With Woman: Ancient Jews called her wise woman. In France she is *sage-femme*; in Germany, *weise frau* or *Hebamme*, mother's adviser, helper, or friend; *cum-mater* in Latin; and *comadre* in Spanish and Portuguese. All mean '*with woman*,' as does the English translation, midwife.

In ancient Greece and Rome, birth was usually an all-female event. It affirmed women's status in the patriarchal family, and midwives were held in high esteem. Their knowledge and skill in birthing assisted and celebrated the normalcy of birth.

During the 16th and 17th centuries, male midwives and medical practitioners showed interest in the procedures of women's labor and birthing. They stimulated obstetrical innovation and established private obstetrics courses for men. By the end of the 18th century, they assisted in 50 percent of deliveries in parts of England, France & the U.S. This new group of physicians who called themselves obstetricians instituted protocols for hospital birth that became routine in the United States. They called for the abolition of midwifery and home birth in favor of obstetrics in a hospital.

In 1915, Dr. Joseph DeLee, author of the most important obstetric textbook of that period, defined birth as a destructive pathology, not as a normal function. In the first issue of the American Journal of Obstetrics and Gynecology (written & published by men), he proposed "interventions" designed to save women from the "evils natural to labor." He was head of obstetrics at Northwestern University and chairman of obstetrics and gynecology at the University of Chicago. Barring any scientific rationale, he changed the culture of women's labor and delivery in the U.S.

Women, excluded from medical training, were effectively excluded from assisting with new childbirth methods in hospitals that employed the new techniques, instruments, and obstetrical knowledge. Pregnant women became convinced they were safer in the hands of doctors and hospitals, and elite, urban women began to prefer male physicians. By 1935 midwives attended only 12.5% of all births.

Midwives who continued to serve poor, mostly black, women, came to be portrayed as dirty and illiterate. Physicians labeled them as incompetent and ignorant in spite of studies that contradicted these charges. Lack of organization, political power, and economic resources made it extremely difficult for American midwives to defend themselves against the growing medical profession. Birthing had evolved from a physiological event into a medical procedure and by the 1960s most American women were unaware of any other way to give birth.

National policies also shaped midwifery. It was declared illegal in most jurisdictions, and by law, women were not permitted to use medical instruments. But, as the obstetrical revolution gathered momentum, the maternal mortality rate increased. It was attributed to lax antiseptic practices and poorly trained birth attendants. The risk of dying in childbirth in 1863 and 1934 were virtually identical. In the Netherlands, where one of every three births occurs at home, the 1992 infant mortality rate was the tenth lowest in the world. The U.S. was ranked twenty-second.

In Europe where citizens have national health care service, midwives normally perform prenatal care. In many wealthy, industrialized countries with national health care service, expensive and unnecessary health-care interventions tend to be avoided to minimize unnecessary procedures and costs. In countries where health care is a business not a service, there is less incentive to avoid expensive and unnecessary interventions, as

more health care interventions provided can provide more business for private doctors and hospitals.

The “nurse-midwife” first appeared in America in 1925 with Frontier Nursing Service (FNS) founded by Mary Breckinridge, a World War I public health nurse for the Red Cross in France. The nurse-midwives’ role began to broaden in the 1960s and 1970s. In 1982, the Midwives' Alliance of North America (MANA) was founded partly to focus on the midwifery model of birth care not the medical model of birth care.

In the 1990s, U.S. policy makers considered employing nurse-midwives as a potential low-cost solution aimed at lowering the nation’s high infant mortality rate. The rate in part is linked to the inability of many poor, high-risk pregnant women to pay for obstetrical care and thus not seek it. Policy, however, was not legislated.

Studies document cost savings and safe births from nurse-midwifery. Midwives, when asked what they do that makes this so, believe the answer lies in their name. They are "with woman."

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