordinating and sustaining this interaction is the peculiar contribution of the social movement. Movements are created when political opportunities open up for social actors who usually lack them."<sup>6</sup>

Some definitions of social movements become more specific and involve contention, and public demonstrations of support.<sup>6,7</sup> Others emphasize the political opportunities that open space for the sought-after changes to actually come into being.<sup>7</sup> These definitions tend to emphasize collective efforts toward structural, political and legal change. Structural change refers to changes in regulation and law, change in professional status, policy and funding. Structural change includes simple and revolutionary reforms. Sometimes this achievement is seen as the culmination of a particular social movement's goals.

Ontario's experience with the regulation and funding of midwifery as a primary health care profession, focused on pregnancy and birth, including: normal physiological processes, respect for women's decision-making and choice of birthplace. Homebirth, although occurring in a private space, was supported by a strong community network, and was a political practice

for both midwives and consumers. Simply planning a homebirth challenged the scientific and cultural authority of the medical establishment. The inquests into baby deaths in the mid-1980s were taken up by the media, and revealed public support for midwifery care as well as deep dissatisfaction with medicalized birthing. The ongoing work of the Health Professions Legislative Review<sup>8</sup> opened the political doors to legal change. Finally, the Midwifery Task Force of Ontario, headed by a prominent feminist lawyer kept debate on midwifery care in the public eye, as well as building a strong case for regulating midwifery.

Ontario has experienced enormous structural change around midwifery care. However, the aspect of midwifery as a social movement that is most interesting to us at this historical juncture, is the understanding of a social movement as something beyond structural change; "While social movements may press for tangible short-

term goals within the existing structure of relations, they are animated by more radical aspirational visions of a different, better society."<sup>7</sup>

Our focus is the continuation of social change after structural change has occurred. What is the work that midwives do as they engage in their '...aspirational vision of a different, better society'? The continuation of midwives' efforts for social change brings the

relationship between a more amorphous social change and specific, delineated structural changes forward. Several researchers have argued that movement 'success' is not only about legal and policy change, but also about "the transformations wrought in culture and consciousness, in collective self-definitions, and in the meanings that shape everyday life."<sup>9</sup> Cultural change, meaning changes in social attitudes and beliefs, in acceptance or tolerance of particular practices are harder to measure, and are not often visible in 'the big picture'. Michael McCann argues that the

*Structural change includes simple and revolutionary reforms.*

"legacy" phase, following structural or legal change, "...requires the most complex, subtle and unique reflections...concern[ing] the aftermath of movement struggles for people, relationships and institutions throughout society."<sup>7</sup> Francesca Polletta states that the relations between culture and structure, in terms of social change, need a more thorough exploration in terms of *"...the continuities between structured inequalities and the movement challenge that is made to them, the cultural shaping of instrumentally rational decision making, and the strategic possibilities that lay in cultural challenge made within the sphere of institutional politics"*.<sup>9</sup>

Regulated midwifery can initiate these reflections from the ground. We can explore what Ontario midwives, who are focused on a counter-hegemonic understanding of pregnancy and birth care<sup>1</sup> think and do about social change?

#### *Regulated Midwifery and Continuing Social Change*

Although we have explained the theoretical differences between structural and socio-cultural change, we do not think it is helpful to draw too firm a line between structure and culture. Betty-Anne Daviss explains that 64% of the Ontario midwives she interviewed between 1996 and 1998 felt that the social movement of midwifery was not completed, even though they had attained regulation and funding.<sup>2</sup> She argued that "Keeping the spirit and ethics of a movement alive cannot be achieved simply by legalizing practitioners and providing informed choice."<sup>2</sup> She expressed concern that the goals of the alternative birth movement are being forgotten. This reflects the concerns of social movement academics who have turned away from their previous emphasis on structure to an emphasis on culture.

Francesca Polletta points out that while the focus on cultural aspects of social movements is important and welcome, much writing still reflects a dichotomy between structure and culture.<sup>9</sup> Although we want to insist on cultural and structural change as interdependent and intertwined: structural change in Ontario is now

part of the shifting context of midwives' aspirations for a better society, not a stopping point. There are several examples within the midwifery literature that reflect the interdependence between structural and cultural change. Discussion of the continuities between structured inequalities and the movement challenge to them are found in Sheryle Nestel's work, where she critiques the regulation of midwifery in Ontario for its blindness to structural racism.<sup>10</sup> Vicki Van Wagner's work on why regulation strengthens midwifery reflects the assertion that certain of the central cultural values of midwifery (continuity of care, choice of birthplace and birth as a significant yet normal physiological event), had to be included if midwives were to consider regulation; thus cultural values had to be included within structural change, if it were to be successful.<sup>8</sup> From interviews and surveys of physicians, nurses and midwives prior to and following the regulation of midwifery in British Columbia, Kornelsen and Carty found that inter-professional tension continues but it is mediated by interpersonal interactions across the professions and a personal exposure to midwifery softening other professionals' ideological opposition to midwifery.<sup>11</sup> Finally, the work of Beckett and Hoffman on how community midwives argued for regulation in Iowa, identified the efforts of midwives and their supporters as cultural symbols which reflect these structure-culture connections.<sup>3</sup>

There are continuing concerns, however, that in the shift from outsider to insider status, and its integration into health care structures, its engagement in broader, more diverse, aspects of social change will be lost.<sup>2</sup> This is a worthwhile concern, and exploring it may protect midwifery from some aspects of cooptation in medicalized childbirth. However, in the context of our project, we wanted to put those questions, phrased positively and specifically, into the hands of midwives. We began our conversations with questions like, "What is it that you do daily in your work and in broader contexts that you see as the work of social change?" and "What would you like to be doing personally as a midwife and what would you like the profession to be doing to continue to foster a critical voice and the practice of social change?"

Finally, in asking how midwifery continues its social activism today, it is important to remember the diversity in community midwifery. While much of midwifery has been framed in the experiences of midwives and birthing women of the 1970s and 1980s who largely shared similar social characteristics (white, middle-class, well-educated, older and family-centred),<sup>12,13</sup> it is important to remember that neither 'alternative birth' nor 'regulating midwives' always stood alone as a reason to participate in the social movement for midwifery care.

For an Inuit women's group who founded a birth centre in the early 1980s, community midwifery was a response to the disruptive northern childbirth evacuation policy (flying women south to give birth) implemented in the 1970s.<sup>14,15</sup> Both the retention and development of culturally-based midwifery skills as well as keeping birth in the community were aspects of Inuit and Aboriginal community preservation and sustainability. Other more recent studies of Aboriginal midwifery consistently link provision of birthing care in communities with self-determination. Here, midwifery in Northern Quebec had a strong connection with Aboriginal communities' struggles to regain control in the wake of colonialist oppression.<sup>16</sup>

For feminist women of the 1970s and 1980s, accessing midwifery care and home birth was one way to embody a woman's right to control her own body, and to assert a belief that a woman's body is inherently capable of giving birth contrary to the medicalized view. Much, but not all, of community midwifery was explicitly rooted in feminism.<sup>17</sup> Commentators on the Canadian women's movement have noted that it included "...a belief that service in terms of helping others is a valid contribution to the process of change."<sup>18</sup> This

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aspect of feminism was strongly reflected in community midwifery and homebirth networks.

For religious women, including Jewish, Muslim and Mennonite women among others, accessing homebirth through midwifery care allowed them to fulfill religious requirements in every aspect of their life, and supported religious freedom. For spiritual women, midwifery care supported their approach to birth as a spiritual and powerful event, rather than pathological. In some ways similar to feminist approaches, homebirth supported women's faith in their bodies as divinely designed to give birth.<sup>19</sup>

For immigrant and ethnic minority women, especially in mid-century, midwifery care at home may have reflected preference for an attendant who spoke their language and understood their cultural traditions. It may also have reflected geographical isolation and social exclusion from mainstream medical care.<sup>12</sup>

Many of the midwives who lobbied for regulation hoped that it would increase access to both midwifery services and to the profession by more socially diverse women, including poor women and young, teenage women.<sup>20</sup> Public funding of midwifery care was seen as a key aspect of regulation and one of the means of diversifying midwifery clientele.<sup>8</sup>

In making these connections, we are not trying to explain midwifery as only a vehicle for other social change projects, nor to subsume it in those projects. Nor do we isolate the above categories from women's desires for midwifery care, and midwives' purposes in their work may easily spring from a combination of any of the elements (and others) grouped together above. Rather, we believe that understanding and respecting these aspects of diversity in the historical experience of community

midwifery may give us a clearer understanding of the social activist elements of midwifery as it is being practiced in Ontario today.

*Conversations with Midwives about Social Change  
Just Being a Midwife*

Midwives offered a wide-ranging and rich commentary on their own social change work, and how they see social change as part of midwifery. Despite the legalized presence of midwifery in many provinces, and an ongoing public debate about the appropriate use of technology in birth and medicalized understandings of childbirth remain hegemonic in Canadian society. Women who chose midwifery care in the 1970s and 1980s were subject to censure from other health care providers, family and friends. Recent research finds that despite regulation, funding, and access to hospitals, many women who choose midwifery care continue to experience similar reactions today.<sup>17, 21</sup> Midwifery care, even in a regulated and funded environment remains counterhegemonic, and this is one of the places where the profession maintains its connection with social change.

Almost every midwife with whom we spoke articulated what we have come to understand as a backdrop theme of midwifery practice, which was that simply 'being' meant doing social change. Bringing this backdrop forward gives us a context for the tasks and efforts that midwives identified as part of social change. The everyday work of midwives, even in a province with regulation and funding is a form of social activism, despite the fact that some midwives may not identify it in that way. As several midwives told us, there is no such thing as practicing midwifery in this time and place and not being a political actor. One midwife argued that one of the goals of regulation was to allow midwives to simply be midwives without having to be social activists, yet she concluded by saying that midwives were interpolated into this role whether they ask for it, or desire it, or not. This idea fed into almost all of the specific comments midwives made about social activism and social change. One midwife said:

*Just being on the hospital L&D committee to talk about policies and protocols, speaking for normal birth, speaking for women's choices, ... I see it as*

*fundamentally about social change. ... Just being there is a political act. (Interview C)*

Another midwife said:

*The over-arching project is trying to protect birth as 'normal,' and that is... social change. ... So just by virtue of practicing midwifery, whether you admit it or not, you're heading toward social change... (Interview A)*

Another added in the context of exclusion from the health care system:

*The midwifery model of care is not really incorporated into the system... We're here and carrying on the fight... it is difficult to not be accepted, but on a one to one level with clients there is lots of satisfaction... midwifery is doing well at the grassroots. (Interview J)*

These ideas usually reflected the role of midwives interacting with other health care professionals in a way that counter-balanced dominant approaches to birth and had something to do with being visible in a medical and social context in which midwifery has long been absent or invisible. Midwives gave several examples of specific changes in clients' approaches to health care, and clients' personal growth which were, at least in part, related to midwifery care. Some midwives understood individual changes in their clients' attitudes as eventually affecting the health care system as a whole. One midwife said:

*...people who wanted normal, natural, no interventions, did a lot of good because they made a lot of changes in hospital birth... the idea of rights and choices in childbirth has brought changes in general to childbirth attitudes. (Interview G)*

Another midwife said:

*...choice and information and taking time to talk... clients love it!...they don't get it with other health care providers. After getting midwifery care, they go back to other health care providers and demand more information. They are taking charge of their health, they see that they are allowed... they see that they can have informed choice in all decisions. (Interview I)*

Some midwives commented that clients and other health care providers did not have an awareness of midwifery work. Caring for these women, then, became a way of increasing awareness of midwifery as social change in itself. One midwife, in expressing her concerns about midwifery being 'swallowed by the system' said:

*For me a big part of midwifery is about service... When I talk about midwives being sacrificing, it's not to be a martyr, it's because that is about global change, and serving humanity, and caring about the world... (Interview B)*

The social change work, then, happens 'by itself', without midwives having to do anything special. Just practicing the art and science of midwifery constitutes an ongoing challenge to the medical hegemony over birth, and this challenge is the fundamental work of social change.

#### *Cultural Survival and Revival*

The work of Aboriginal midwives is deeply entwined with social change, and in Aboriginal communities, social change is intimately linked to cultural survival. The framework and language of social change and social activism often shifts in the Aboriginal context from a kind of counter-cultural social movement to something that is more about tradition, and self-determination. Among Aboriginal midwives we also heard the reflection that simply to be a midwife is to engage in political work. One midwife said:

*As an Aboriginal woman practicing midwifery, I see [midwifery] as another way to bring power and decision-making back into the Aboriginal community... I see midwifery as a tool for Aboriginal families and communities, to really empower them... And I see that as part of social change. (Interview A)*

To live in an Aboriginal community, in Ontario at this time, is perhaps already to be situated in a context of social change. As Aboriginal communities struggle to heal and to redefine themselves, to overcome legacies of colonialism and racism, midwifery provides a tool to support culture, tradition and community. No less importantly, in a society that often discriminates

against those seen as 'other', experiences of ill-treatment and discrimination in the health care system can be mitigated when Aboriginal women are able to give birth with Aboriginal midwives. In this context, social activism is simply being an Aboriginal midwife caring for an Aboriginal family:

*I see ... with the clientele that we work with here, once they reach the outside hospitals, they're not treated equally... They face prejudices, and they're not given options, they're not even notified that they get choices. ... So I chose to be a midwife so they could become aware of who they are, and that they do have a voice. (Interview E)*

In Aboriginal communities, midwifery work is, by definition, both about the individual care of women, families and babies, and about care for the community. Nurturing and empowering women and the community are inseparable. In speaking about Aboriginal midwife mentor, preceptor and grandmother, Katsi Cook, one midwife said:

*She was all about political change. The article that she wrote was all about finding your voice, and not accepting the things that they tried to put on us... She really instilled in me... that it is not just about being a midwife, it is not just about catching babies, it is not even about just doing a prenatal visit, it is about making change out there in your community, and making a strong community, one person at a time. (Interview D)*

Articulating the notion that to care for one is in some ways to care for the whole, this midwife continues:

*But the ripple effect is so huge. You have one birth, one woman's life you affect, that affects her whole family, and then it affects her clan and then on to her nation, and then it's the whole Aboriginal community we have a voice again. It's ok to stand up and say what you need and not let people take advantage of you, and all of the oppressions and abuses we've had to suffer in all the years, its time to stop, its time to make that change... We have to stand up and we have to make an impact. And that's our job. As a 'midwife of the original people of the land' [translation] it was our job to go out there... (Interview D)*

Social change is articulated in a particular way here; the work of midwifery is the political work of empowering the community. One important aspect of the social change work of Aboriginal midwifery is that it may come up against the institutionalized racism of governments and bureaucracies, in ways that further complicate the issues that all midwives may face when their practice is not accepted, understood or supported.

This is a context which is deeply enmeshed with colonialism and racism. After an initial grandmothering process, the Inuit midwives educated in Nunavik were slow to be recognized in the province of Quebec. It's probably the most successful training program for Aboriginal midwives in the world, but it was a long struggle to gain recognition. (Interview C)

Practicing midwifery in a community that has been so ill-treated for so long in Canada is more than just helping women have babies it is about bringing the next generation to life with dignity and in peace. In the words of one midwife, this role carries tremendous resonance in the current context of "newly awakened racisms" emerging from ongoing land claim disputes. In helping people birth on their own land, midwifery becomes a significant part of cultural survival and revival, and of community healing. Both the past and present of anti-Aboriginal racism are part of the context of Aboriginal midwifery:

*...Your day-to-day work, facilitating women giving birth in that remote community is tied up with that community's experience with residential schools. Why do they treasure that capacity to give birth in their own community, despite the risks, despite the fact that there is no pain relief on site, there is no cesarean section on site, there is no ultrasound on site [in this small village]... why do people value it such that any suggestion that the service might not continue gets the mayor involved, gets the regional board involved? ... In that setting midwifery is symbolic of cultural revival, of language issues, of reclaiming Inuit ways, and traditional knowledge. (Interview C)*

This particular aspect of the social change work of

midwifery, manifested in supporting both cultural survival and revival may not be unique to Aboriginal communities. It may be echoed in particular religious communities, or among other cultural and ethnic groups who have faced historical and to some degree ongoing, discrimination in Canada and who may also see birth as a route to cultural healing. Aboriginal midwives offered an important articulation of this aspect of making change, highlighting the way in which midwifery's social change goals interact with other social change goals, in this case cultural autonomy, tradition, and self-determination.

#### *Working without Health Care Insurance*

The fact that midwives provide care for an increasingly diverse community of women was another site of social change work identified. Working with women who risk facing racism and mistreatment in the health care system is often identified of as one of midwifery's strengths, as midwives espouse the desire to work more equitably and respectfully across differences of culture, religion, language, economic class, and immigration status. Inequitable access to the health care system, and thus, social exclusion through immigration status, was identified by several midwives as one of their primary sites of social activism. One result of regulation coupled with Ontario's particular funding envelope is the possibility of providing care to women who have no health care coverage. Midwives identified this as an extremely political aspect of their work, often as the very centre of the social change project. One midwife says:

*Working with immigrant women really has become the current social change project... And that is going to become our biggest fight... You have a whole bunch of women who don't have status here, so doctors don't get paid and hospitals don't get paid. Midwives, because of the way we fought for our funding, do get paid. But if we have to consult, if someone wants a hospital birth, it ends up being an issue. So we've kind of reached this boiling point in the GTA [Greater Toronto Area]. (Interview B)*

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Another midwife reflects:

*As you're working in your day-to-day life as a midwife here [in Toronto], you are encountering women who don't have health insurance. You are plummeted into 'how am I going to serve this group of women?' ... In most practices in urban settings, you're dealing with that question and its impact on your relationship to your hospital. If you need to consult, how is that consultant getting paid? How does the consultant relate to you? The expectation may be that you should facilitate that woman paying. How are you going to negotiate that? That's a highly political question. (Interview C)*

Some midwives suggest there are questions to be asked about the limits of this work, and particularly about the conflict it creates between funded providers (midwives) and those not funded to work with this population (most doctors). Regardless of what the midwives may struggle with, the fact is, this is the reality of the work of a growing number of midwives:

*And so a big part of social change stuff is about trying to tackle these issues on different levels. ... And the more you do that, the more of those clients show up at your door which is important, and interesting, and it's brought up a lot of challenges like is there a limit to how many clients we can take without OHIP? And yet at the same time we fought for it as midwives... (Interview B)*

This issue catapults midwives into advocacy roles, and into social change activists not only on a very individual level of providing care to women without insurance, but on a much broader political stage.

These issues are raised again when we consider diversity and equity as social change goals of midwifery. The desire to serve marginalized women is a growing and significant piece of midwifery's social change work and one way in which the critical voice of midwifery is very much alive. Midwives struggle to meet the individual needs of women while engaging in a discussion of macro political questions. This is an interesting place to reflect on the shifting role of midwifery's social change work,

constituting an area of increased activism in the post regulation years. It also demonstrates the often mutually constitutive nature of structural and cultural social change movements. Structural change, while achieved in many ways for midwifery generally, has not been achieved for all women, non-insured women a case in point. That structural and cultural change are often fought for hand-in-hand is demonstrated by this piece of midwifery's political work.

#### *Inter-Professional Relations and the Health Care System*

Relations with other health care providers and the effects of midwifery care on the health care system were important places of social change work for midwives. Some midwives felt that other health care professionals would learn from them, others felt that their efforts made little difference, and some found that inter-professional relationships limited their efforts and progress to normalize birth. There was much variation in how midwives worked with other health care providers, and how they connected that work to changes in health care provision. A midwife working in a small community said:

*The doctors cannot work without us, and it would be beneficial to the community if we could do more. We could be getting training on ultrasound and to assist at c-sections. In order to keep obstetrics in small hospitals alive, we have to open ourselves to doctors and back them up. This is the reality of smaller centres... (Interview I)*

Another midwife connected improving inter-professional relationships with individually empowering clients:

*We are encouraging a shift in power from within the health care field i.e. women and their families with more power, care providers and institutions with less power. In my particular practice, I am working towards improving inter-professional relations with physicians and other health-care providers. I believe that as a midwife, I can affect similar power changes within these other professions. (Interview H)*

Another midwife commented on how the new Local Health Integration Networks (LHINs) in Ontario, meant to plan and coordinate health care services

within regions, did not provide a specific seat on the boards for midwives:

*In long-term planning for community care midwives are still seen as superfluous, doula, airy-fairy, outskirts, there is no sense of parity or of midwifery as fundamental to long-term care in Ontario... but I don't dwell on this, midwifery will still make a difference to a whole bunch of women. (Interview J)*

This comment de-centres structure: even when the health care structure ignores midwifery and its benefits, change is still possible. Working with other health professionals was an aspect of social change work that frustrated some midwives, and was a source of inspiration and creativity for others. A non-Aboriginal midwife, who has a high percentage of Aboriginal clients, commented that cross-cultural sensitivity was not only a skill some midwives had learned but also one they could demonstrate:

*I have heard nurses reprimanding Aboriginal women for not feeding on schedule, not doing things a certain way... they are showing a lack of sensitivity to women who are far from home, and feeling strange with no family around... as a midwife, I now include as many family members as possible... I do the little technical things I do, and they take charge of birthing... the family unit is strengthened by the experience... I hope that nurses will see Aboriginal families in a different context, see that not being on a routine is okay, see the cultural difference... I want to show another way of doing things. (Interview J)*

Inter-professional relations were thus identified as a two-way street where all practitioners have the ability to expand each other's range of skills, experience and knowledge. All of the midwives we interviewed spoke about interactions with the health care system, whether through non-OHIP clients, being included as part of the local "medical circle", struggling for hospital privileges, being 'scoffed at' in hospital, or training an open-minded medical student. This range of engagement opens up possibilities and strategies for the expansion of midwifery care, most often towards a less-medicalized approach to birthing for more women.

#### *Conclusion: Localized Change*

The shifting terrain of midwifery's social change

work is moving the site of activism from universalizing explanations and analyses, toward the local and the specific. This shift, toward understanding the local as a more helpful, and in some ways a more 'truthful' unit of analysis animated our desire to ask midwives what they were doing in their communities that they identified as part of the work of social change.

In addition to the particular themes addressed in this paper, there are several other rich and important areas of social change work that arose in our conversations. These include the roles of clients and consumers in social change; keeping birth in remote communities; working with marginalized communities; and working toward equity and diversity in the profession. One midwife commented that diversity of all participants in midwifery care was "crucial," and especially,

*... diversity amongst educators will result in increased knowledge and open-mindedness of future midwives... diversity equals strength, and diversity is essential to a social movement; otherwise, it becomes elitist. (Interview H)*

The need to both educate and agitate for diversity, especially within the profession, was identified by most as central to midwifery as a social movement.

The themes that arose in our conversations with midwives were various and wide-ranging. Although there appeared to be a shared sense that 'just being a midwife' is an oppositional act, there is no overarching picture of 'the social change work of midwifery'. This article, then, begins to describe and discuss the very diverse and unique ways that midwives are keeping a critical voice of midwifery alive in their own practices, communities and contexts.

That the social change project of midwifery in Ontario is no longer part of a larger social movement is reflected in the diverse ways midwives conceptualize and prioritize social change. Based on multiple factors – including geography, political affiliations, client populations and the social and medical climate of a particular community – midwives select their social change projects in a way

that is more fractured and localized than the 'grand social change project' of regulation and funding. That project too was itself fractured and localized<sup>1,4</sup> the goals were diverse and reflected many of the prior listed. However, it is clear that there is not one 'big fight.' The fostering and nurturing of midwifery's critical voice looks very different in different contexts. One midwife said to us:

*In terms of the future of social change and how I see it... instead of all midwives across the board going for specific issues, ... it would happen more on a practice-by-practice level, meaning that certain practice groups would probably have a focus on certain issues that they felt were important, and would ... take that cause up as their own. (Interview A)*

Individual midwifery practice groups serve as both inspiration and models of social change. While it is tempting to freeze this moment in time, and in some ways any academic reflection does exactly that, we are struck by the dynamic, contextual, challenging and often inspirational nature of the social change work of midwives across Ontario, working in their own distinct ways to contribute to the critical social voice of midwifery.

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