The Midwife As Abortion Provider

Part 2: The Historical Legacy of Midwives as Abortion Providers in the United States

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As long as women have been having babies they have sought to manage when they became pregnant and gave birth. Alongside a spectrum of options, home abortions are some of the oldest forms of fertility management. Secret, safe and effective methods have been handed down and developed through generations and remain prevalent today. Cultures on every continent have discovered methods to induce abortion and have experimented with dosages, combinations, and effectiveness. What recipes, instructions and advice we have today have been refined across cultures over centuries and represent some of the best work of preserved female medical knowledge.

Alongside other practitioners, midwives in particular hold a historical place as abortion providers in societies worldwide. Having an intimate knowledge of women's bodies and reproduction from their role as providers for pregnancy, childbirth, and postpartum, midwives were knowledgeable, trusted providers when women chose not to continue pregnancies. Midwives knew all too well the demands of childbearing and were often sympathetic and skilled in helping women terminate pregnancies that could not be cared for. Abortion care was seen as simply part of the continuum of women's and family healthcare.

Today, midwifery and abortion care are all too often completely separated. This is not an accident, nor a coincidence. The criminalization of midwifery in order to make space for the new medical establishment was deeply intertwined with the criminalization of abortion care in the United States. The fact that midwives were respected abortion providers was used to paint them as immoral practitioners and push them out of the favor of the public eye. This parallel history is rarely explored in midwifery texts or education and its denial has done a disservice to women everywhere.

What few midwives still provide home abortion care do so in a necessarily secretive and underground way. National legislation has stripped abortion care from the scope of practice of many of its traditional providers, including midwives and much of the rich history of traditional abortion care has been erased from midwifery education. Midwives and their clients alike may be unaware of the deep historical traditions of home abortion care, the providers that attended these abortions, and how they could easily be adapted to practice today. Midwives today would do well to learn a more complex history of their profession which has always involved multiple aspects of reproductive health care and consider what it might take to reintegrate holistic abortion care services into modern midwifery.

Abortion in the Ancient World

Abortion is an ancient practice and has existed as long as women have been having babies. The oldest written recordings of abortion methods appear in ancient medical texts on Egyptian papyrus and in the Royal Archives of China. Emperor Shen Nung, who laid foundations for traditional chinese medicine and acupuncture, wrote recipes for abortion in his records that were quoted into the 16th century. The Petri and Ebers Papyrus, Egyptian medical texts, cite birth control and abortion methods made from natural compounds of egyptian plants. We see mention of abortion in the Hippocratic Oath, the standard oath taken by medical doctors from the 400s BCE to 1970, stating "I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan; and similarly I will not give a woman a pessary to cause an abortion." Around the 300s BCE a North African colony called Cyrenne was well known for exporting silphium, a common plant known for its contraceptive and abortive properties. Excessive demand drove over-harvesting and the extinction of the popular and precious plant. Around 200 A.D., Tertullian, a prolific Christian writer described two common surgical methods of abortion used at the time involving copper needles and a blade and hook device. Avicenna, the physician and Islamic philosopher wrote a medical textbook that became standard use for over 500 years in Islamic and Latin cultures including a chapter entitled "Regimen for Abortion and the Extraction of the Dead Fetus." Specific herbs, like Pennyroyal and Artemesia, have been recorded and depicted on vases and paintings around Europe and the Middle East, often next to depictions of apparently pregnant women.

Old writings from the 1600s refer to methods used by women in the US, including cottonroot bark commonly used by African women in slavery, and juniper, pennyroyal, and tansy used regularly by colonizing women to abort pregnancies. Many of these recipes and methods have survived history and have been re-interpreted and modified for modern medicine making. In the 1800s in the United States, Dr. Bronson's Female Pills were widely advertised to "remove difficulties resulting from obstruction" and were warned not to be taken during the first trimester of pregnancy due to their high correlation with miscarriage. Using such pills as abortive agents became widespread. Also in the 1800s, anthropologists

exploring what would later be the territory of Alaska observed native Alaskan women terminating pregnancies by vigorous abdominal kneading and compressing[1].

Many of these recipes and methods were widespread and researched for proper dosages by their own communities. Most communities had health care providers, often midwives, known for their skill in abortion and were called in to consult for ending pregnancies. It would be hasty to assume all methods throughout history were unsafe, and that communities had not tested and refined them for efficacy and safety over generations. While women throughout history have self-induced abortions alone, it is notable that a community attendant for abortion was common historically, lending to fewer complications when experienced providers were involved in the process.

Abortion Provision and Restriction from 1800-present

As public medicine and mostly-male medical professions developed in the United States midwifery became viewed as a threat to the new medical establishment. The newly formed American Medical Association out of Chicago launched political and moral campaigns against midwives in favor of male physicians in an attempt to corner the market on reproductive health care. Many of these campaigns directly linked midwives and abortion, arguing that midwives were immoral providers and their names should be synonymous with abortionists. Abortion was a common part of community midwifery practice at this time, but was far from the primary work of midwives. Still, the public campaigns succeeded in painting midwives as incompetent and unskilled health workers and midwifery was systematically outlawed throughout the United States.

By the 1880s most states had legislation criminalizing abortion except in cases of life endangerment, as determined by a physician. These laws extended to the population and to their traditional providers, including midwives, giving physicians not only near exclusive right to perform abortions, but right to determine which abortions were acceptable, and which were not. The "Comstock Law" was passed censoring dissemination of information about abortion and contraception through the US Postal Service. Where abortion acquisition and provision had previously been a discreet and private part of the population's reproductive experiences, it had now been dragged out into the open, forcing visibility, public condemnation, and provider scarcity. Both abortion and childbirth were brought into the hospital, a place far more public, controlled, political, and male-dominated than ever before[2].

Some midwives continued to practice underground, especially in immigrant communities and communities of color. While some continued to provide home abortion services, most did not. It was risky enough to provide basic midwifery services, and performing abortions at a time when abortion had become a deeply contentious topic in society was understandably not an added risk many were willing to take. Women seeking abortions which would not be approved by a physician often resorted to providers without competent training, overseas services, or self-induction with varying degrees of risk and success. Eventually, women's collectives formed in different parts of the country, functioning much like midwives and providing compassionate, comprehensive care to women seeking to terminate pregnancies.

After over a century of illegality, abortion provision was re-introduced as supported medical care *under the supervision of a trained physician* in the landmark Supreme Court case *Roe v. Wade*. At the time of abortion re-legality, out-of-hospital midwifery remained illegal. Midwives weren't in the national discussion as potential abortion providers because their practice was still underground and illegal. Much of the push for legalized abortion was based on the scare that without legalized care women were seeking out unsafe home abortion. Making provisions within national abortion legalization for supported home-care wasn't even approached given the political climate and was unfortunately never revisited. In the push to normalize abortion into legal modern medicine, its rich history of options and choices of providers and methods were swept under the rug.

When homebirth midwifery started to reemerge as a recognized medical profession and gained legal status in many states, abortion was left out of the scope of practice and job description of professional, out-of-hospital midwives. This was a huge disservice to pregnant women. Perhaps because pushing for midwifery legislation was challenging and controversial enough, midwives not only dropped abortion care from scope of practice but have been largely silent in the public discussion about abortion. Pregnant women who decide not to keep their

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[1] For an incredibly comprehensive timeline of contraception and abortion methods cross-culturally and throughout history, visit the Timeline page on the 4000 Years for Choice website: www.4000yearsforchoice.com/pages/timeline/

[2] For a detailed and comprehensive look at this time period and the role of midwives, the AMA, and abortion legislation, see Raegan's fabulous book *When Abortion Was a Crime.*

pregnancies have lost their traditional providers not only as caregivers, but as advocates as well.

We find ourselves today in challenging times for reproductive health care. Abortion laws specifically have been chipped away to the bare minimum, leaving many states with abysmally few providers and many women forced to measures similar to when abortion was illegal. Women in communities where abortion is readily accessible still may seek out home abortion options for affordability, privacy, compassion, and a more holistic approach. Midwives are well poised to revisit our rich history as providers, re-learn forgotten skills and integrate them with our new knowledge, and once again offer these services to our communities finding themselves in greater and greater need.

Conclusion

The provision and criminalization of abortion care is inextricable from midwifery history in the United States. The role of midwives as abortion providers and how this role very specifically played a part in the criminalization of midwifery is not widely discussed in our written histories, nor widely taught in modern midwifery curriculum. Whether an intentional denial or an innocent oversight, exclusion of discussion around abortion within the context of midwifery overlooks a rich and deep aspect of care that was traditionally well within scope of practice. Midwives have always been sought as abortion providers due to their expertise in reproductive health care.

Every culture across every continent has sought at one time or another to manage their fertility and birth rates, and community midwives have long played an important role in this pursuit. American midwives no longer providing abortion services is a *recent* historical development and one that may not be servicing our communities well. While our country acknowledges our history with sub-standard illegal abortion care and the complications that resulted, we almost never acknowledge our history with quality underground abortion providers, many of them women and healers, who provided effective abortion services. Rich human history of resourcefulness with our fertility has been largely erased from discussion, but it has not been forgotten. The proposition that midwives could provide skilled home abortion services today is simply a continuation of an ancient historical legacy of the scope of practice of traditional midwifery.

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