

A photograph of a newborn baby being held by a person wearing green scrubs. The baby is lying on its back, and the person's hands are gently supporting its head and body. The background is a soft, out-of-focus light.

Midwifery: A career for men in nursing

**It may not be a common path men take,
but how many male midwives are there?**

By Deanna Pilkenton, RN, CNM, MSN, and Mavis N. Schorn, RN, CNM, PhD(c)

Every year, faculty at Vanderbilt University School of Nursing reviews applications to the school's nurse-midwifery program. The applicants' diversity is always of interest. A wide spectrum of age is common. A pleasant surprise has been the gradual improvement in the ethnic and racial diversity of applicants. Nevertheless, male applicants are still rare.

Many people wonder if there's such thing as a male midwife. There are male midwives; there just aren't many of them. When the subject of men in midwifery is discussed, it usually conjures up perplexed looks. The very idea of men in midwifery can create quite a stir, and most laypeople don't perceive it as strange that

there are so few men in this profession. In fact, these conversations often lead to the unanimous sentiment that men shouldn't be in this specialty at all. Scanning the web and reviewing blog discussions on this topic confirms that it's a controversial idea, even among midwives themselves.

It's common knowledge that the profession of nursing is female dominated, and the challenges and complexities of this have been explored at length. Midwifery, however, may be one of the most exclusively and disproportionately female specialties in the field of nursing and it's time to acknowledge the presence of male midwives, the challenges they face, and the posi-

tive attributes they bring to the profession. Let's highlight a growing dialogue which aims to foster an environment accepting of all midwives, regardless of gender.

What history tells us

The ancient occupation of midwifery was the exclusive domain of women. During the time of Hippocrates (460 to 410 BC), it was thought that midwives in Athens should be required by law to have had children themselves.¹ During the seventeenth and eighteenth centuries, the advent of surgical instruments and institutional medical training brought many changes to midwifery and medicine in general. Initially, barber-surgeons, who carried with them destructive surgical instruments, were called to difficult births by midwives in a desperate attempt to save the life of the birthing woman.² This role evolved in seventeenth-century Europe into what was termed the "man-midwife," the predecessor of the obstetrician.² These doctors who attended births were controversial from the onset. Their motives were questioned and they were often viewed as deviant, improper, and scandalous. Some men were certainly curious about birth; most men had never witnessed one. However, there are clear accounts that man-midwives went to great extremes to respect modesty and reduce embarrassment by all.² When a man-midwife was called to a birth, he would often drape the woman, tying the long cloth around his own neck, so that his eyes couldn't see what his hands were doing. There are some accounts of man-midwives sneaking into a room, completing a difficult birth, then exiting without ever being noticed by the laboring woman.² Other anecdotes suggest that the male birth attendant should be unsightly himself, in order to offset any jealousy by a husband or improper thoughts by the laboring woman.¹ The motivation of any man to attend a birth was often questioned, and the opportunity for a man to witness a birth was rare, if at all.

Despite the controversy during this time, prominent men were making great strides to further the science of midwifery and what would later become the practice of obstetrics. At the Hotel-Dieu in Paris, men were being book-trained in midwifery and the use of surgical instruments for delivery.² William Smellie, born in Scotland in



According to the most recent survey of certified nurse-midwives, The American College of Nurse-Midwives found that 0.6% of its members are men.

1697, is credited with innovations on the shape of the forceps.² He delivered women fully draped, unable to see his own actions beneath the cloth, and he encouraged his male students to wear dresses to births. The disguise reduced suspicion and controversy, but also provided ample room to hide instruments, such as forceps, which were experimental and ill-favored.²

The increasing use and development of surgical instruments during this time marks the beginning of obstetrics as we know it today. It also coincides with developments in anesthesia, and the propagation of exclusively male educational institutions. Men who were interest-

ed in attending childbirth became obstetricians. Female childbirth attendants, largely excluded from educational institutions (and thereby prohibited from using surgical instruments), would remain practicing empirical midwifery. Hence, midwifery and obstetrics would be divided along gender and philosophical lines for many years to come.²

In recent decades, women have overcome many barriers to practicing medicine and now make up a large proportion of obstetricians. It's generally socially acceptable for either male or female obstetricians to attend births. The same can't be said for midwifery, which until this day has largely remained the exclusive terrain of women.

Modern day midwifery

According to the most recent survey of certified nurse-midwives (CNMs), the American College of Nurse-Midwives (ACNM) found that 0.6% of its members are men.³ Although this number is reflective of members of the college, one can easily see that men account for a minuscule number of CNMs nationwide. The percentage of male student nurse-midwives is even lower.³ Diversity in American midwifery is limited on many fronts. Nearly 90% of CNMs are white females.⁴ Recognizing this homogeneity, attention has recently been devoted to understanding why there's such a lack of diversity, and what can be done to remedy it.

The midwifery model of care holds that all women of all backgrounds deserve safe, effective, satisfying care

throughout their lifetime. A guiding philosophy is respect for diversity, human dignity, and individuality.⁵ Midwives, more than ever, are serving women and families from diverse backgrounds, socioeconomic levels, race and ethnicities, and sexual preferences.⁶ Midwives aim to serve the needs of these women and families with personalized, attentive care. Truly achieving this goal, requires a diverse, culturally competent population of midwives.

Clearly, a better mix of midwives from varying racial, ethnic, and cultural backgrounds is needed. The gender gap, however, is also significant. In recent decades, much attention has been given to increasing diversity in nursing, including diversity of gender. The ideas of gender bias and sexual stereotyping in nursing are complex and widespread, surely not uncommon to readers of this journal. In midwifery, these phenomena are deeply entrenched and have undoubtedly contributed to the low number of practicing male midwives.

It's midwife, not midhusband

In the United Kingdom, men were legally prohibited from practicing midwifery until a legislation abolishing sexual discriminations was passed in 1983.⁷ The legal battle for men to enter midwifery faced much opposition. Men presently make up slightly less than 1% of the midwifery workforce in the United Kingdom.⁸ In the United States, there has been no legal prohibition to exclude men from midwifery, yet the percentage of male midwives is comparably low. The overwhelming presence of men in obstetrics demonstrates the social acceptance of men in childbirth. The issue isn't so much about men in childbirth, as it was in the seventeenth century, but of men in midwifery. Midwifery remains female territory, largely due to the commonly held belief that midwifery, in essence, is about a *female* relationship.

The belief is that women seek out a midwife in the hopes of building a close, trusting relationship with *another woman*. Midwives themselves have stated that midwifery is about "woman-to-woman" care.⁴ Much of the public believes that a midwife by definition is a female provider. People have asked, "What would a male midwife be called, a midhusband?" This woman-to-



Male midwives may also offer unique attributes to the childbearing family's experience precisely because they're male.

woman relationship is characterized as nurturing, intuitive, patient, sensitive, and understanding. Midwifery care focuses on the intimate, intensely personal aspects of pregnancy and childbirth, along with well-woman care. Many believe that a man would be unable to bond with a woman in this way. He could never understand what a woman was going through. A man couldn't cultivate this relationship.

As was the case centuries ago, some find men's motivations suspect. Why would any man want to be a midwife? Could the interest be sexual in nature? The male presence would be off-putting or embarrassing to a woman. The woman's partner

may be intimidated or jealous of the bond between her and the male midwife. The underlying assumption is that men's involvement in midwifery is questionable and problematic. And that it's simply socially inappropriate for a man to identify himself as a midwife. Midwives themselves are some of the most vehement proponents of this view.⁴ There are few professional spheres where one can continue to voice such harsh sentiments based entirely upon sexual stereotype and bias.

The actual experience

Recent articles and Web-based discussions document the experiences of male midwives. Despite the theoretical opposition we have described, many encounters that these men describe are remarkably positive.^{4,7-9} Repeatedly, male midwives and the women they serve described the quality of care given, and not the gender of the provider.⁴ One male midwife succinctly stated that "gender is very rarely an issue for clients."⁸ Many women reported being initially hesitant about having a male midwife, but once rapport was developed, gender was no longer a consideration. Furthermore, one woman reported that her male midwife was "much more caring and sympathetic" than her female midwives.⁷ Another midwife explained that if you have "the skills and attributes that midwives need, it doesn't matter what your gender is and it's usually pretty easy to convince women of that."⁷ The overall theme is that gender isn't necessarily related to caring practices, and men in midwifery credit the women they serve with the ability to discriminate the difference.⁴

Men's motivations for choosing midwifery are also discussed. One man reported a long family history of involvement in midwifery; as a result, caring for pregnant women came naturally to him.⁹ Others choose the profession precisely because of the relationship it allows the provider to form with the patient: the patient-provider rapport, continuity of care, and the opportunities for teaching.^{8,9} In addition, evidence suggests that men in nursing tend to specialize in areas of high acuity.⁸ Some men may simply enjoy the critical care aspect of labor and delivery. Clearly, the motivations are multiple and varied just as they are among female midwives.

Unique contributions

Male midwives may not only possess the essential qualities of a midwife, but may also offer unique attributes to the childbearing family's experience precisely because they're male. Women appreciated and in some cases preferred a male midwife because of his "open" approach to pregnancy and childbirth.^{4,7} They shared encounters where male midwives displayed less "emotional baggage" than some of their female colleagues. These women recognized that male midwives lack preconceived ideas based on their own childbirth experiences.^{4,7}

Additionally, rather than feeling jealous or intimidated, husbands and partners were instead relieved to have another man in the room.⁹ One male midwife found that most men "seem to find his presence comforting."⁹ It was suggested that the male midwife may explain things differently and relate to men more "on their level."⁹ Male midwives may also showcase the quality of gentleness that impacts how fathers view their role in the context of the new family.^{4,7} Rather than being problematic, some qualities of being male were viewed as distinctive attributes.

Facing rejection

Much of the argument against men in midwifery focuses on the occasions when women demand female providers. Male midwives (along with male obstetricians and gynecologists) have no doubt been refused by



Midwifery faculty and preceptors have been challenged to create an environment supportive of all midwives—male and female.

women. However, refusal is rare, and one male midwife reports being rejected only once or twice in 10 years of practice.⁷⁻⁹ Reasons for refusal include extreme embarrassment around the opposite sex, religious prohibitions, cultural ideologies, or a past history of abuse or trauma (sexual, physical, or emotional). All of these reasons are equally valid and male midwives respect these women's choices.⁷⁻⁹

A woman's experience of pregnancy and childbirth, along with her healthcare in general, is layered with intimate personal, psychological, and sociocultural factors. A fundamental quality of any midwife is the ability to facilitate an environ-

ment in which a woman feels safe, secure, and at ease. If a male midwife's presence interferes with this environment, a female attendant is obtained. Male midwives advise not to take the request personally.⁹ Instead, the rejection is used as an opportunity to display culturally competent care, respecting the woman's individuality and freedom of choice.⁹

Essential qualities sought

The term *midwife* simply means "with woman," and the midwifery model of care transcends gender.⁴ With the essential qualities of a midwife present, gender can fade to the background. These qualities include proper skills and training, a desire to serve women, and the ability to empathize and communicate. Even more critical, midwives must be good listeners. The quintessential midwife listens to women in order to cultivate a relationship that prioritizes their individualized needs.

It's this same philosophy of respect for diversity and individuality that underscores the need for a more accepting environment for male midwives. Recently, a qualitative study on diversity in midwifery found that male midwives encounter unique adversity, and may be singled out by women and other midwives as being "different."⁴ Men interviewed in this study reported a sense of heightened personal awareness and increased respect for individuality due to their own minority status. Being male was a facilitator to culturally competent care. The authors concluded that these male midwives displayed the precise qualities and philosophies that all midwives wish to embody.⁴ Findings from

this study were presented at the 2003 ACNM Annual Meeting. Although the response from the midwife audience was varied, the professional dialogue on gender diversity has begun.

Steps to success

Midwifery faculty and preceptors have been challenged to create an environment supportive of all midwives—male and female. There still exists, however, many barriers for men much like that for men in nursing in general. In a recent article in this journal, Fenki described barriers to recruitment of male nurses, detailing societal stereotypes and gender bias.¹⁰ He also discussed recruitment strategies, new educational frameworks for varied learning styles, and mentoring programs for men entering nursing.¹⁰ An expert from the Royal College of Midwives agrees that recruitment campaigns and media images inclusive of male midwives will encourage men to view midwifery as a valid and worthwhile career.⁷ These images will also raise public awareness.

Many believe that in this day and age, men can practice in any area of nursing.⁸ Male midwives cite the importance of finding mentors—either male or female—who will help them through challenges, both clinical and social.⁷ Midwifery programs could aid in this by ensuring that these mentors are available. Faculty members, previous students, or clinical instructors could all serve in this mentoring role. Midwifery programs are also challenged to innovate teaching styles and modify laboratory experiences to ensure that male students receive equivalent learning experiences as their female classmates. Prospective male students may find it helpful to request an interview in order to more fully assess a program's openness. The on-site interview gives the applicant an opportunity to get a feel for the school and the support that'll be available. It also allows applicants to personally explain why they're interested in the profession and to present the characteristics that'll make them an exceptional student and midwife.

Evolving career path

Midwifery is a profession with ancient roots, but has evolved considerably over time. Modern CNMs may still attend childbirths in private homes, but also employ fast-paced, high-tech skills in major medical centers. The face of midwifery will continue to change in the future. As we have described, male midwives are making a positive impact on childbearing families everyday. Men bring

their own unique history and perspective to the child-bearing family. The midwifery community will be a stronger one when all voices, including those of men, are heard. **LM**

References

1. Nicopoullus JDM. Midwifery is not a fit occupation for a gentlemen. *J Obstet Gynaecol*. 2003;23(6):589-593.
2. Cassidy T. *Birth: The Surprising History of How We Are Born*. New York, N.Y.: Atlantic Monthly Press; 2006:131-137.
3. Schuilling KD, Sipe TA, Fullerton J. Findings from the analysis of the American College of Nurse-Midwives' membership surveys: 2000-2003. *J Midwifery Womens Health*. 2005;50(1):8-15.
4. Kennedy HP, Erickson-Owens D, Davis JAP. Voices of diversity in midwifery: a qualitative research study. *J Midwifery Womens Health*. 2006;51(2):85-90.
5. American College of Nurse-Midwives. *Philosophy of the American College of Nurse-Midwives*. Silver Spring, Md.: American College of Nurse-Midwives; 2004.
6. Barger MK. Midwifery practice: where have we been and where are we going? *J Midwifery Womens Health*. 2005;50(2):87-90.
7. The Mid-Person. Available at: <http://www.menstuff.org/issues/byissue/malemidwives.html>. Accessed January 23, 2008.
8. Armstrong F. Not just women's business: men in nursing. *Aust Nurs J*. 2002;9(11):24-26.
9. UK Midwifery Archives. Available at: <http://www.midwifery.org.uk/malemidwife.htm>. Accessed January 23, 2008.
10. Fenki EA. Where are all the men? *Men in Nursing*. 2006;1(6):37-40.

About the authors

At Vanderbilt University School of Nursing, Nashville, Tenn., **Deanna Pilkenton** is an instructor in the nurse-midwifery department, and **Mavis N. Schorn** is an assistant professor and program director of nurse-midwifery.

Call for manuscripts

Men in Nursing is seeking manuscripts on topics that are strategic to the success of men in nursing—including career planning, new technology, gender-balanced work teams, men's health issues, hot clinical topics, and human interest stories focusing on remarkable men in nursing.

We accept feature articles up to 10 double-spaced pages in length, which can be followed by references, tables, and figures (when appropriate).

Number references consecutively in the body of your manuscript and place reference citations at the end of the article. Do not reference commonly held opinions and perceptions unless their history is the article's principal topic. Follow the standard practice for legal citations.

Your work must not have been previously published elsewhere or currently be under consideration for publication.

Submit your manuscript to <http://www.lwwsubmissions.com>.

For more detailed author guidelines, visit <http://www.menin nursingjournal.com>.