



CONVERSATIONS with a Postmodern Midwife

Valerie Runes of Illinois

How did you decide to become a midwife, and what is your training and background?

There is a saying among some midwives that you don't choose midwifery – it chooses you.

I never set out to become a midwife. I wasn't even particularly interested in childbirth until I became pregnant the first time in 1977. That baby, born on New Year's Day of 1978, was a turning point of sorts. I became fascinated with birth and babies. I was a regular visitor to the hospital where he was born, staring through the nursery window and wondering what was going on behind the closed doors. I became absorbed with raising my son, but quickly – and intentionally – became pregnant again five months later. I wanted to give birth again.

During that pregnancy we moved from Minnesota to Illinois, and knew someone who knew someone who had a homebirth with a doctor. By then I had pondered the things I did not like about my hospital birth, and decided to give birth at home. So my second son was born at home – happily and as comfortably as labor can be. His sister followed a couple years later, again a lovely homebirth with the physician-based practice.

My fascination with pregnancy and birth continued, but at some point I realized I was going to have to do something besides simply giving birth myself. So I read. I talked to people. I contacted various organizations. I became a Certified Childbirth Educator, and soon became acquainted with a local “lay

midwife.” I was in awe. There were still midwives??

I said to her ... “uh ... well, someday ... um ... when I learn enough ... when I know enough ... I would like to be a midwife, too.” A couple weeks later she called me and asked if I would like to start apprenticing with her.

I still recall the very first birth I attended. I got there before the midwife, and the laboring woman was in her living room, doing Tai Chi exercises. She delivered shortly after the midwife arrived, pushing her baby into her husband's hand as I looked on, stunned and teary-eyed. I felt honored to scrub the instruments afterwards, and didn't even mind when I got lost on the drive home. It didn't matter. I had found my calling.

The joy came to a sudden halt several months later, when the midwife called me to tell me she had been arrested and charged with practicing medicine without a license.

*“You don't understand,”
she told me.*

*“These are NOT
nice people.”*

“But why?? How?? You aren't going to stop practicing, are you?”

“You don't understand,” she told me. “These are NOT nice people.”

And with that, her practice ended, and my practice began. Women started to call. Would I come? They knew I didn't have much experience, but there was no one else out there. Would I come? They knew I wasn't REALLY a midwife yet, but would I come? Just to help out? And so I did.

At the same time, I set myself on a crash course of learning everything I could about pregnancy, and women's bodies, and birth, and postpartum, and breastfeeding. I read endless books. I attended innumerable workshops and meetings and conferences and study groups. I became certified as an EMT. And when the NARM exam finally became available (back when it was just the Registry), I took it.

By the time I became a CPM as an "experienced" midwife in 1996, I had probably attended 500-600 births. Somewhere along that path, others had begun to refer to me as "midwife," and I had gradually accepted the title with more than a little humility and a fair amount of pride.

I grew in experience and knowledge, and my practice grew as well. In 1998, I graduated from nursing school and became licensed as an RN.

I thought it made me a better midwife, and I believe it did. In addition to my midwifery practice, I worked as a labor and delivery nurse for a year-and-a-half, and was eventually promoted to Charge Nurse. I enjoyed midwifery and I enjoyed nursing. I was good at both, and both provided a great deal of joy and fulfillment in my life.

It has now been just over six years since I have attended a birth. It was August of 2001, but I still remember every detail of it. It was her first baby. She and her husband worked hard during labor, as first-timers often do. She had originally thought of a waterbirth, and we both laughed when we looked at the pool her husband had set up in the garage. It was about 15 feet across.

And when she finally, finally pushed her son into her husband's hands, I was teary-eyed again. How strong she was! What an astounding thing it is to give birth!

What's the difference between modern midwives and so-called "lay midwives"?

I started as a lay midwife. I ended as a modern midwife.

Back in the late 70's/early 80's we prided ourselves on being "lay midwives." We were rebels. We learned as we went along, or apprenticed if we could. Doctors and hospitals were "the enemy," and if their services were absolutely necessary, we went along as the "sister" or the "friend" of the laboring woman.

We took a certain amount of pride in our outlaw status, I think; we found an identity of sorts in being part of a "persecuted group." So when a midwife would have a run-in with the State, we would get together, have a potluck, raise a few dollars, discuss the injustice of it all, and go on our merry midwifery way until the next prosecution. While there was an ongoing effort to pass legislation that would put an end to our legal woes, we didn't take it terribly seriously. After all, "they" were the enemy. They would make us do things we didn't want to do. They would make us NOT do things that we DID want to do.

** MANA – Midwives Alliance of North America
** NARM – North American Registry of Midwives
*** CPMs – Certified Professional Midwives*

But over the years midwifery changed. It evolved from a quirky, neo-hippy folkway into something that maybe ... just maybe ... could become the standard for maternity care in the United States. MANA* was founded. NARM** sprang up. Midwives began to be registered, and then certified as CPMs.***

States in increasing numbers began to define and regulate non nurse-midwifery. While midwifery conferences still had singing and circle dances, they also had serious discussions about the implications of legalization. About standards. About the importance of peer review and informed consent and policies and protocols. And most of all, there were discussions about accountability, and about how midwives really were responsible for more than just our client du jour and her unique needs.

Accountability extended not to just what we decided to do on the spur of the moment, but also to our relationships with other midwives, other health care professionals, and to the public perception of midwifery in general.

We grew up.

What happened when the Illinois Department of Professional Regulation (IDPR) decided to end your practice – how did it affect both you and your clients?

Actually, in terms of prosecution – at least in my life – IDPR was a bit of a latecomer. My first real brush with the law was in 1989, almost exactly a year after my first stillbirth. It is hardly surprise, I suppose, that I remember that birth in sad clarity. It was July 29, 1988. Lori and Bill were about to give birth to Emily Rose. Lori's water broke, thick with green meconium, and Emily followed shortly thereafter. I wrote about it about a year later ...

“I remember crouching on the floor over newborn Emily ... suctioning her, giving her oxygen, and finally breathing for her ... stethoscope in my ears and plastered on her chest by sticky vernix, listening to her heartbeat rise a little each time Bill stroked her foot. So absorbed in what I was doing – so oblivious to everything else that I didn't notice the arrival of the ambulance staff until their feet were inches from my face. I don't remember what they asked or how I responded – I only remember telling them that ‘her pulse rate is 136 – I think it's an airway problem.’ They took her and ran. I remember the feel of vernix on my face ... the taste of vernix. I remember the awful despair as everything I'd been taught to do failed to work.”

I was subsequently investigated by the State's Attorney, and my records were subpoenaed. We expected me to be indicted by the Grand Jury, but I was not. For some reason, the prosecutor declined to press the issue.

Less than 10 years later, though, IDPR picked up the ball and continued the game, though at least it was taken out of the criminal arena. The first four Cease and Desist Orders came in August of 1997 – none of them to me. Even though I was somehow associated with them (my name being on investigative materials, or the fact that three of the four midwives had apprenticed/attended births with me), I didn't receive an Order. But I really didn't have long to wait. A couple months later I got the Rule to Show Cause. I responded with my own letter to IDPR, challenging them to show me the law that prohibited my practice. They replied, and I responded again: “Show me the law.”

Instead I received a Cease and Desist Order, demanding that I stop “practicing medicine without a license.” I responded one last time. This time my letter told IDPR that I was not going to stop practicing midwifery until they could show me the law that prohibited the practice of midwifery in Illinois. I set up a Web site, outlawmidwife.com. I drew cartoons and published them on the site. I posted my letters and commentary. And I continued my practice.

When I graduated from nursing school, I got a job in the labor and delivery unit of a local hospital. I was quite open about my midwifery background, and one of the reasons I got the job was because of my prior experience. I did well as a nurse, and enjoyed it greatly. But I also continued as a homebirth midwife, and one day I was asked to have a chat with a hospital official. It seems that they had been visited by an investigator from IDPR. The investigator suggested that I was not only working as “an illegal midwife,” but that I was also probably stealing drugs. I was asked to leave.

Three weeks later the hospital called and asked me to come back, paying me for the three weeks I had been gone. But the reinstatement was short-lived. A few weeks later I got a phone call from a woman whose birth I had attended the day before.

“Hi Valerie. I am fine, but I am at the hospital. My Mom made me go. I was asleep and she thought I was unconscious so she called 911.”

“Um ... ok. Which hospital are you at?”

“Oh, they know you here. It's the one you work at.”

The following morning I was fired.

“You told us you quit being a midwife when you started nursing school,” the hospital official told me. “We will also be contacting IDPR about your nursing license.”

Several weeks later I received yet another Rule to Show Cause, followed by yet another Cease and Desist Order, as well as a seven-court complaint against my nursing license.

Along with the complaint against my nursing license came a less-than-gentle request for a disciplinary conference. (Think “administrative equivalent of a plea bargain discussion.”)

We – my attorney-husband and I – sat at a big table in the IDPR offices, surrounded by IDPR lawyers and members of the nursing board.

“You need to stop doing this midwife stuff,” I was told. “You aren’t licensed to do that, and things could go very badly for you if you persist.”

“Oh?”

“Yes. VERY badly.”

“Oh.”

“On the other hand, if you will agree to stop attending births, we could probably arrange to have your nursing license suspended for only 30 days. Maybe 60.”

“Ah. I see. Well. No, I really can’t do that.”

Several sets of administrative eyes glared at me.

“Excuse me?” asked the IDPR lead attorney. “I don’t think you quite understand.”

“Oh, I understand, but I don’t think you do. I don’t believe the law is on your side, and I’m not going to take your deal.”

With that, the meeting came to an end, and we began to prepare for trial.

IDPR was not at all happy at being forced into a trial. They had three of their attorneys facing us, and a huge amount of “evidence,” consisting of old client records, cartoons I had drawn and put on my website, and copies of newspaper interviews I had done. On our side we pretty much had just us and Marsden Wagner.

Although Marsden did a lovely job testifying to the safety of midwife-attended homebirth, the State didn’t take him seriously because he “didn’t practice obstetrics in Illinois.”

At one point when I was being cross-examined by IDPR’s lead attorney, she tossed one of my cartoons in front of me and demanded to know “what does THIS mean??”

“Well,” I told her, “Like any cartoon, it pretty much means whatever you think it means.”

I smiled to myself a bit. What it MEANS, I thought to myself, is that you are a bunch of bureaucratic twits.

Finally, I was asked how I would feel if I lost my nursing license.

“It would be a sad thing,” I responded. “I worked really hard to get it. But I still think I am right.”

The State, of course, did NOT think I was right, and after several weeks of waiting, we finally got the judge’s opinion. She found against us, and recommended a 60-day license suspension and a \$1,500 fine.

The nursing board, however, had different ideas. In its infinite zeal to punish transgressors such as myself, it increased the penalty to indefinite suspension of my license for a minimum of three years followed by two years of probation, a fine of \$2,500, and a 12-hour “ethics class.” We appealed, and the “ethics class” part of the penalty was overturned, but the rest of it stood. My license was suspended in February of 2003. It has not yet been reinstated, and the fine remains unpaid.

I have not attended a birth for more than six years.

Why did you decide to retire as a midwife and attend law-school instead?

I wanted to be a lawyer from the time I was in college the first time back in the early 1970s. Instead I got married, had babies, and became a midwife. But the law fascinated me. It has the potential to be such a powerful tool for change – both in one’s private life, and in society generally. But then, I didn’t want to be just any lawyer. I didn’t want to spend my life doing real estate closings or writing wills.

Nope. I wanted to do criminal defense. I wanted to get down into the gritty parts of life. I wanted to make sure that the State met its burden to prove the defendant guilty. I wanted to represent the underdog, and I wanted to right wrongs.

Instead I ended up catching babies.

But you know, there are more similarities between lawyers and midwives than you might think. Lawyers and midwives both have a specialized set of knowledge and skills. Both work with people at unique times in their lives. Both act as guides through unknown “territory.” And both midwives and lawyers do their work best when they do it quietly and efficiently and with the client always foremost in their minds.

So as my midwifery ended, my interest in going to law school emerged once again. It took me a year to complete my bachelor’s degree, and a little longer to take the LSAT.

Applying to law schools became an interesting exercise in trying to explain my history with the State (because they all want to know if “you have ever had a license that was subjected to disciplinary action”) and in hoping that someone somewhere might be willing to look past that. Interestingly enough, they all did, and I started law school in the fall of 2005.

It has been an interesting trip thus far. It has also been mostly quiet, though about a year or so

ago there was an incident before class when a girl I didn’t know came up to me and asked “Aren’t you a midwife??”

“Um ... uh ... well ... why do you ask?”

“Well, I am interested in getting pregnant and having a homebirth, and I did a Google search and came across your name ... ”

I guess some things will never change.

My legal goals from so long ago remain the same. I am working on a certificate in criminal law, and am clerking for the Public Defenders Office. Eventually I would like to work there, representing those who can’t afford a lawyer.

On the other hand, I think I will always be a midwife. My tools have changed, and my textbooks are very different. But I can midwife my clients through their legal difficulties; I can guide them through the morass that is the judicial system. And if I can do it with a gentle touch and a kind word, then I will always be a midwife as well as a lawyer. ■

What is a Postmodern Midwife?

With this term, I am trying to highlight the qualities that emerge from the practice, the discourse, and the political engagement of a certain kind of contemporary midwife – one who often constructs a radical critique of unexamined conventions and univariate assumptions.

Postmodern midwives as I define them are relativistic, articulate, organized, political, and highly conscious of both their cultural uniqueness and their global importance ... Postmodern midwives are scientifically informed: they know the limitations and strengths of the biomedical system and of their own, and they can move fluidly between them.

These midwives play with the paradigms working to ensure that the uniquely woman-centered dimensions of midwifery are not subsumed by biomedicine. They are shaper-shifters, knowing how to subvert the medical system while appearing to comply with it, bridge-builders, making alliances with biomedicine where possible, and networkers ... [with a sense of mission around preserving and growing midwifery] and an understanding that *for a midwife, the professional is always political*: midwives and their colleagues must have an organized political voice if they are to survive.

So postmodern midwives work to build organizations in their communities, join national and international midwifery organizations, and work within them for policies and legislation that support midwives and the mothers they attend. (Davis-Floyd 2005: 13)

Robbie Davis-Floyd
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Learn more about the Big Push for Midwives Campaign on the Web at www.TheBigPushforMidwives.org.

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