



Spring 2003

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Chris Fusco '94

*Illinois Wesleyan University*, [iwumag@iwu.edu](mailto:iwumag@iwu.edu)

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### **Recommended Citation**

Fusco '94, Chris (2003) "The Midwife Way," *Illinois Wesleyan University Magazine*, 2002-2017: Vol. 12 : Iss. 1 , Article 5.

Available at: <https://digitalcommons.iwu.edu/iwumag/vol12/iss1/5>

This is a PDF version of an article that originally appeared in the printed Illinois Wesleyan University Magazine, a quarterly periodical published by Illinois Wesleyan University. For more information, please contact [iwumag@iwu.edu](mailto:iwumag@iwu.edu).

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## The Midwife Way

**Illinois Wesleyan alumni are delivering new health care options for expecting mothers.**

**By Chris Fusco '94  
Photo by Lloyd DeGrane**

More than three million American women each year go through the gratifying and sometimes frightening experience of giving birth. And for some, the idea of midwives delivering their babies is equally scary, conjuring up images of home births attended by people with varying degrees of medical training.



Darryn Dunbar '90 (above) checks the heartbeat of his patient's unborn baby at a public health clinic in Chicago's Humbolt Park neighborhood.

That perception is a long way from reality, practitioners of midwifery—including several Illinois Wesleyan alumni—say. The overwhelming majority of midwife deliveries in the U.S. are done by certified nurse-midwives, 99 percent of whom work in hospitals and consult with obstetricians when necessary.

“I believe midwives are one of health care's biggest and best secrets,” says Darryn Dunbar, a 1990 graduate of IWU's School of Nursing and a practicing certified nurse-midwife. “More and more women are finding us every year.”

Statistics back up Dunbar's claim. In 1989, nurse-midwives attended 132,286 births, accounting for 4 percent of all vaginal deliveries, according to the American College of Nurse-Midwives. Over the next decade, those numbers more than doubled—nurse-midwives attended 297,902 births in 2000, accounting for 9.5 percent of vaginal deliveries. However, the practice is even more prevalent in Europe, Australia, New Zealand, and Japan, where midwives play a central role in the care of most pregnant women.

Extended one-on-one time is among the major differences between midwifery and conventional obstetric care, according to nurse-midwives, who say that they typically have longer office visits with women during pregnancy and stay by their patients' sides during labor until babies arrive, continuously evaluating them for possible complications.

“I think women and their spouses are looking at their health care and health care providers in a different light,” says Angela Ripper Reidner '88, a part-time nurse-midwife who works in a private obstetrics and gynecological practice in Princeton, Ill. “They want to make choices, and they want to have some control....So having a baby with a midwife in the hospital, and having all

the [hospital's] technology available, but not necessarily in use, is appealing. It's a very fail-safe method of having a baby."

"Just having the presence of someone there all the time makes a big difference," agrees Sherry Florey Burnam '82, a part-time nurse-midwife at St. Anthony Hospital in Chicago who previously headed her own midwife practice affiliated with Silver Cross Hospital in Joliet, Ill. "Education is huge. A component of pain is fear, so if you have a better idea of what's happening to you, you won't be as afraid."

Educating the public about nurse-midwives is also a vital part of the job. "The biggest thing that people don't understand about us is that there are different kinds of midwives," says Dunbar.

Nurse-midwives—who are educated in both nursing and midwifery—typically start their careers as labor and delivery nurses. After obtaining master's degrees in nurse-midwifery, they deliver babies almost exclusively in hospitals, with home births accounting for less than one percent of their deliveries. The American College of Nurse-Midwives certifies them, and regulators in all 50 states license them. Most can provide gynecological and family-planning services beyond regular prenatal and postpartum care.

In contrast, so-called lay midwives attend to the overwhelming majority of home births. However, several states, including Illinois, do not license them. In the past decade, more than 300 lay midwives have been disciplined by state medical agencies, sued in civil court, or criminally prosecuted, according to statistics compiled last year by the Associated Press.

Controversies over lay midwives sometimes cloud perceptions of nurse-midwives, Burnam says.

"In general, [among] people who are not interested in using a nurse-midwife, it's a matter of ignorance," she says.

The good work nurse-midwives are doing is helping change those perceptions.

"When I was in private practice, my best referral source was always other patients," Burnam says. She also delivered babies for several obstetric nurses who, in turn, have referred moms-to-be her way.

Although a spirit of healthy respect and collaboration often exists between nurse-midwives and obstetric physicians, tensions still exist and may even grow, Dunbar worries, as the appeal of midwives potentially increases. "There are many physicians who would prefer it if we just went away," he says. "Some of this is economically driven, while some believe that the physician is the only appropriate provider of health care."

Despite such lingering doubts, many health care experts are jumping on the midwife bandwagon, including the Pew Health Professions Commission, which released a 1999 study in conjunction with the University of California, San Francisco, Center for the Health Professions called "The Future of Midwifery." Among its conclusions, the report states that "midwifery care can result in improved outcomes and decreased utilization of resources that translate into cost savings."

For example, the odds of a nurse-midwife patient having a Caesarean section are less than those of one in regular obstetric care. Nurse-midwives have a Caesarean rate of 11.6 percent, compared to 23.3 percent among births performed by other health care professionals, according to a 1995 study by the Public Citizen's Health Research Group. Also, the average nurse-midwife has an epidural rate of 14.6 percent and an episiotomy rate of 30.1 percent, according to the American College of Nurse-Midwives. Both rates are well below national norms.

“The way we take care of women, regardless of risk factors, is going to decrease [such] interventions,” Reidner says. “Allowing women to change positions, to ambulate during labor, to hydrate and eat—all of those things midwives tend to encourage more freely—help women to birth naturally.” Also, rather than immediately hooking up women to monitors and intravenous lines, nurse-midwives encourage them to manage labor pains through natural methods, which can include massage, showers, and soaking in Jacuzzi tubs.

Although midwives espouse natural childbirth methods, they can prescribe the same kinds of drugs and perform the same kinds of pre-birth procedures as obstetricians if necessary.

“We are not these Nazis who want everybody to deliver vaginally,” Reidner says. “We’re protective of the mothers themselves and their babies while giving them control of the best health care they can have.”

Dunbar adds that nurse-midwives are trained to know when to consult physicians and other medical experts when more serious problems arise. Dunbar’s practice at Norwegian American Hospital includes four midwives who work with three obstetricians in a separate practice. The midwives, he says, call the doctors for assistance in about 10 percent of their cases, usually when they believe their patients need Caesarean sections, which they cannot perform.

Dunbar’s practice serves mostly low-income Hispanic immigrants from Chicago’s Humboldt Park neighborhood. Its midwives deliver about 300 babies a year. Many nurse-midwives, including Dunbar, work exclusively with public health departments, delivering babies for people without health insurance. These government agencies are enthusiastic about midwifery because their approach “ensures a continuity of care that many public health entities strive for, but are rarely successful in providing,” says Dunbar.

Of special importance to these agencies is the fact that costs of caring for patients by nurse-midwives are generally lower than comparable care given by physicians. Dunbar predicts that escalating health costs will spark further growth in the demand for midwives. “You can see a nurse-midwife and never see a physician” and have perfectly normal deliveries, he says. “As health care costs more, we seem more attractive to the bean counters.”

Dunbar quickly notes, however, that cost isn’t midwifery’s only advantage. People who can afford conventional obstetric care are turning to nurse-midwives, too.

“When I started midwifery school 11 years ago in Chicago, I could name maybe one or two private practices,” he says. “Today, I can name 50.”

In some parts of the country, nurse-midwifery is becoming the most common way to deliver babies. They include LaSalle County, Ill., where Liz Jennings–Porter '91, is a nurse-midwife for Women's Health Care Specialists. She delivers babies at Illinois Valley Community Hospital in Peru, Ill., and St. Margaret's Hospital in Spring Valley, Ill.

“In our practice, we have 10,000 active charts right now,” says Jennings–Porter, who works with another midwife and an obstetrician-gynecologist. “The majority of our clientele is middle class....They see both midwives and the doctor, and rotate through the three of us. The other midwife and I take care of all the low-risk, normal patients. That reserves the high-risk patients for the physician. He does the C-sections, but even in those cases, we assist him.”

In her neck of the woods, midwifery “is not only really accepted, but it's more the norm, which is very foreign compared to other parts of the state and country.”

Besides delivering babies, Jennings–Porter also sees gynecological patients. “I love it,” she says. “I guess it's my opportunity to empower women, and that can be in all different phases of their life cycle.”

That appeal—and the prospect of a healthy salary—are leading more and more nurses to consider a career in midwifery. Nurse-midwives typically earn more than regular nurses. The median base salary of a staff nurse in Chicago, for example, is \$48,911, according to salary.com. Advanced practice nurses in the city, which include nurse-midwives, have a median base salary of \$75,271.

While no Illinois Wesleyan alumni currently are studying to become nurse-midwives, at least three seniors are exploring careers in maternal health, says Sheila Jesek–Hale, assistant professor of nursing at the University.

“I would say the interest has been pretty constant,” says Jesek–Hale, whom Dunbar cites as a key influence in his becoming a nurse-midwife (see above story). “I'm a really big believer that birthing is a normal phenomena. Maybe it rubs off on some of my students.”

It remains to be seen whether the option of choosing a nurse-midwife rubs off on the majority of expecting mothers in America. For Illinois Wesleyan alumni nurse-midwives, the most important thing right now is letting women know that option exists. From there, they believe the women that they serve will help make midwifery no longer a “best-kept secret,” but a best practice.

“Once they have some education and have an opportunity to experience a nurse-midwife, that seems to make all the difference in the world,” Burnam says.

*Chris Fusco '94 is a reporter for the Chicago Sun-Times. He wrote about organ donation in the Winter/02 IWU Magazine.*