Midwives and Medwives: An Analysis of Technology Use among Canadian Midwives

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The dichotomy of a midwife and 'medwife' underlies a deeper issue regarding the professional identity of midwifery in relation to legislation, integration, and the increasing expansion of clinical scope, in contrast to the "natural birth" movement.

The term "medwife," although not recognized in academic literature, is well known among midwives and midwifery clients. It is a source of division and critique within Canadian midwifery. It implies a midwife who practices like a physician, conceptualizing birth as a pathology or a medical emergency.[1] *The Navelgazing Midwife*, an American midwifery blog, posted a discussion with midwives and lay people on this concept, and the debate centred on appropriate use of intervention and technology, exposure of a clinician to adverse events, and the inherent belief that birth is a normal process.[1]

Perceived medicalization of midwifery is largely grounded on the increased presence of technology in normal birth, as this aligns more closely with the medical model of care. A normal process, by definition, should not necessitate technology.[2] This dichotomy of midwife and medwife is the manifestation of a deeper issue regarding the professional identity of midwifery in relation to legislation, integration, and the increasing expansion of clinical scope, in contrast to the "natural birth" movement.[3] The contention of the identity in Canadian midwifery can be attributed to several factors, including the counterculture birth movement, the increasing accessibility of midwifery services and therefore greater diversity of clientele, and the availability of technology. Increased access to technology allows midwives to have greater autonomy and to provide more continuous care. However, technology must be used judiciously to avoid the routine or liberal use of interventions, which would shift midwifery to a more medical model of care.

The skepticism and opposition in regard to the use of technology by midwives can be traced back to midwifery's response to obstetrical practices in the 20th century. Before the rise of allopathic medicine as the predominant healing system, women in Canada gave birth with neighbour women, lay midwives, and professional midwives. Due to social, economic, and political factors, obstetrical care became the predominant system for assisting child-bearing women.[4] This relatively new, male-dominated model of care emphasized a need for order, and valued information in a process as uncertain as childbirth. Obstetrical care is generally described as a "medical model" of care, in which childbirth is seen as inherently risky, requiring monitoring and intervention to guarantee safety.[5]

Contemporary midwifery in Canada emerged, in part, as a response to the hegemonic obstetrical practice that displaced traditional midwifery in the 19th and 20th centuries.[4,6] The birth movement of the 1960s counterculture has been described as seeking to "restore the definition of birth as a natural event, to reinvent women as competent birthers and attendants, and to restore the location of birth to the home."[6] Along with valuing the normalcy of birth and viewing birth as a transformative life event, supporters of midwifery viewed the routine use of technology and medications in pregnancy and birth as "tools of oppression" that posited child-bearing bodies as flawed.[2] Thus, midwifery was promoted as a low-technology alternative with minimal intervention and controlled by the person giving birth.[2,5]

In addition, "traditional" knowledge and skills were highly valued, because they represented a tie to the past.[6] The midwifery movement took a low-technology stance to emphasize the normalcy of birth, limit midwives' dependence on technology, and create a connection to the interrupted lineage of Canadian midwifery.

Although the values of the midwifery movement may have included opposition to technology, there is no single vision of midwifery; differing values held by midwives contribute to the contentiousness in regard to technology use and political identity. From hippie midwives to Amish communities, from maternal feminists to pro-choice advocates, the birth movement was driven by various motivations and meanings attributed to childbirth.[7] People seeking a midwife ranged from those attributing to birth a "spiritual glorification" to those simply wanting more authority and dignity in their experience.[8] Although both popular opinion and academic writing tend to construct midwifery as solely valorizing the "naturalness" of birth,[6] the practice incorporates a range of technology. The spectrum of midwives includes those who use all available technology and those who oppose its use altogether.[9,10] Those at the

extremes of the spectrum would likely not recognize one another as midwives.[9]

The midwife's role changed dramatically after legislation was enacted, especially with regards to access to technology and to the degree of the midwife's responsibility. Prior to legislation in Ontario, there was considerable disagreement, worry, and hope among midwives.[11] Many such sentiments are still expressed in discussions about the effect of technology on midwifery practice. Some midwives recognize that not offering the full range of services results in a fragmented system for clients; yet the increased load of clinical tasks is burdening to midwives and disrupts client-centred care.

Prior to legislation, midwives (1) were primarily responsible at home births, (2) provided labour support in hospital, and (3) added to physician care by providing prenatal and postpartum care.[11] Midwives tended to be less clinically involved and gave "parallel prenatal care" to provide additional information and alternate views regarding care and procedures.[11] The concepts of tradition and nature were used by some midwives as political tools to promote midwifery and advance the profession. However, others saw that access to modern technology and hospitals would elevate the status of midwives, move the profession forward, and give clients more choices.[6] Legislation brought more responsibility and more institutional access. Midwives became primary care providers who were responsible for prenatal, birth, and postpartum care. They were also answerable to the College and responsible for ordering tests and prescriptions. There was apprehension that with increasing interaction with medical procedures, the overall culture would shift toward that of a medical model. For some midwives, this change supported the care they wished to provide; for others, it restricted that care.[11]

As midwives' attention is directed toward mastering technological use and appropriate technological integration, they may not be as focused on low-intervention approaches to normal birth. One of the defining characteristics of midwifery is expertise in normal pregnancy and birth and in handcraft skills. The increasing presence of technology in midwifery causes midwives to fear the loss of these skills and the sense of pride associated with them.[12] However, an increasing emphasis on safety has displaced traditional skills, and technology is regarded as a more reliable tool for decision making.[12] Van Wagner found that when maternity care providers discuss risk and evidence-based medicine with clients, there is a consistent "lean to technology,"[13] suggesting that the extent of the technology used is affected by how safety and technology are discussed. Integration into the healthcare system has allowed midwives more continuity of care and greater professional autonomy, however risk perception among clients and care providers can steer individuals to gain more information through technology, as well as a greater sense of security.

The re-emergence of midwifery in Canada began as a movement of highly motivated individuals seeking a meaningful birth experience. As midwifery has become more accessible to a wider demographic, clients themselves have often been catalysts for more intervention and technological access.[2] Midwifery has been regarded as elitist and inaccessible to many, but there has also been a strong impetus to meet people where they are and to make services accessible to all.[7] Many women who choose midwifery care do not think of themselves as participating in a political movement; rather, they are seeking a more pragmatic care experience.[2,14] Longer appointments, home visits, continuity of care, and more frequent postpartum visits are more desirable than standard obstetrical care. But some midwives consider the choice of midwifery care made solely for the pragmatic aspects to be a decontextualized use of the care, separate from the new midwifery movement.[2] Furthermore, although clients tend to be viewed as passive recipients of care, they have been the ones to drive care, and midwives consequently practice in a style that reflects the demands of their community.[8] Although choice is a central tenet of midwifery care, as scope of care expands and clients choose more technology in their care, the critical, low-tech nature of midwifery care could fade.

Midwives use technology to respond to client preference and out of professional obligation [2:245].[2] Advocates of midwifery have criticized hospital workers' excessive monitoring and overuse of interventions; however, midwives are not immune to these tendencies.[15] What differentiates midwives' use of obstetrical technologies from that of nurses

and physicians? Levels of technology use and intervention vary across Canada by hospital and health care provider; contributing factors include availability of resources, cultures of maternity care, and maternal demographic variables.[16] More information and monitoring may provide a sense of security for midwives. Midwives must practice continual self-reflexivity to evaluate their own judicious use of technology and adoption of a medical style of practice.

As it does for other obstetrical care providers, the use of technology may provide a sense of risk mitigation and legal protection.[15,17] Exposure to adverse events and interaction with obstetrical units may lead a midwife's practice to incorporate more conservative measures and become more medicalized. However, increased interaction with obstetrical language and practice may indirectly alter a midwife's behaviour. The more time spent with machines, the more time is spent away from client support, thus changing the midwife-client dynamic. The use of technology can create a negative client experience when a hierarchical relationship exists. Midwifery care can provide technology use in a more egalitarian, client-centred environment.[14] MacDonald argues that the difference between the obstetrical and midwifery uses of technology is that in midwifery, clients are well informed, and whether to have an intervention is ultimately their choice.[2] The practitioner should fit the birth and not make the birth fit a routine.[7]

Technology alters the midwife-client dynamic by providing more options; yet it also requires more time and attention of the midwife. With more technological access, a midwife's energy is redirected to additional monitoring, machine maintenance, and increased documentation. For these reasons, some midwives feel that additional hospital duties detract from the "with woman" model.[11]

Using less technology tends to increase time spent with the client.[18] As midwives take on new administrative and technical tasks, will clients need to hire others to provide continuous emotional and physical support?[11] If one-to-one support is reduced, midwives' job satisfaction could be reduced as well.[6] Rather than focus on whether midwives should engage more—or less—with obstetrical technology, perhaps it is best to determine the most effective way of caring for a diverse clientele within one's own community (e.g., functionality over perfection).[18] Midwifery is not about the absence of intervening, but rather about how to intervene intelligently, thoughtfully, and skillfully.[7] Davis-Floyd, Barclay, and Davis proposed that the focus should be on birth models' effectiveness in caring for childbearing people physically and emotionally. This includes client-centred ideology, continuity of care, cultural appropriateness, and the dynamic use of appropriate technologies.[18] Providing care within this paradigm could maintain a positive client experience. All technology need not be seen as unnecessarily invasive; access to particular technologies may bring a birth back to a normal course and may also maintain continuity of provider and overall environment.[2,14]

Professional Canadian midwifery developed in reaction to the demands of childbearing people. It stood for a model that was in opposition to the technology-dependent, hierarchical medical model. Ironically, integration has made closer engagement with the medical model necessary.[19] Limiting technology use may be done in the name of client experience, but it profoundly affects midwives' livelihood and personal identities. Furthermore, the ideal of a natural, low-technology birth can create a normative ideal that is punitive to those who do not have such an experience.[20] Midwifery should be inclusive not only of a diverse clientele but also of a diversity of experiences. Greater accessibility to midwifery services has created new demands of midwives as clients drive their experience, and it is the duty of midwives to respect a client's choice. Avoiding routine interventions and thoughtfully conducting conversations around risk could help to reduce a power differential with clients and create an empowering experience for them. Client-centred care, critical analysis of technology use, and midwife self-reflexivity can ensure the judicious use of technological intervention and promote childbirth as a normal event. As for the identity of professional midwives, it is unlikely there will be a single vision in the near future. The concept of "medwives" will prevail so long as there is an essentialized ideal of natural midwifery in opposition to technology use.

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