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For male midwife, helping new mothers is a labor of love

Darryn Dunbar hears the joke often. People call him “the midhusband.”

He usually responds with a good-natured chuckle, then explains that his real job title helps define his approach to helping women give birth.

Dunbar, 34, is one of only 59 certified nurse-midwives in the United States who are men. That amounts to less than 1 percent of the 8,200 nurse-midwives in the country.

“Midwife literally means ‘with woman,’ and ‘with woman’ is at our philosophical core,” said Dunbar, a 1990 Illinois Wesleyan School of Nursing alumnus. “We really strive to have relationships with our patients and educate them.”

Dunbar says that over his eight-plus years as a midwife, only a handful of patients have asked to see a female, instead. But he does remember when he himself was uneasy about the prospect of caring for a new mother, as a sophomore nursing student doing clinical rotation in the obstetric unit at Decatur Memorial Hospital under the supervision of Assistant Professor of Nursing Sheila Jesek–Hale.

“I was a nervous wreck on the first day,” he admits. When he was assigned to care for a woman who had recently delivered a baby, Dunbar remembers asking Jesek–Hale if she had informed this patient that she was going to have a male student nurse care for her.

“Sheila replied, ‘I didn’t tell any of the patients that they have student nurses caring for them. Now go introduce yourself and get started—you know what you need to do!’ She conveyed very clearly to me at that moment that it wasn’t about my gender, it was about caring for the person. And that’s what keeps me going in what I do today.”

Dunbar is director of Midwife Associates for Norwegian American Hospital in Chicago. His patients are mostly low-income, expecting mothers who are referred to the hospital through various governmental agencies.

Dunbar’s busiest days are when he works “on call.” He explains, “I get all phone calls that come into our practice from women or family members with questions. I take care of any women in labor and birth. I make rounds on women who have delivered their babies but are still in the hospital. In one practice, I delivered four babies in five hours and 15 minutes, though that’s quite



Darryn Dunbar '90 (above), holding an infant that he delivered, counsels the mother on her family planning options. (Photo by Lloyd DeGrane)

rare. Our call is typically 24 hours at a time, except one weekend a month when we are on call for 48 hours.”

For Dunbar, the biggest challenge has been balancing this busy and unpredictable schedule with the demands of being a husband and father. He and his wife Denise Wachtl Dunbar '90 had their second child in December. “The hours are long and hard,” Dunbar says of his job. “It requires me to be creative in my family life. That may mean being home in the morning and having breakfast with my family instead of being home for dinner some evenings.”

Whatever the personal sacrifices, Dunbar remains convinced that his career choice was the right one. “Although it may seem cliché,” he says, “nothing could be more rewarding than helping new life enter the world. Reproduction, pregnancy, and birth remain miracles to me even after having attended more than 300 births as a nurse-midwife.”

He recalls one story, in particular, that illustrates his job’s rewards. Not long after he joined a midwifery practice at Chicago’s Cook County Hospital, he began caring for an expecting mother, a recent immigrant from Poland who was in active labor when Dunbar’s shift started. “She was my only patient, she spoke very broken English and had no one with her for support, so I stayed with her continuously, showing her by demonstration how to breathe through her contractions, helping her change positions, and keeping her as comfortable as possible.” However, when the woman developed high-blood pressure, she was placed on intravenous medication and the physician on duty was consulted.

“I asked the physician if I could continue to be with [the patient] and she was very agreeable. It came time for her baby to be delivered and the physician encouraged me to do the birth with her nearby for assistance if needed. The baby’s heart rate became erratic while the mother was pushing her baby out and this caused great anxiety to the nurse caring for her as well as other nearby staff members. I quietly and graciously asked them all to keep their voices down and the lights dimmed. These things are known to affect blood pressure in pregnant women.”

Despite this and several other stressful but manageable complications, Dunbar successfully worked with the woman through her delivery of a baby boy. When he arrived at work the next day, Dunbar was surprised with a half-dozen roses and a bottle of Courvoisier that he learned were gifts from his grateful patient.

He was especially touched knowing that “this woman had very little monetary resources, and did not even have health care coverage to pay for her hospital stay.” When he went to visit her in her room, the new mother broke into tears. “She told me, ‘You saved my baby!’ Nearly in tears myself, I said, ‘No, you did all the work. You saved your baby, I was just there with you!’ We hugged, and I wished her well. I never saw her again, but I think of her and her son often.”

Looking back, Dunbar notes that “it is the power of these moments that energize me to keep coming back day after day doing what I do. I aspire to be an educator to ensure more women have nurse-midwives as an option to them. Whatever my future brings, it will entail making sure women have the opportunity to have safe and satisfying birth experiences.”

—By Chris Fusco '94. Additional reporting by Tim Obermiller