

Working with Anthropology in Policy and Practice: An Activist's Report

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Preface

This is the first in what we intend to be a series of practically focused and reflective articles by anthropologists who work in policy or practice, discussing and sharing their experiences of 'engaged' anthropology.

Christine McCourt, Editor, May 2011

Introduction

I did not start out intending to do 'applied anthropology', but birth drew me in! Before I even completed my dissertation in 1986, I was being asked to give talks at childbirth conferences. I was aware from very early on of the confusion felt by birth practitioners over the apparent irrationality of childbirth in the technocracy. Many standard procedures performed on most American women as they give birth, like pitocin induction and augmentation, continuous electronic foetal monitoring, the supine position for birth, and episiotomies, often cause more problems than they solve, yet are routinely applied anyway. Because American medicine claims to be based on science, the unscientific nature of hospital birth begs for explanation. My analysis holds that routine hospital procedures, in addition to their instrumental ends, serve as rituals that generate a sense of human control over natural processes and enact the core values and beliefs of technocratic culture – most especially the supervaluation of high technology – thereby working to ensure the perpetuation of those values and beliefs (see my website www.davis-floyd.com to

read my published articles – almost all of them appear there, along with Spanish translations).

In other words, hospital procedures do not make scientific sense, but they do make cultural sense. This explanation has been appreciated in the alternative birth community: birth practitioners and activists no longer have to puzzle over why the problem exists, and have been freer to concentrate on strategies for effecting change. For the past 28 years, I have been giving talks at childbirth, obstetric and midwifery conferences around the world on obstetric procedures as rituals and on what I have identified as the three major paradigms influencing birth and health care around the world – the technocratic, humanistic and holistic models (see the article by that title at www.davis-floyd.com). Practitioners especially appreciate my explication of these paradigms because it gives them clear ways of understanding the ideological pressures they experience: hospitals push them to 'technocratize' birth – to apply multiple technological interventions, while patients ask for humanistic treatment, and science supports a holistic approach based on the normal physiology of birth (which works best in upright positions and with minimal intervention) and attention to women's emotional needs through the kind of one-on-one care provided by midwives and doulas.

Over the past 15 years, my birth activism increasingly focused on helping American midwives widen the toeholds they were establishing in the technocracy. Supporting midwives in general has always been for me a matter of both the heart and the head. Midwives perform fewer interventions and give

more nurturant care than doctors, they offer a wider range of choices and more fully informed consent, their perinatal mortality rates are the same as those for doctors attending low-risk births, and their rates of iatrogenic damage are much lower.

After an unnecessary caesarean for my first birth in 1979, in 1984 I gave birth to my second child at home. The power of that experience committed me to help preserve that choice for women who want it. Because I am an anthropologist, and was totally confused about why I ended up with a caesarean during Peyton's birth, I started asking other women about their birth experiences, and realized that I was not alone in my confusion. And then I understood that there was something really curious about American birth, and my eventual primary research question became: 'Given that birth is so unique and individual to every woman who experiences it, why is it so standardized in the American obstetrical system?'

Yet even before I was able to formulate that fundamental question, I went to lunch with my dissertation supervisor, Barbara Kirshenblatt – the point was to pick a topic for my dissertation. So I told her about my Mexican research on shamanism and then, hesitantly, I mentioned that I had also recently become very interested in American women's experiences of birth. Without hesitation, and with a downward wave of her hand, she said, quite dismissively, 'Shamanism, shamanism, shamanism – everybody and their dog is doing shamanism! You do women's things, you do birth!!!!' And, following the upward wave of her hand, my heart and my head said 'YES, OK, I will do women's things – I will do birth!'

My Observation, Participation and Political Activism in the American Midwifery Movement

I want to provide here a sample of the feel and flavour my anthropological activism has taken

as my exposure to midwifery politics over the years has increasingly informed my perceptions. In 1991, I was invited to be a keynote speaker at the annual conference of the Midwives' Alliance of North America (MANA), an organization formed by 'lay' (the term used at the time) and nurse-midwives attending home births. Of course I accepted – I was already a huge fan of homebirth midwives because, after an unnecessary caesarean for Peyton's birth in 1979 (the obstetrical rationale was 'cephalo-pelvic disproportion – she weighed 7 lbs, 14 ounces), I gave birth to my 10-pound son Jason at home with the help of 'lay midwives' – to date that remains the most transformative experience of my life! By then I had tired of interviewing women about their birth experiences – so very much disempowerment to record, over and over – yet at that conference, held in El Paso, a very informal tally was taken of how many births those midwives had attended, and it was over 80,000! Yes, less than 1 percent of American births, but still, those midwives had given around 80,000 mothers the chance to achieve a normal birth at home. That moment was when my ongoing fascination and dedication to midwives took hold and has never let me go.

To explore avenues for professionalizing, MANA created the North American Registry of Midwives (NARM). In 1994, I was invited to sit on the NARM board as a consumer representative. I had extensively interviewed consumers of birth services, and was already planning a research project on these midwives' professionalizing efforts. I made clear to the NARM board my desire both to participate in and to study their process, and they accepted me on those terms. I promised them that before I published anything about them, I would run it by them first; I have always been careful to abide by that agreement.

By the time I came on the NARM board, it was clear to the board members that their primary purpose was to create a national certification process that would preserve multiple

routes to midwifery, including apprenticeship. With my input and that of sociologist Barbara Katz Rothman (whom I rushed to call on the phone during the debate over what the name of the certification should be), they chose to name this new certification the 'Certified Professional Midwife' (CPM), in an effort to remove the appellation 'lay' from public understanding of their considerable professional expertise.

NARM needed a Mission Statement and because of my anthropological interviewing skills, they asked me to produce it. With tape recorder in hand, I asked every member of the Board, 'Why do midwives matter?' 'What's important about midwifery education?' and 'What do you want this CPM certification to achieve?' Then I wove their passionate replies into a strong Mission Statement that guided and informed their work until 2009. Anthropology gave me the skills to (1) realize the importance of including their individual visions and words, (2) ask the right questions so that they could give me the answers that mattered most to them, and (3) refract their individual values back to them in a clear and unified way, many colours making one beam of light. By 2009, the year of my retirement from the Board after 15 years of participation, we had realized that the mission statement I had created was more of a philosophical vision than an actual mission statement, so my final act on the NARM Board was to separate out the philosophy as a principle on its own, and to create a simpler and fully pragmatic mission statement. Full circle!

My other contributions to NARM have included helping craft their *How to Become a CPM* manual, copyediting official documents and letters, participating in visioning sessions and philosophical discussions aimed at ensuring that CPM certification remains true to its original intent, and participating in trips to Mexico with board members to support the incipient professional midwifery movement there.

I augmented my usefulness as a NARM board member by immersion in national and

international midwifery communities and conferences at which I was always asked to be a speaker – from the platform I could point out the advances and successes, the barriers, the cultural meanings of their efforts, and suggest ways forward. This intense participant observation within the midwifery community facilitated my research on midwifery politics and professionalization and my ability to advocate effectively. My more distanced role and status also enabled me to act as a mediator in challenging situations over these years, as midwives attempted to advance their position and negotiate their mutual roles with other maternity care providers. In the U.S., midwives had operated outside the mainstream health service and as they changed their identity, conflicts arose between MANA and the American College of Nurse-Midwives (ACNM), which represents nurse-midwives who primarily attend births in hospitals. My anthropologically gained ability to see the world from all sides has been of great service in all my 'applied' midwifery mediation work.

One of my greatest challenges as an applied anthropologist came from an invitation from Jan Tritten, founder and editor of the magazine *Midwifery Today*, to write a chapter for a book called *Paths to Becoming a Midwife: Getting an Education*. My job was to write a 'brief overview' of the ups, downs and interlinkages of nurse- and direct-entry midwifery. I had been studying just that for four years at that point and felt keenly the anthropologist's responsibility to publish not only for ourselves but also for the people we study. So I accepted. I was very busy, and I did not want to spend much time on this assignment, so I dashed off a 9-page first draft and sent it to one nurse-midwife and one direct-entry midwife, not thinking to specifically request confidentiality – which is assumed among scholars but apparently not among midwives. I should have known better: midwives do almost everything in groups – 'telephone, telegraph, tell-a-midwife!' They circulated those drafts and I received irate

phone calls from both nurse- and direct-entry midwives who did not appreciate my generalized portrayals. None of these women saw reflected in my 'brief overview' the midwives they believed themselves and their compatriots to be. And I was not even in some exotic place struggling with a language I did not understand. These were mostly white middle-class women, just like me!

I took this as a gut-level challenge to get my description both factually correct and 'thick' enough to encapsulate the meanings both groups of midwives find in their experiences. I realized that the core dividing issue was education – CPMS believed in a homebirth apprenticeship model or private vocational schools, CNMs only accepted university-based training. I realized that I did not fully understand these educational models nor the motivations of the students who chose one track or the other. Still grant-supported by Wenner-Gren, I embarked on a six-month study of midwifery education, eventually interviewing 75 midwifery students of all types.

The nine-page article turned into 45 pages full of discussion of the core educational issues and multiple quotes from both students and practising midwives. Eventually, I had a draft that I thought was reasonably close to representing reality as I and my subjects – all my subjects – understood it. I sent it off to equal numbers of nurse- and direct-entry midwives for review, and had long dialogues with each responder that deepened my understanding of the issues involved. I revised draft after draft, and ultimately, to my enormous delight and everlasting relief, succeeded in capturing in print the disparate realities of each group, the sources of their often-bitter conflicts, the meanings they attributed to the circumstances of their education and practice, and their intense interlinkages. That article ('The Ups, Downs, and Interlinkages of Nurse- and Direct-Entry Midwifery,' available at www.davis-floyd.com) is now required reading in many midwifery educational programmes, and has helped stu-

dents and practising midwives to understand the issues that divide and those that link the two major midwifery organizations in the U.S. It has also helped many students to choose the right educational route for them.

Participant Observation and Activism at the International Level

In 1995, members of various national alternative birth and breastfeeding organizations came together to create the Coalition for Improving Maternity Services (CIMS). Our first action was to create the *Mother-Friendly Childbirth Initiative (MFCI): Ten Steps to Mother-friendly Hospitals, Birth Centers, and Home Birth Services* (see www.motherfriendly.org). I served as the Editorial Committee Chair for the MFCI and have since served CIMS in various capacities. The MFCI sets a gold standard for excellence in childbirth care, but is focused on the United States.

By 2004, so many birth activists and professionals from other countries were attending the CIMS annual conference and asking us to develop an international initiative that would be appropriate in all countries that we created an International Committee, of which I was a founding member. In 2006, that Committee became the International MotherBaby Childbirth Organization (IMBCO) and created the *International MotherBaby Childbirth Initiative (IMBCI): 10 Steps to Optimal Maternity Care*, for which I also served as Editorial Chair. In that capacity, I conducted extensive dialogue for many months with international birth experts and grassroots activists about appropriate wording for the IMBCI. I also co-created a PowerPoint presentation detailing this initiative, which I and others have presented in many countries to recruit support and generate hospital-based pilot projects. My activist efforts are currently focused on promotion of this groundbreaking international initiative, which is designed to set a global gold standard for optimal maternity

care (see www.imbci.org). To date, we have received, vetted and accepted applications from nine pilot/demonstration sites – hospitals in Quebec, Austria, Brazil, the Philippines, South Africa and the two largest hospitals in Mozambique. These pioneering sites will implement the IMBCI 10 Steps and will statistically document the results. Of course we need funding for these sites, mostly for the statistical documentation, so I have had to transform myself from a cultural/medical anthropologist into a public health grant writer – who knew?

My Role as an International Speaker in the Movement for the Humanization of Birth

I am still not quite sure how this all happened, but somehow after the initial publication of my first book, *Birth as an American Rite of Passage* (1992, reprinted 2004), I started receiving invitations to speak at international birth conferences all over the world. That mantle had belonged to my mentor Brigitte Jordan, yet she changed fields and quite directly passed the mantle to me. I was thereby designated to become the anthropologist assigned to carry and pass on the findings of anthropology about birth to multiple countries. As a result, Jan Tritten, founder and owner of Midwifery Today, increasingly began to invite me to speak at her many national and international Midwifery Today conferences, and these talks led in turn to invitations from birth activists and midwives in many other countries to come there to speak – it was and remains a perfect fieldwork-feedback circle. In every country, I learn so much about the cultural context and the conditions of birth in that country, so am able to incorporate the knowledge gained into my PowerPoint presentations, keeping them fresh and relevant, and to write articles and edit books that bring them all together.

The second major turning point was when I was invited to be one of only five international

speakers at the huge I International Congress on the Humanization of Childbirth, held in Fortaleza, Ceara, in 2000. We expected around 600 attendees, yet almost 2000 arrived, and I realized that I was witnessing the birth of the social movement for the humanization of birth in Latin America! My keynote speech was on ‘Three Paradigms of Birth Care: The Technocratic, Humanistic, and Holistic Models’, in front of 2000 people, with simultaneous translation. I think it’s important that my readers know that my daughter had died at 20 only three months before, and it took every ounce of professionalism I had to pull off that talk. I think women are amazing – so many of us are suffering, yet able to put aside that suffering to do our work in the world.

I was able to construct that keynote speech because of my extensive study of holistic physicians of all stripes (published in 1998 as ‘From Doctor to Healer: The Transformative Journey’), during which it became clear to me that there are profound differences between the holistic approach, which sees the body as an energy field and is all about working with ‘energy’ through multiple modalities, and the humanistic approach, which simply defines the body as an organism and is all about the caregiver-patient relationship and attention to the woman’s emotions and need for relationship during birth.

These two events – my being included as a Midwifery Today speaker, and this overwhelmingly well-received speech in Fortaleza, truly launched my career as an international speaker – and in my mind, always an anthropologist first. The Fortaleza conference was the spark and the inspiration for many others, so that in the subsequent four years I found myself privileged to speak at some of the very first conferences on the humanization of birth held in 10 Latin American countries, enabling me to observe these incipient social movements and to write an article called “Changing Childbirth: The Latin American Example” (available at www.davis-floyd.com). In these

talks, I did my best to warn practitioners about the profound differences between what I call 'superficial' and 'deep' humanism: in *superficial humanism*, you can simply invite fathers into the delivery room or just paint it in pretty colours and call your site 'humanistic,' whereas *deep humanism* honours the deep physiology of birth, avoids the use of unnecessary interventions, lets women eat, drink and move about fluidly, and give birth in upright positions.

The social movement for humanistic maternity care under a true midwifery model is in process around the world. In any particular country, the movement may start with midwives themselves, as in Latvia, where I spoke in 2005, or more often it starts with engaged consumers who are outraged or simply damaged by the intense over-medicalization of their births. I will also be speaking, for the fourth time, at the International Congress of Midwives, this time in South Africa. This conference is only held every three years and is attended by thousands of professional midwives. And I am very proud to say that my session on 'Birth Models That Work' was one of only two that were so in demand, with so many people shut away at the door, that ICM chose to offer it a second time, to a huge and very full ballroom—proof to me that anthropologists have a great deal to offer to practitioners!

I taught anthropology at various universities for over 25 years, have published in many anthropological journals, reviewed for many more, organized and chaired panels at the Annual Meetings of the American Anthropological Association for 10 years straight, mentored a generation of students in the anthropology of reproduction, still serve as Senior Advisor to the Council on Anthropology and Reproduc-

tion (CAR) and have always and still consider myself an anthropologist first. Yet my path has turned far more to activism than to 'pure anthropology'. My presentations to the birth community are and have to be theoretically based, as I am not a practitioner. Yet I have interviewed literally hundreds of practitioners, and have worked to internalize their reality and to be able to see the world from their perspective, so that I can present both theoretical and practical perspectives in my talks.

I have never been the kind of activist who carries placards or lobbies in legislatures, but my writings and public presentations, I am told, have inspired and given fresh impetus to those who do. I am a better activist because I am an anthropologist, and can therefore take the broader view, explain the other side, and make the invisible seen. And I am a better anthropologist because my activism makes me care deeply and passionately about getting it right, and keeps me engaged in childbirth research for the long term, so that I can track changes and trends, note the nuances and detect the implications of events as they unfold. It has been a great adventure, and the journey is ongoing.

Robbie Davis-Floyd is a cultural/medical anthropologist and Senior Research Fellow at the University of Texas, Austin. An international speaker, Davis-Floyd specializes in the anthropology of reproduction. For her first book, Birth as an American Rite of Passage, she interviewed over 100 women about their pregnancy and childbirth experiences. The chapters in her most recent co-edited collection, Birth Models That Work (2009), describe 17 excellent birth models from 12 countries.