

Midwifery in Canada

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About the Project

The Canadian Museum of Civilization (CMC) invited us to help prepare an exhibit and book chapter on the history of Canadian midwifery. The project is part of a larger initiative to create an interactive database on nursing and midwifery history, and to find homes for various donated archival and artifactual materials. There will be a major national exhibit at the Canadian Museum of Civilization in 2005, accompanied by a book, one chapter of which will be devoted to the history of midwifery and the remainder will examine various aspects of the history of nursing in Canada. We feel that the exhibit and accompanying book will afford a great opportunity to tell the public about the history of Canadian midwifery that is only now being compiled and, we believe, still remains to a substantial extent untold. The following is a short summary of our project to date. We please invite your comments and additions to the project.

Summary of Draft Findings

The primary responsibility for the care of birthing mothers and newborn babies has long involved often competing groups: midwives, doctors and professional nurses. Midwives played a vital role in early Canada, but their work in families and communities was eventually replaced to a large part with technical care given by doctors and nurses in hospitals. Recent developments point to a revival of midwifery in different parts of the country.

We have identified a number of sub-themes that cut across the history of Canadian midwifery that we hope to include in the exhibit and in our chapter on midwifery.

Aboriginal Midwifery

Aboriginal peoples used a formal apprenticeship model to teach Aboriginal women at a young age to acquire skills, traditions, customs and norms related to conception, pregnancy and birth. This body of knowledge was passed down from generation to generation and required no sanction from outside medical educational processes. Traditional knowledge of maternity care and delivery eventually weakened to a point where only a few midwife elders currently exist in rural and northern communities. In the 1980s, Aboriginal midwifery began re-establishing itself with the aim of finding a complimentary balance of traditional and mainstream knowledge and apprenticeship training became once again common among modern

Aboriginal midwives. Povungnituk, the Onkwehon Aboriginal Midwifery Training Program in Ontario, and the Lewirokwas Midwifery Program are cases in point. Aboriginal midwives are now most visibly active in the northern regions of Quebec, Ontario, Manitoba and in Nunavut. Most of these midwives operate out of birthing clinics such as the Tsi Non:we Ionakeratstha Ona:grahsta' Six Nations Maternal and Child Centre in Ontario. The traditional techniques and tools used by Aboriginal midwives include among many others, herbal medicines, seal skins, string and blades. Modern Aboriginal midwives use a blend of old and new techniques and tools.



Two Kaska Women carrying their babies on their backs; 1937. Yukon Archives, Tidd Collection, #7504.

Traditional Lay Midwifery

Traditional lay midwives who date back to the early settlement period performed needed services not only to birthing women but also to many others in these communities who needed medical aid, as there were few formerly trained nurses or physicians. Traditional lay midwives learned their trade mostly through apprenticeship with female relatives or senior midwives. Apprenticeship often involved one-on-one training while attending many births. By the late 19th century, however, birth was gradually redefined in more medicalized terms and the role of traditional midwife was undermined, ultimately leading to their decline in the birthing process. Traditional lay midwifery was even outlawed in some urban southern parts of Canada but survived in northern, rural and remote areas of the country for much longer. For example, in Newfoundland, traditional lay midwifery survived well into the 20th century. The techniques and tools used by traditional lay midwives included herbs and homeopathic remedies. A traditional midwife's bag could include the following: baby's clothes, birthing mats, scissors, needle and thread, vinegar, weigh scales.

Thanks very much to all those who have so far contributed to our project. We welcome additional ideas, artifacts, photos and stories. Please contact:

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Source: Dale, Linda (1987). *Wonderful Cures*. Newfoundland Museum.

Nurse Midwifery

Canadian-born nurse-midwives received training outside of their country (including in Britain, France and the U. S.) or were foreign-born women trained abroad who later immigrated to Canada. The Federal government recruited nurse-midwives to work in Northern and remote communities. Typical training for nurse-midwives includes a nursing degree/diploma with postgraduate midwifery specialization. Nurse-midwives have historically had more income and practice security than non-nurse-midwives. However, they have typically had less autonomy, given their place in the medical hierarchy, unless working in northern or rural and remote settings. Nurse-midwives working in cottage hospitals and for the Grenfell Association in Northern Newfoundland and Labrador were cases in point. Today, nurse-midwives continue to practice in many provinces in hospital and clinic settings and some have gone on to become certified midwives (see below). Typical technologies used by nurse-midwives include charts, monitors, obstetrical instruments, including forceps and other equipment commonly found in maternity clinics and on obstetrical wards.



Source: Cecilia Benoit. (1991). *Midwives in Passage: The Modernization of Maternity Care*. Memorial University of Newfoundland ISER Press.

Independent Lay Midwives

Grassroots midwifery (independent of both nursing and medicine) experienced a resurgence in the cultural milieu of the late 1960s

and early 1970s. A general lessening of trust in the medical profession and the medicalization of birth led to the Women's Health Movement and the Home Birth Movement. Standard birthing practices were called into question and women who had themselves undergone traumatic and alienating birth experiences, or who had assisted a friend or neighbour in a home birth, subsequently trained in the profession. Although some independent lay midwives attend formal lectures (including in Vancouver in the mid-1980s) the value of experiential knowledge and apprenticeship remain central tenets of this branch of midwifery, similar to the professions early beginnings. Independent lay midwives continue to practice in those areas of Canada that have not yet passed new legislation enabling certified midwifery to establish itself.



Source: *Free Delivery*. Produced by the Free Childbirth Education Centre and Press Gang. Circa 1970.

Source: BC Ministry of Health and Ministry Responsible for Seniors (1995). *Women's Health Writes*. 1(2).

Certified Midwives

Licensing provisions for midwifery took a decline in Canada during the 19th century as the Canadian Medical Act and hospital system were established. However, a resurgence of licensing provisions across a number of provinces has been taking place since the mid-1990s. University educational training is currently in place in Ontario, Quebec and British Columbia and is in the planning stages in Manitoba. In these provinces an undergraduate university degree distinct from nursing and medicine is offered as a training option. Certification programs (Certified Professional Midwife Credential (MANA)) are currently in place in six provinces—Ontario, British Columbia, Alberta, Quebec, Saskatchewan and Manitoba. Although certified midwives are practicing in all six provinces, public funding is not yet available in Alberta and Saskatchewan. Nowadays, certified midwives are trained to employ obstetrical instruments in the hospital and in non-hospital (birth centre and home) settings. They may also prescribe pharmaceutical aids, as well as homeopathic remedies and natural aids.