Plan for the Course

- Session 1: Overview, Medical Women in History.
- Session 2: Blocking women from Medical school.
- Session 3: Struggles, triumphs, firsts.
- Session 4: Rise & Fall of Women's Med Schools.
- Session 5: Women in Medicine, Research & Science.
- Session6: Injustices, unethical surgeries & therapies.
- Session 7: Medicalization of Pregnancy & Childbirth.
- Session 8: Medical women, 21st Century & beyond.

MEDICALIZATION OF PREGNANCY AND CHILDBIRTH CARE

Plan for Session 7

Review history of midwifery.

Analyze causes of suppression of midwives.

Study rise of MALE physicians:

- Competition through instrumentation.
- Almost complete elimination of home deliveries.
- Development of anesthesia.
- Blocking women from studying medicine.

How childbirth became a medical problem.

Current trends in returning to past ideas.

Note on the slides

- Color of the text may change on some slides.
- Text in green means that the action or event had a good or beneficial effect on the person.
- Text in red means that the action or event had a bad or detrimental effect on the person.
- Text in yellow within a black box means that the action or event was harmful, unfair and hurtful to the person (s) involved.

THE EVOLUTION OF MIDWIFE DELIVERY CARE

Historical Roles of Women in Healing

What were they called?

- Wise women, women healers, wizards, cunning folk.
- Cunning folk, conjurers, expellers.
- White magic witches vs. black magic witches.

What did they do?

- Midwifery.
- Folk healing, divination, folk medicine.
- Spells, magic incantations, rhymes, charms.

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History of Midwives

Many different social and medical roles

- Welcomed new life and ushered out the old.
- Sometimes tended to domestic animals.
- Performed abortions.
- Baptized babies, in or out of utero.
- Testified at trials regarding timing of baby's death.
- Served as pediatrician during baby's first year.
- Oversaw sanitary conditions in brothels.
- Prepared the dead for burial.

History of Midwives

- Throughout history, women were in charge of caring for women during pregnancy, childbirth and then taking care of the babies.

- The Church realized that midwives were gaining power, enjoying popularity and making a comfortable income.

- They were being caretakers of more than just women, and were acting as physicians.

Lying-in After Birth

European form of postpartum confinement.

- Practice of long bed rest after giving birth.
- Old-fashioned, archaic essential part of postpartum period, even if no medical complications during childbirth.

Latin America: called “la dieta” (the diet).

- Usually 40 days, one/week of pregnancy.
- Older female relatives attended to mother.
- Mother fed nutritious foods.
- Gained weight due to inactivity and “diet”.

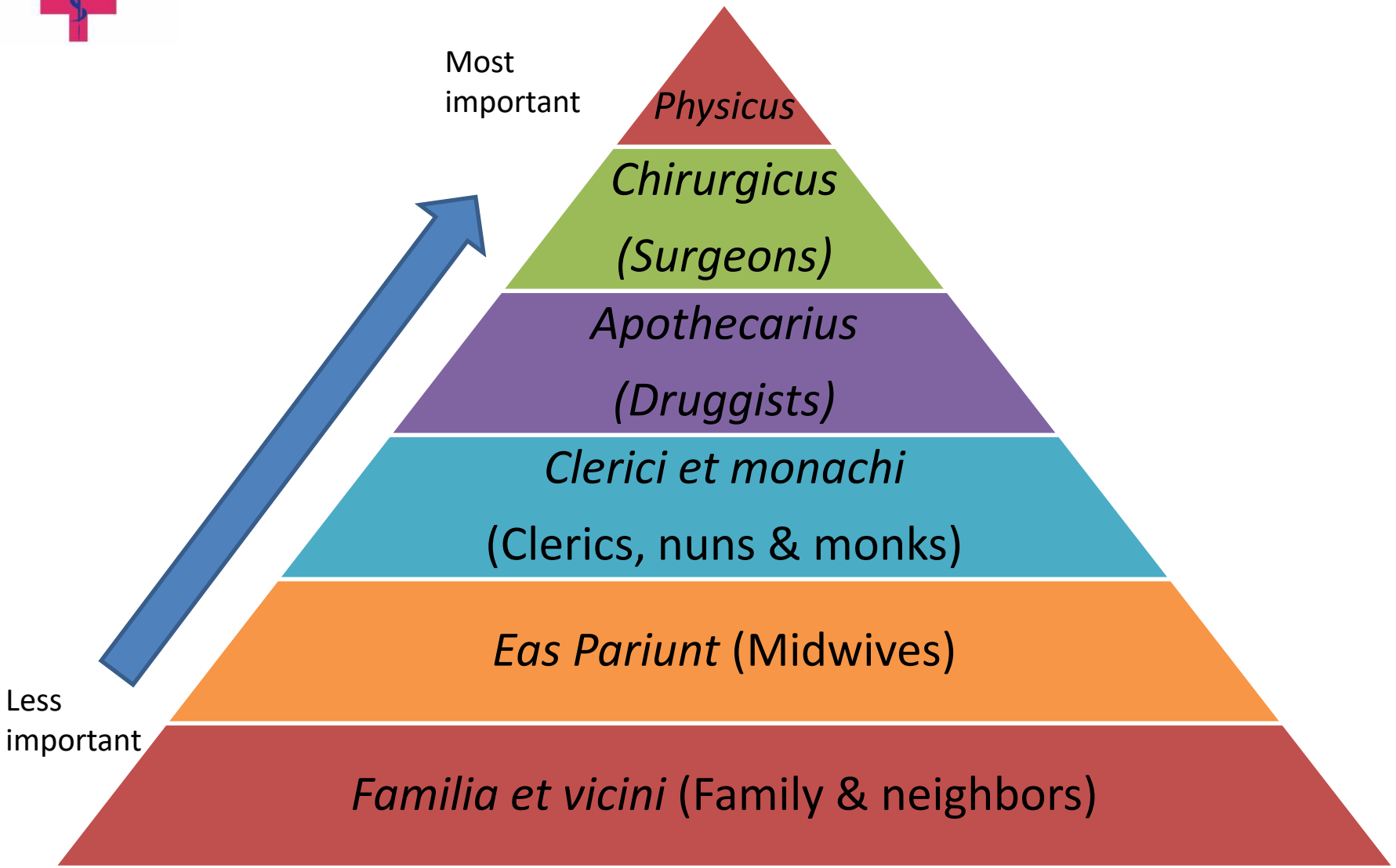
History of Midwives

- By easing women's pain during childbirth, midwives went against the Church's teachings that the pain was Eve's curse.
- Men in medieval times, backed by the Church, belittled and debased women.
- With the Church's support, men physicians gained respectability and exclusivity.

History of Midwives

- Midwife role changed and adapted to the circumstances of the times and places.
- Knowledge of spells, prayers, treatments, incantations and “secret rituals” enabled women’s activities but also made them an easy target.
- Males in political, scientific and religious power centers tried to control them or eliminate them.

Hierarchy of Healers in Dark & Middle Ages



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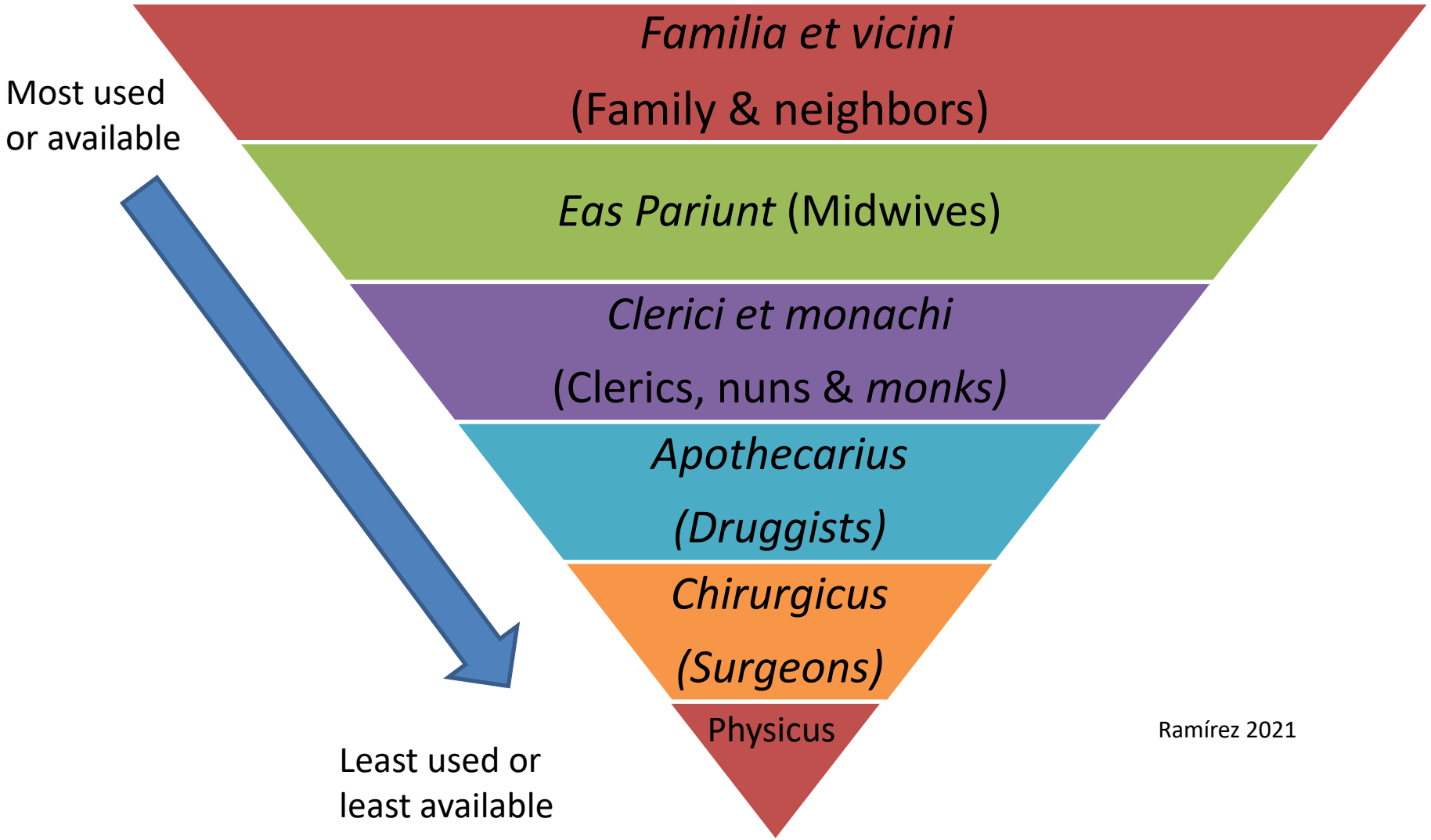
Hierarchy of Real-World Use



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History of Midwives

- Evil spirits or supernatural influence were believed to be main causes of disease.
- Anyone who healed or cured had to have access to supernatural powers or be aided by unnatural forces.
- So, in the eye of dominant males, midwives were basically witches, wizards and Jewish devils.
- Solution? Purge , eliminate and burn them!

History of Midwives

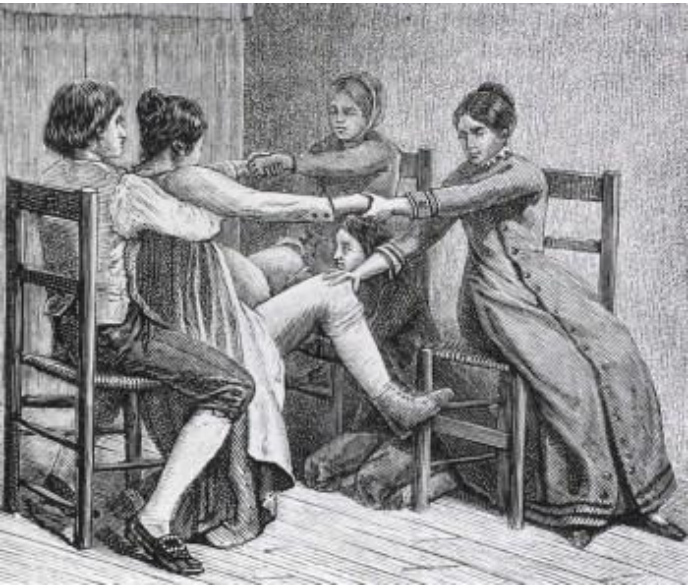
- The Church forbade religious members to practice medicine or surgery.
- The midwives used practices that impinged on the spiritual work of *male* clerics and monks.
- The Church wanted to monopolize religion, but also to support the *male* academic physicians.
- This led to elimination of midwifes as witches in 1450-1750 by drowning and burning.

History of Midwives

- Physical elimination of midwives by labeling them as witches made the work of the Church and of male physicians much easier.

- This repressive tool was a backlash against women and a way to find scapegoats for bad crops, dead livestock, dead babies, dead children and all sorts of misfortunes.

History of Midwives



- In rural areas, where there were no *physics,* the midwives still survived and did their work.
- When colonization of new lands began, the midwives traveled with the explorers to provide medical care.
- In colonial America, childbirth was not the domain of physicians, but of midwives who handled most births, following European customs.

History of Midwives

- European midwives were called “Grace wives” because they worked for gifts (grace), no real pay.
- In France midwives were elected and paid by villages.
- Paid better fee if baby was male.
- If child deformed, midwife might pay with her life.

History of Midwives

- Usually self-taught or by apprenticeships.
- Later in Europe, midwife schools.
- First women to try getting into medical schools were relegated to midwifery.

History of Midwives

- First English text: *The Byrth of Mankynde*.
- Written by a man in 1540.
- In 1671 Jane Sharp wrote *The Midwife's Book*.
  - Many astrological charts, folksy remedies.
  - Not a lot of real facts or scientific information.
- In France: Louise Bourgeois Boursier (1563-1636)

Louise Bourgeois Boursier (2)

- Took the government exam for midwifes and passed it, gaining an official license to practice "as a sworn midwife" in 1598.

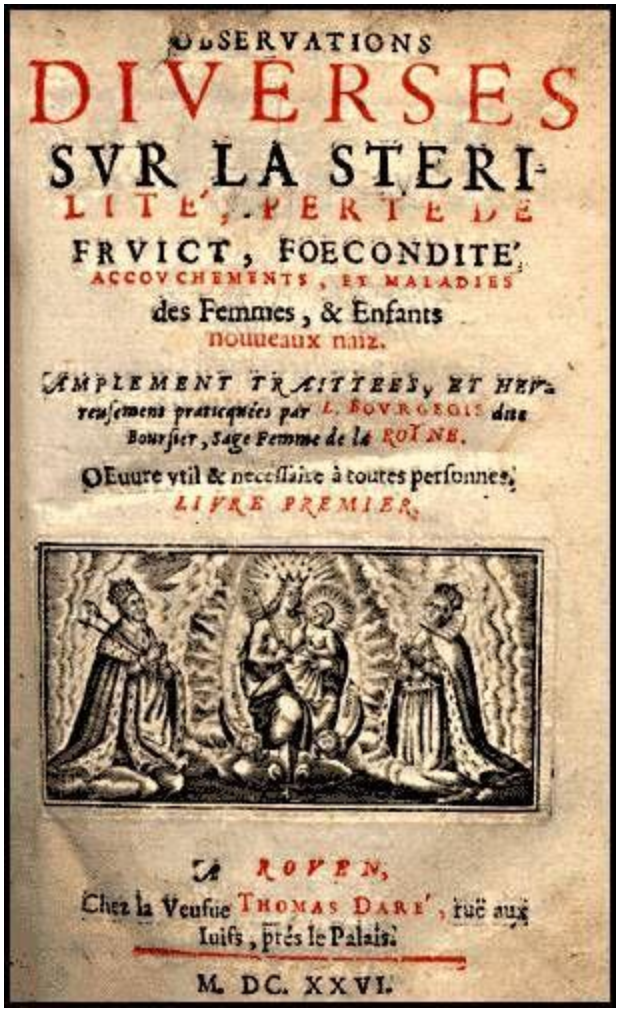
- In 1600 became midwife to the queen of France and delivered her 6 children, future royalty of Europe.

Louise Bourgeois Boursier (4)

- In 1609, wrote *Diverse Observations on Sterility, Loss of the Ovum, Fertility, Childbirth, Women's Ailments and Newborns.*

- Published expanded editions with additional material in 1617, 1626, 1634 ,1642 and 1652.

- Was translated into other European languages and became the essential reference for midwives for the next 50 years.


OBSERVATIONS
DIVERSES
SVR LA STERI-
LITE', PERTE DE
FRVICT, FOECONDITE'
ACCOVCHEMENTS, ET MALADIES
des Femmes, & Enfants
nouueaux naiz.
AMPLEMENT TRAICTEES, ET HEU-
reuſement pratiquées par L. BOVRGEOIS dite
Bourſier, Sage Femme de la ROYNE.
OEuure vtil & neceſſaire à toutes perſonnes.
LIVRE PREMIER.
A ROVEN,
Chez la Veufue THOMAS DARE', ruë aux
Iuifs, prés le Palais.
M. DC. XXVI.

Louise Bourgeois Boursier (5)

- Was the 1st woman to write a midwifery book in the vernacular, not in Latin.

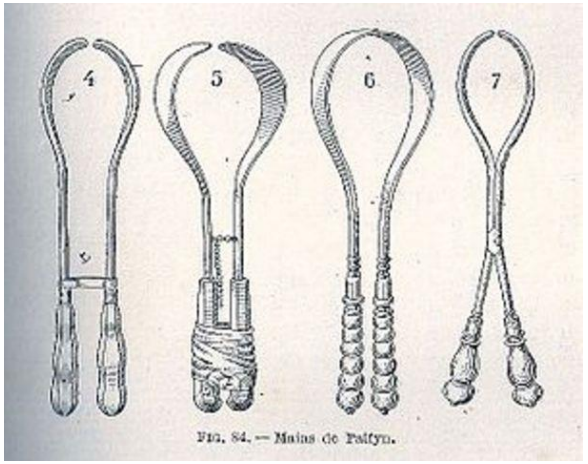
- She had delivered over 2,500 babies by the time she retired; died at 73 in 1636.

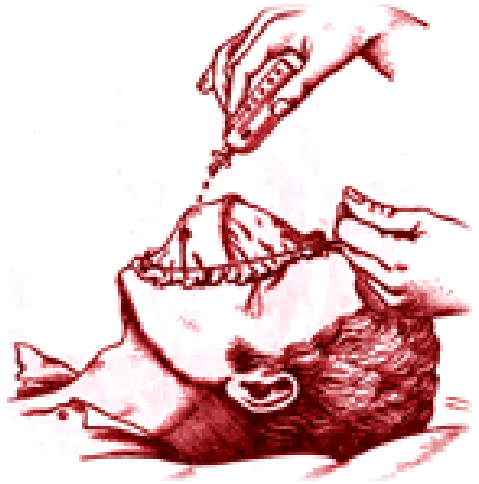
Forceps and Anesthesia

- Invention of the forceps in the 17th century opened up the field of midwifery to male doctors.

- Discovery of anesthesia and the use of chloroform on Queen Victoria during her 8th and 9th deliveries made the field of obstetrics a mainly manly occupation.

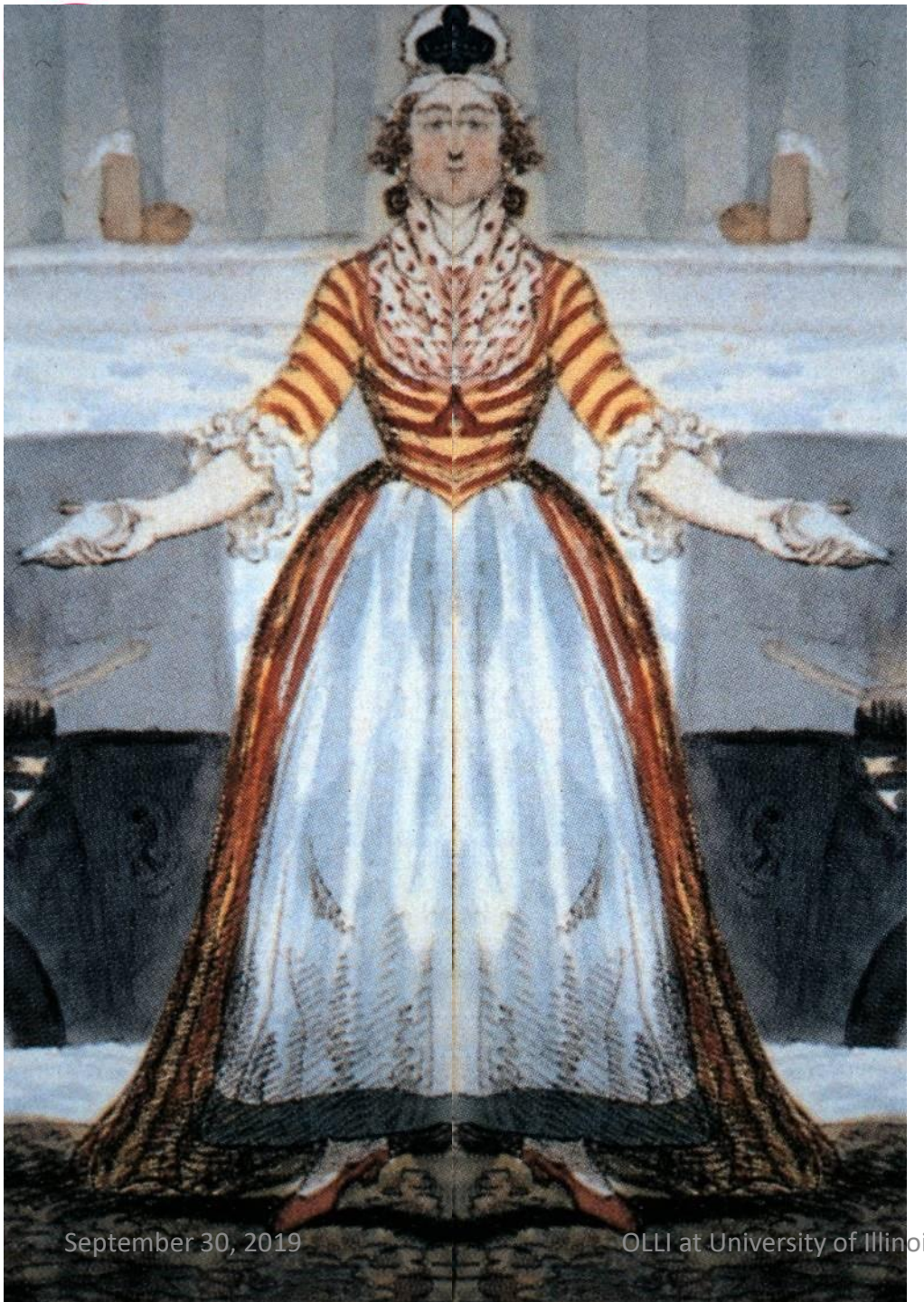
- The social elite in London soon followed the Queen's lead, adding further credibility to the use of anesthesia and men delivering babies.





History of Midwives

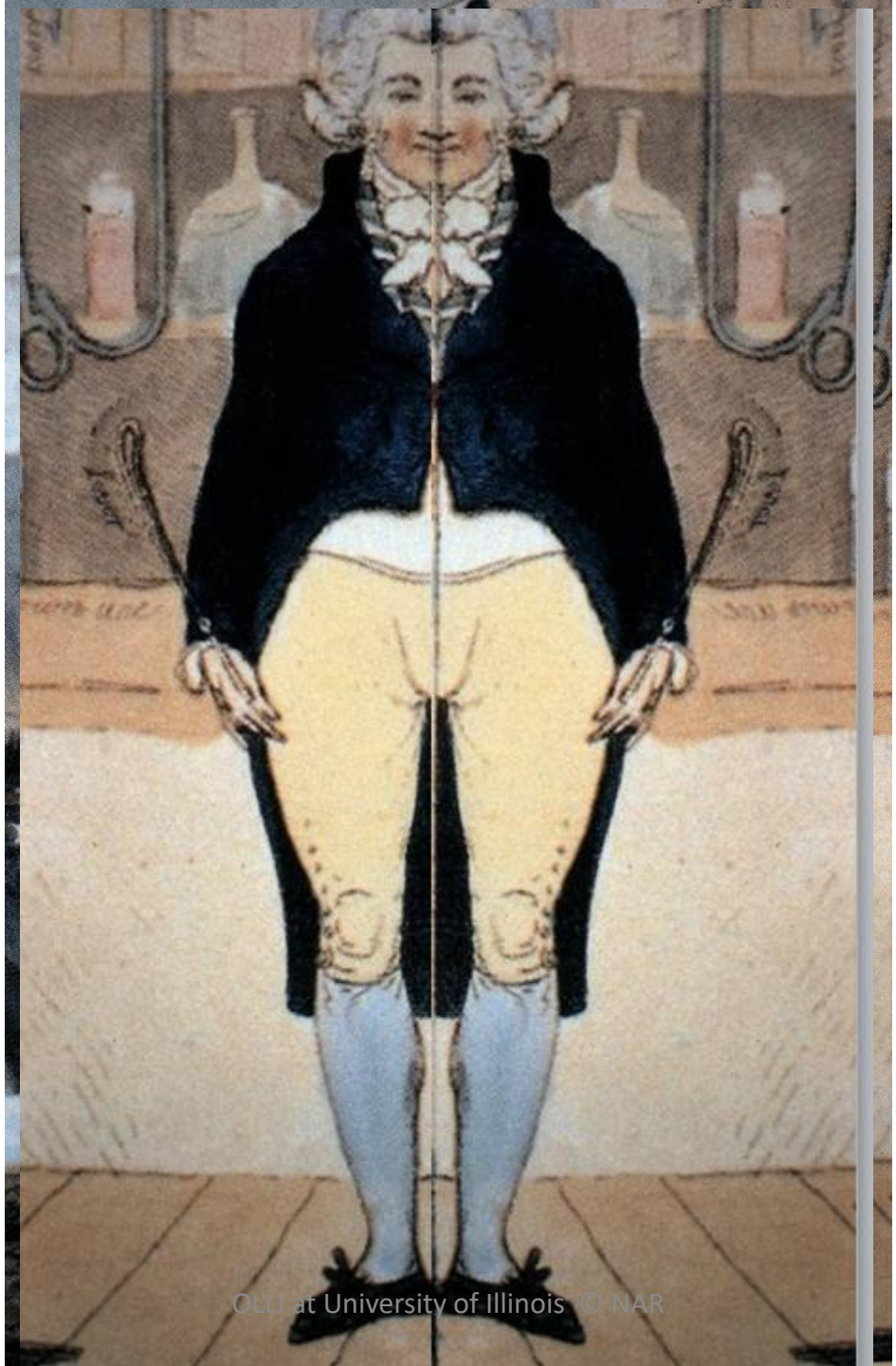
- In the late 19th & early 20th century men started replacing midwives, offering:
  - Hospital delivery.
  - Pain relief (anesthesia).
  - Safer, cleaner birth.
  - Instrumentation



Midwifes delivered most babies until the early 20th century.

As more deliveries were done in hospitals, the doctors started displacing the midwives from their role of caring for pregnant women, their deliveries and their babies.

Eventually, in the mid 20th century, physicians completely took over the care of pregnant women.



History of Midwives

- At the start of the 20th century, high maternal and neonatal mortality rates led to:
  - Viewing childbirth as dangerous.
  - Decline in the use of midwives
  - Decrease in home births.

- By 1935, 75% of U.S. births took place in a hospital, rising to 95% by 1960.

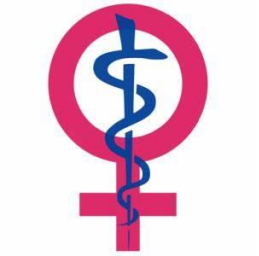
- By 2011, only about 10% of births were attended by midwives, with just 1% occurring outside of a hospital in the U.S. and Canada.

History of Midwives

- In the next few decades, further techniques and instruments were devised to maintain men's domination of the obstetrical field.
- This also pushed the deliveries into hospitals and away from the homes of women.
- After obstetrical care became masculinized, the next step was the medicalization of pregnancy and childbirth.

Medicalization

Medicalization is the taking of something that is a part of the normal life experience and making it a medical problem, specifically one that requires treatment.



Medicalization

- The 1st generation of medicalization theories encompasses 3 aspects:
  - Medical knowledge and its origins.
  - Medical imperialism: more life domains and social issues get defined in terms of health and illness.
  - Iatrogenesis: medicalization as an exaggeration of medical control, the good actions produce bad results.

- 2nd generation medicalization theory: Normal characteristics or processes become optimized to become a target for medical interventions.

- As a result, normal phenomena become problems and a new consumer market is created.

The Changing Times

Labor and Delivery: USA

1930's: At home; midwife, grandma…Fathers: cloth strips.

1940's: In hospital; fathers at delivery?…Unheard of !!!

1950's: In hospital: fathers at birth…Radical behavior !!!

1960's: In hospital; fathers in DR… Acceptable by request.

1970's: In hospital; fathers involved…Commonplace.

1980's: In hospital; father throughout…Expected behavior.

1990's: If father not involved…Call DCFS !!!

2000's: Whole family event…sibs, aunts, cameras, food (pets?).

2010's: Birth shared on social media; midwife/birthing center.

2020's: Hybrid delivery, remote, virtual & interactive guests.

Ramírez 1994-2021

Medicalization

- Medicalization was initially based on a specific social process, expanding the jurisdiction of medicine as a profession.

- Today, it implies the use of medical terms for *every* definition or description of a problem or treatment via medical intervention.

Medicalization

- Development and function of the medical profession was based on a model that presupposed a biophysical explanation that could be defined for every disease.
- Because of the high rate of mortality among mothers and newborns, the medical profession intervened in both, determining, in effect, that natural processes were risky and even pathological.
- Classified as such, they were subjected to control and monitoring, which inevitably led to an intensification that could only be implemented within institutions.

Medicalization

- Childbirth in maternity hospitals became common practice after World War II .
- The midwife's position was taken over by patriarchal and authority-based medicine and breastfeeding was replaced by the development of milk formulas.
- Technology took on a larger role in the monitoring of pregnancy and childbirth.
- The thought is that technology can help us overcome or control natural processes.

Cesarean Sections

- A great example of the medicalization of childbirth is the use of cesarean sections (C-sections).
- C-section is the surgical removal of the child through an incision into the mother's abdomen to access the uterus and the fetus inside of it.
- Cesareans are now so commonplace that in 2012, 32% of deliveries in the US ended in a C-section.
- Rates higher than 25% indicate *defensive medicine,* designed to protect physicians and hospitals rather than the patient.

Medicalization

- Medicalization affects and excludes traditional institutions such as religion and law.
- It becomes the new repository of truth, where absolute and final judgments are made by supposedly morally neutral and objective experts.
- But these judgments are made not in the name of virtue or legitimacy but in the name of health.

Medicalization of Pregnancy and Childbirth

Session 7

Women and Medicine

Medicalization

- Pregnancy is a physiological process, not an illness, but Western civilization generally describes it as a risky condition.

- Illness is seen as a problem or deviation that is appropriately tended to by medicine, like with pregnancy and childbirth .

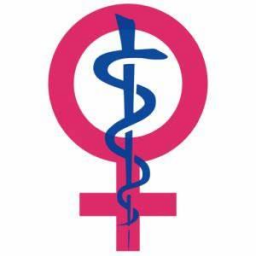
- Control over the process of childbirth has become an important task of medicine.

Medicalization

- Interventions have been developed to make birth safer and less painful for the patient, but also more convenient for the physician.
- New technologies have also focused on monitoring mother and fetus throughout
- The final goal is that a healthy child will be born to a healthy mother.

Disenchantment

MEDICALIZATION OF PREGNANCY



Medicalization

- Invention of forceps spread belief that most deliveries *needed* forceps to be used.
- Consequently, episiotomies had to be done.
- Add increase in hospital deliveries, discovery of anesthesia, and the desire to earn more fees.
- A physiologic process had become pathology.

Medicalization

- Doctors felt that women were there to comply and submit to painful, unproven and violent procedures.
- Deliveries should be scheduled.
- Women were not supposed to ask, inquire or know about their bodies.
- Electronic technology brought new risks, complications and permanent injuries.

Medicalization of Pregnancy (3)

- Fear of liability increased cesareans and other interventional deliveries.
- If the only tool, you have is a hammer, everything tends to look like a nail.
- Every solution to a problem creates a new, and possibly worse problem.

Medicalization

- Big insurance, large hospitals, treatment by many unknown providers cause anxiety, uncertainty and fear.
- Those same factors cause pain, complications and bad outcomes.
- So…women are turning back to midwifes, home deliveries, “natural” treatments and EMPATHY!

Discontent with Current System

- Women are unhappy with system that devalues them.
- They do not like treatments which dehumanize and depersonalize them.
- Recent increase in serious complications, infections, bad outcomes and permanent injury.
- Lack of empathy from providers.

Déjà vu, all over again!

Illinois

- An average of 75 Illinois women died while pregnant or within one year of pregnancy each year during 2008-2017, with the highest number recorded in 2017 (a total of 103 deaths).

- In 2016-2017: 34% of women who died while pregnant or within one year of pregnancy died from a cause related to pregnancy.

Illinois 2021 Report

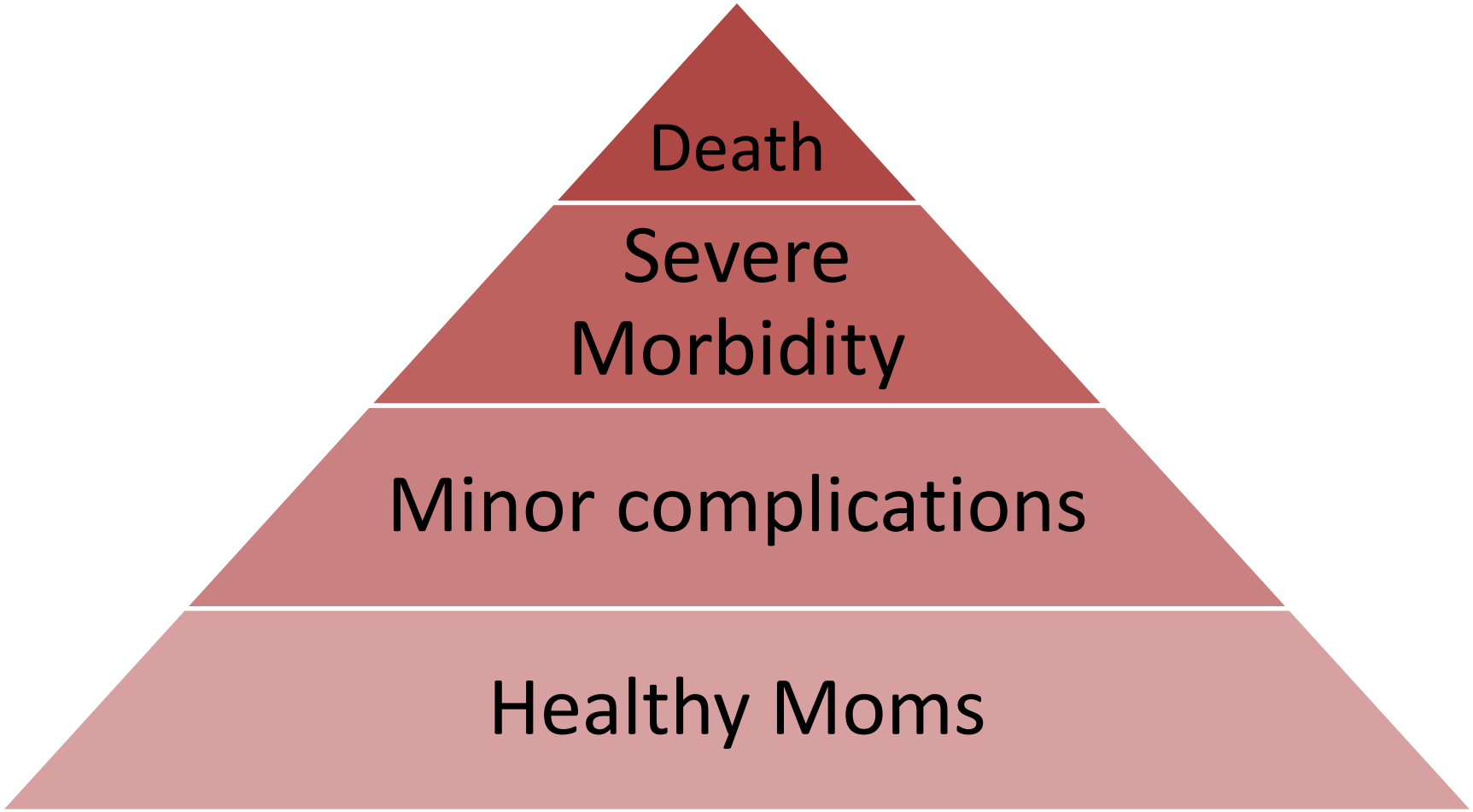
(2016-2017 Data)

- 40% of pregnancy-related deaths was mental health conditions, including substance use disorders.
- 34% of women who died while pregnant or within 1 year of pregnancy died from a pregnancy-related cause.
- Black women were about 3 X as likely to die from a pregnancy-related condition as White women.

Illinois

- Black women were more likely to die from pregnancy-related *medical* conditions.
- White women were more likely to die from pregnancy-related *mental health* conditions.
- ⅓ of pregnancy-related deaths occurred more than 2 months after pregnancy.
- Nearly all the pregnancy-associated homicide, suicide, and drug overdose deaths were potentially preventable.

Illinois



- Maternal mortality in the US has been rising and is 3X to 4X higher than in other developed nations.

- The north side of Chicago, (more racially and culturally diverse), has close to 10X as many health care providers available as Black areas on the south side.

- There are also *trauma deserts*, or areas without a nearby level I or II trauma hospital.

Pharmacy Deserts

- If individuals residing in Black communities do see a physician, it is hard for them to fill prescriptions as those areas also suffer from lack of access to pharmacies, or *pharmacy deserts*.

- A 2014 study found that 5% of White communities in Chicago were pharmacy deserts, compared to 54% of Black communities and 34% of percent of Hispanic communities.

- Approximately 1 million Chicago residents live in *pharmacy deserts*, and 53% of these persons live in Black communities.

Illinois

- At the beginning of 2019, Chicago had 19 hospitals with obstetric units, with 6 located on the South Side.
- During 2019-2020, 4 obstetric units on the South Side were closed due to no economic resources and COVID.
- This left only 3 birthing hospitals on the South Side, compared to the 6 **each** on the North and West sides of Chicago.

Illinois

- Black-majority communities have higher preterm birth rates due to lack of healthcare resources than white-majority areas.

- South Side majority Black neighborhoods have breastfeeding initiation rates of only **1.4%** and **6.8%**, while the state breastfeeding initiation rate is **84.2%**.

Illinois

- During 2010-2017, live births to women with obesity, hypertension, and diabetes significantly increased in Illinois .

- In 2017, the % of births to women with:
  - Obesity increased 21% (from 23.7% in 2010 to 28.6%)
  - Hypertension increased 57% (from 6.1% in 2010 to 9.6%)
  - Diabetes increased 35% (from 6.0% in 2010 to 8.1%)

- Some women may have presented with more than 1 of the 3 chronic conditions, so percentages in the figures are not mutually exclusive.

Illinois

- Maternal mortality is the death of a woman during pregnancy, childbirth, or the postpartum period.

- Pregnancy-Associated Death = death of a woman during pregnancy or within 1 year of the end of a pregnancy from *any* cause.

- Pregnancy-Related Death = death of a woman during pregnancy or within 1 year of the end of a pregnancy, from a pregnancy complication, events initiated by pregnancy, or aggravation of an unrelated condition by the effects of pregnancy.

Illinois

- Many pregnant and postpartum women presented to hospitals with risk factors for poor maternal outcomes, but were not properly identified, screened, diagnosed, treated, or resuscitated.

- Health care facilities need to identify a woman's pregnant or postpartum status during all health care visits to properly diagnose and manage her health.

FACTOR IN ILLINOIS' CONDITIONS

Care Coordination

- Necessary referrals to a specialist were often delayed or absent and that women were frequently treated at facilities without the resources and personnel to accommodate their medical needs.

- Inadequate or absent communication between hospital systems, especially between the inpatient and outpatient settings, contributes to poor maternal outcomes

Postpartum Follow-Up

- Women can experience pregnancy-related complications for up to one year postpartum, and can benefit from enhanced medical and social services during the year after pregnancy.
- Traditional definition of *postpartum* is 42 days after pregnancy, but ⅓ of pregnancy-related deaths from 2016-2017 occurred more than 2 months after pregnancy.
- When pregnancy is over, women may have only one postpartum visit if any at all.
- Medicaid coverage ends at 60 days postpartum.

Mental Health

- Many pre-existing mental health conditions may be exacerbated by hormonal changes and stressors during pregnancy.

- Women with no history of mental health conditions may develop mental health conditions around the time of pregnancy, such as postpartum depression.

- Women should be properly screened for mental health conditions, have access to comprehensive mental health treatment, receive appropriate medication management, and receive coordinated care between physical and mental health providers.

Substance Use

- Pregnant women who wanted to enter substance abuse did not have the knowledge or resources to navigate the health care system.

- Some women were not seen by hospital social workers because the hospital staff were “too busy,” while others were denied access to treatment because of insurance or their pregnancy status.

- Other women lacked transportation to and from treatment centers and were unable to gain access to needed substance use disorder treatment.

Social Determinants of Health (SDH)

- There are many systemic social determinants of health, like poverty, racism, quality of education, employment, housing, child care, transportation, neighborhood safety, and violence.

- These issues affect a woman's physical and mental health and influence her ability to seek, receive, and adhere to care and treatment .

- Access to transportation and child care, as well as inflexible workplaces prevent numerous women from accessing adequate prenatal or postpartum care.

- Providers are not routinely screening for domestic violence trauma or addressing the social determinants of health.

Maternal Mortality in the US

Although the United States is spending more on healthcare than any other country in the world, **more than 2 women died during childbirth every day, making maternal mortality in the United States the highest** when compared to **49** other countries in the developed world.

Maternal Mortality Rates
(2020 Data)