The 20th century removal of lay midwifery from the South, as considered within the reproductive justice framework.

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Figure One:
"Midwife wrapping her kit to go on a call in Greene County, Georgia".

Contents

Introduction

Throughout the 20th century, lay midwives made a significant contribution to the health of black women and children throughout the U.S South. Often - although not exclusively – elder black women without formal registration, lay midwives were experienced, skilful and knowledgeable. Their presence was particularly important in the poor, rural and predominantly black areas of the South where physician-led medical care was difficult to access. Well into the mid-20th century, lay midwives delivered over fifty percent of babies born in the South.[1] Although their main responsibility was pregnancy and childbirth it was common for midwives to also provide additional support for impoverished communities, such as administering general first-aid or providing food and clothing. As a result, the black lay midwife became a highly respected figure across the South. Despite the clear successes of midwife-based care, in the 1920s public health officials begun abolishing traditional lay midwifery practices. In the name of modernization and scientific advancement, midwifery was medicalised and formalised. As a result, by 1972 only 1% of all births in the United States were attended by midwives and the black lay midwife had become a close to obsolete figure in the South.[2] Throughout this dissertation, I will be using the phrase 'lay midwife' to describe the black midwives who practiced in the South prior to official Government certification. Other scholars use the title "Granny midwife" to describe this group. However, not all midwives at this time were elderly, or in fact female. 'Lay midwife' is therefore a more appropriate term.

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[1] Smith, Susan L, "The Public Health Work of Poor Rural Women: Black Midwives in Mississippi" in *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950.* (Philadelphia: University of Pennsylvania Press, 1995), 119.

[2] Yoder, Hannah, and Hardy, Lynda R. "Midwifery and Antenatal Care for Black Women: A Narrative Review." *SAGE Open* 8, No. 1 (January 2018): 2.

This will primarily be a historical analysis. However, discussions of this topic demand an awareness of the current conditions of black maternal health in the United States. In 2011, a report by Amnesty International revealed that black women in America are four times as likely to die from pregnancy related complications than white women.[3] The reasons for this disparity are both varied and historically rooted. Amnesty International identifies a number of causes, including: an overreliance on caesarean-sections, inadequate postpartum care and financial, bureaucratic and linguistic barriers to care.[4] Evidently, these factors have all contributed to poor outcomes for black mothers. However, the long-term impact of the removal of lay midwives, and their accompanying community-based care system, must also be acknowledged.

This topic has already been explored by other historians, notably Gertrude Fraser and Linda Janet Holmes who have both written extensively about the variety of services provided by lay midwives and their important community role. I am not the first scholar to attempt to link the delegitimization of lay midwifery to current trends in maternal fatalities, as Jenny M. Luke also has. However, this work will add to existing scholarship in how it seeks to acknowledge the historical removal of lay midwives as an issue of reproductive justice. The reproductive justice (RJ) framework is a feminist theory that analyses intersectional reproductive politics in the context of human rights. The authors of the *Radical Reproductive Justice* anthology highlight other historical events that gain from being viewed through a reproductive justice lens, but the issue of lay midwifery is notably absent. In this dissertation, I will argue that we can use RJ to reconsider the historical elimination of lay midwifery as an

[3] Amnesty International, *Deadly Delivery: The Maternal Healthcare Crisis in the USA* (New York: Amnesty International, 2011), 7, accessed March 2021.
[4] Ibid.

assault on the reproductive rights of black Southern women.[5] Ultimately, the delegitimization of black midwifery traditions robbed black women of the ability to choose a trusted caregiver, worsened the health outcomes of themselves and their children and reinstated white control over their bodies and reproductive decisions. Thus, I seek to provide a new lens through which to view the increased government regulation of black midwives in the South by using the reproductive justice framework to better understand the long-term ramifications of these historical events on the health and autonomy of American black women.

This dissertation will be divided into three chapters. Chapter One will introduce the reader to the traditional roles and responsibilities of black lay midwives. Much of my information will be taken from two of the few comprehensive primary sources available on this topic: the memoirs of Margaret Charles Smith and Onnie Lee Logan, two ex-midwives from Alabama. These memoirs were both co-written with historians, Linda Janet Holmes and Katherine Clark respectively. It should be noted that *Motherwit* does not officially credit the storyteller as co-author, therefore there are moral questions that should be raised with the use of this source as a primary first-person account. However, the book is directly based on tapes made of Onnie Lee Logan's oral recollections, with limited editing from Clark.[6] Therefore, I believe that it is appropriate to use as a primary source. Due to the rarity of available first-hand accounts of lay midwifery, I will include the memories of Lee Logan within this analysis. In order to understand how, and why, the de-professionalisation and delegitimization of this profession had such a devastating effect on the long-term maternal health of black women, we must first understand what the role of the lay midwife entailed. We will use these oral histories, together with other primary sources from the period, to build

[5] Ross, Loretta J. "Conceptualizing Reproductive Justice Theory: A Manifesto for Activism" In *Radical Reproductive Justice*, edited by Loretta J. Ross et al. (New York: The Feminist Press at City University of New York, 2017), 174.
[6] McKissack, Patricia C. "Everything About Birthin Babies" *New York Times*, September 10, 1989.

a detailed account of the experiences of lay midwives and the respected positions they held in their communities. We will also explore the health outcomes for midwife-led care in this period, acknowledging the conditions of poverty most were working within and how this affected birth outcomes in ways that were often out of the midwives' control.

Chapter Two will explore how, and why, black lay midwives begun to disappear from the South. We will use primary sources demonstrating the views of public health officials to understand the methods of over-regulation and delegitimization used by Government officials. We will also explore *why* the white health system sought to remove such respected figures, considering the role of institutionalised white supremacy and the persistent racist mythologies surrounding black women in this decision-making process.

Chapter Three will suggest why access to midwifery led-care should be considered as a form of reproductive justice. The elimination of lay midwives bares similarities with the other ways in which black women's bodies have been used as sights of white control and oppression throughout American history and, using the evidence detailed in the first two chapters, I will suggest that the removal of lay midwifery systems should be considered alongside the reproductive justice framework.

I have chosen to structure my dissertation in this way because the traditions of Southern lay midwifery are not widely known within the canon of civil rights history. Therefore, I believe that it is important to contextualise the topic first, allowing the reader a general understanding of lay midwives, before we analyse the theoretical implications of their removal. I have chosen to not assign specific date ranges to the chapter titles of this dissertation, as the dates in which lay midwives were practising vary significantly on a state-

by-state basis. However, my historical analysis will mostly concentrate on the period between 1920 and 1970.

Chapter One:

The role of the Southern lay midwife

"The people of Sweet Water respected midwives a great deal. Loved all of em".[7]

– Onnie Lee Logan.

This chapter will cover the traditions of Southern lay midwifery after 1920. However, it is important to recognise that the relationship between Southern black women and maternal health has deep historical roots. For her book, *Working Cures: Healing, Health, and Power on Southern Slave Plantations*, Sharla Fett extensively researched women's health on plantations. She found that enslaved women frequently adopted the role of the healthcare provider and, for them, "African American doctoring became an important weapon in the battle against the broader conditions of enslavement."[8] In other words, performing traditional healing practices on the plantation was one of the only ways for enslaved women to reclaim authority over the black body. Fett also noted how traditions of black midwifery date back to slavery, where enslaved women would visit "slave dwellings and white households to attend mothers and catch babies."[9] This idea is important to consider, as it contextualises the role of the black woman as a trusted healer within her community. Black midwifery traditions would only strengthen after the abolition of slavery. By the early 20th century, most black babies in the South were being delivered, at home, by a lay midwife.[10]

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[7] Logan, Onnie Lee as told to Clark, Katherine. *Motherwit: An Alabama Midwife's Story.* (San Francisco: Untreed Reads, 2014), 61.

[8] Fett, Sharla M. *Working Cures: Healing, Health, and Power on Southern Slave Plantations*. (Chapel Hill: The University of North Carolina Press, 2002), 193.

[9] Ibid, 2.

[10] Smith, Susan L, "The Public Health Work of Poor Rural Women: Black Midwives in Mississippi" in *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950*, 119.

By the first half of the 20th century lay midwives had forged an essential role in many rural Southern communities. In 1930, 80% of all midwives practising in America were in the South, where the significant majority were black.[11] Black women relied on midwifery care partly out of choice and partly out of necessity. In many rural areas, hospital care was difficult to access. Linda Janet Holmes wrote how, as late as 1930, Greene County, Alabama had "no county health unit or any other system providing prenatal care".[12] Women living in largely black areas of the South often had little-to-no access to physician-led care. In her memoirs, midwife Onnie Lee Logan remembers that "in that time there was no hospital that they could go to have no baby" and how it could take days for a white Doctor to respond to a black medical emergency.[13] Black lay midwives, like Logan herself, filled this gap by providing accessible care to women in their communities. Susan L. Smith found that "midwives were cheaper than doctors" and more willing to travel into rural areas, over rough roads, to care for their patients.[14] Lay midwives remained available to all families, regardless of their wealth. Some did not charge their poorest patients at all for their services. Nannie Pharis, recalling life in North Carolina in the early 20th century, said that black families would not pay local lay midwives anything for their services, "unless you'd give them some vegetables, fresh meat or something like that".[15] This is important, as the rural South was plagued with persistent poverty at this time. Without lay midwives, many families would have been unable to access any pre-natal medical care at all.

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11 Ibid.

12 Charles Smith, Margaret and Holmes, Linda. *Listen To Me Good: The Life Story of an Alabama Midwife.* (Columbus: Ohio State University Press, 1996), 37.

13 Logan, Onnie Lee as told to Clark, Katherine. *Motherwit: An Alabama Midwife's Story*, 58.

14 Smith, Susan L, "The Public Health Work of Poor Rural Women: Black Midwives in Mississippi" in *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950*, 120.

15 "Oral History Interview with James and Nannie Pharis". Southern Oral History Program Collection (#4007) in the Southern Oral History Program Collection, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill. December 5, 1978; January 8 and 30, 1979.

Lay midwives typically honed their trade using a combination of traditional medicine stemming from African and Native American practices and contemporary maternal care practices. In her oral history, Margaret Charles Smith dedicates a whole chapter to birthing practices. She recalls caring for the mother's emotional and physical needs through a variety of methods, including the popular medicinal herbal teas.[16] Gertrude Fraser found how black midwives became "specialists in reproductive medicine", as well as experts in "the use of patent and herbal remedies for other matters of the body".[17] Despite lacking formal training prior to the establishment of Government certification programs, Linda Janet Holmes referred to early Alabaman lay midwives as "models in the field", in terms of their medical practice.[18] For example, Holmes points to evidence of delayed cord cutting and emphasis on the comfort and relaxation of the mother in birth. Lay midwives also encouraged extended breastfeeding, upright birth positions and keeping the mother and baby together as much as possible after birth, traditional techniques that are still widely used today.[19]

What lay midwives lacked in formal or institutionalised training, they made up for in on-the-job experience. Most lay midwives were trained by an elder midwife in the community and attended multiple births as an assistant before they began practicing themselves. Before becoming a lay midwife in her own right, Margaret Charles Smith was an apprentice to Miss Ella Anderson, an experienced community midwife.[20] Even though she did later attend an official training course, Charles Smith claimed that "everything I learned, I learned from Miss Anderson."[21] This is important, as is emphasises how the later

[16] Charles Smith, Margaret and Holmes, Linda. *Listen To Me Good: The Life Story of an Alabama Midwife*, 100.

[17] Fraser, Gertrude. *African American Midwifery in the South: Dialogues of Birth, Race and Memory.* (Cambridge, Massachusetts: Harvard University Press, 1998), 26.

[18] Charles Smith, Margaret and Holmes, Linda. *Listen To Me Good: The Life Story of an Alabama Midwife*, 82.

[19] Ibid.

[20] Ibid, 75.

[21] Charles Smith, Margaret and Holmes, Linda. *Listen To Me Good: The Life Story of an Alabama Midwife*, 75.

'professionalisation' of lay midwives by health authorities weakly masked what was, at its core, an attempt at increased white control over a black institution. It is important to understand that, despite lacking official certification, lay midwives were not untrained and were only able to adopt their leadership role in the community after years of observation and practice.

Not only were lay midwives proficient in their trade, they also contributed to generally positive medical outcomes. In the early 20th century, maternal and infant mortality rates in the United States were high. For every 1000 births, six to nine women died of pregnancy-related complications, and approximately 100 infants would die before age 1.[22] However, there is limited data linking these figures explicitly to the practices of lay midwifery. Indeed, historian Gertrude Fraser has extensively studied South black midwives and found a number of historical studies supporting the positive medical effects of midwife-led care. One 1923 study on birth outcomes in Richmond, Virginia found a 67 per 1,000 rate of maternal mortality for midwife supported births, as opposed to a 78 per 1,000 rate for doctor attended births.[23] Fraser also noted another Virginia dataset that shows how, in 1933, maternal mortality rates were higher in urban areas in every category of death, except for one.[24] Urban women were significantly more likely to access physician-led care. Therefore, Fraser proposes that, at least in the 1920s and 1930s, "increased access to hospitals and physicians' care did not always result in a reduced risk of death for women in childbirth".[25]

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[22] Centres for Disease Control and Prevention. "Achievements in Public Health, 1900-1999: Healthier Mothers and Babies". Accessed May 2021. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4838a2.htm

[23] Hudson, C.C and M.P Rucker. "Maternal Mortality in Richmond: A Preliminary Survey." *Virginia Medical Monthly* 50 (1923): 302. As cited in: Fraser, Gertrude. *African American Midwifery in the South: Dialogues of Birth, Race and Memory.* (Cambridge, Massachusetts: Harvard University Press, 1998), 81.

[24] Rothert, Frances. "Maternal Mortality in Virginia in 1927 and 1928" *Virginia Medical Monthly 60* (1933): 243. As cited in: Fraser, Gertrude. *African American Midwifery in the South: Dialogues of Birth, Race and Memory*, 83.

[25] Fraser, Gertrude. *African American Midwifery in the South: Dialogues of Birth, Race and Memory*, 83.

These trends are not exclusive to Virginia. Linda Janet Holmes mentions findings that white women receiving private healthcare in Alabama had "higher maternal and infant mortality rates" then rural poor black women with access to midwifery-led care.[26] While not every midwife-supported birth had a positive outcome, and they were not appropriately resourced to care for high-risk cases, midwife outcomes at this time were generally good. Contrary to the beliefs of the medical establishment, lay midwives were certainly not the singular cause of the high mortality rates at the time.

It is important to acknowledge the conditions of poverty that were persistent in the rural South at this time. When lay midwives did lose a mother or baby in their care, it was often due to issues of institutionalised poverty rather than a mistake made on the part of the midwife. The poverty faced by many black families in the rural South effected birth outcomes in ways that were often out of the midwives' control. According to Holmes, widespread poverty in the region led to "overwork, poor diets, closely spaced births, and harsh living conditions, causing major health problems to women giving birth."[27] Due to the inaccessibility of physician-led care in rural areas, midwives would be left to care for these high-risk cases, usually without the resources they needed to handle them appropriately. Gertrude Fraser refers to the "material impoverishment" of most rural poor black women in this period as "the essential factor in the high rates of infant and maternal mortality".[28] Evidently, lay midwives were incapable on their own of solving the issues caused by institutionalised poverty throughout the South, and this must be considered within any analysis of maternal outcomes at this time.

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[26] Charles Smith, Margaret and Holmes, Linda. *Listen To Me Good: The Life Story of an Alabama Midwife*, 63.

[27] Ibid, 85.

[28] Fraser, Gertrude. *African American Midwifery in the South: Dialogues of Birth, Race and Memory*, 52.

Lay midwives understood the challenge of poverty in their local communities, and often went above and beyond their expected duties to care for local families. As Onnie Lee Logan remembers, "I did everything I could for em. I would clean up the house all the time. I would he'p em to wash".[29] Sometimes, midwives would come up with innovative responses to the poverty of the families they served. If a family had not been able to obtain an appropriate bed for their infant, Lee Logan would tie together two chairs with a sheet and pillow to create a makeshift crib.[30] Despite working in conditions of significant deprivation lay midwives went above-and-beyond to care for their patients, often providing a number of services not directly related to pregnancy or childbirth. A 1951 article published in *Life* magazine depicting the life and work of Maude Callen, a black midwife, emphasises the many responsibilities she took on. According to the author, she had become "doctor, dietitian, psychologist, bail-goer and friend".[31] Callan was shown buying clothes for poor children, caring for elderly patients and dealing with medical emergencies. Especially notable is the photo-caption describing how Callan delivered 810 typhoid vaccinations to schoolchildren, immediately before leaving to deliver another baby.[32] Clearly, a midwife like Callan was an important member of her community and local women and families relied on her to provide services that, in white communities, would have been provided by private or state enterprises. This makes their eventual elimination even more profound. When lay midwives disappeared, Southern black women lost not only a successful system of community-based medical care, but also a caring figure who looked out for the most vulnerable members of society.

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29 Logan, Onnie Lee as told to Clark, Katherine. *Motherwit: An Alabama Midwife's Story*, 96.

30 Ibid, 98.

31 "Nurse Midwife", *LIFE*, 3 Dec 1951, 135.

32 Ibid, 143.

A crucial aspect of lay midwifery was the greatly respected position they held within their communities. As we have seen, most lay midwives were highly skilled, produced generally good health outcomes and sincerely cared for their patients. As a result, they became much-respected community members, often allowing them privileges that were unusual for women of the time. Gertrude Fraser wrote about how lay midwives "transgressed many of the rules and expectations of what a woman should be and do".[33] As they were so deeply respected, female midwives were able to travel freely - including unchaperoned overnight stays - which was unusual for women at the time.[34] The respect for midwives can be clearly seen in primary sources from the period. The author of the *Life* article describes how Callen had become "so vital to the people of the community" that is was impossible for her to take a vacation.[35] Another black midwife, Minnie Conley of Tennessee, was so widely known and respected in her local community that she had a street named after her.[36] In one Mississippi town, midwifery retirement ceremonies provide communities an opportunity to honour the midwives who had served them. The retiring midwife would sit as "queen for the day" in the local church and be honoured with gifts and speeches of praise.[37]

Lay midwives were not only respected by their wider communities, they were also trusted, deeply, by the women in their care. Black lay midwives formed long-lasting relationships with their patients and were fully embedded within the communities that they served, meaning that they understood the lives of the women in their care and what they needed. They knew where and how improvements could be made that would benefit the lives

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[33] Fraser, Gertrude. *African American Midwifery in the South: Dialogues of Birth, Race and Memory*, 43.

[34] Ibid.

[35] "Nurse Midwife", *LIFE*, 3 Dec 1951, 138.

[36] "Former Midwife, now 102, Would Go Back to Work if She Could," *Johnson City (Tennessee) Press Chronicle*, June 11, 1978, 44.

[37] Smith, Susan L, "The Public Health Work of Poor Rural Women: Black Midwives in Mississippi" in *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950*, 147.

of the women and children in their care. This is opposed to a white health professional, who did not understand the unique needs of a rural, poor, black Southern community and would judge patients for living conditions beyond their control. Margaret Charles Smith remembers caring for a post-natal patient with heavy bleeding and high blood pressure. When she tried to refer her to a white physician he refused to help, and she was told: "she had plenty of time. She had nine months to get ready for this baby, but she didn't do nothing".[38] Black Americans also faced discrimination in the healthcare system throughout the 20th century. Lee Logan wrote about the poor treatment and dehumanization that occurred when dealing with white medical professionals: "they was treated so bad and so cold by the doctors". "The Doctors thought the black person was mostly too filthy for him to put his hands on. They talk to em just like they was a dog that didn't have human sense".[39] Faced with judgement and discrimination from the white medical establishment, it is unsurprising that the majority of black women trusted lay midwives with their care and, as a result, sought out community-based healthcare.

Overall, despite often working in conditions of severe poverty, Southern midwives built on a long history of healing to provide an efficient and successful service for the women in their community. Midwives like Margaret Charles Smith and Onnie Lee Logan were much-loved and respected members of their communities. Not only were they skilled medical practitioners, they looked out for the whole community and supported the most vulnerable families in their care in a multitude of ways. What is more, they provided an essential service for women with low-risk pregnancies, and an appealing alternative to the discriminatory and inaccessible American healthcare system. Despite all of these successes as the 20th century

[38] Charles Smith, Margaret and Holmes, Linda. *Listen To Me Good: The Life Story of an Alabama Midwife*, 111.

[39] Logan, Onnie Lee as told to Clark, Katherine. *Motherwit: An Alabama Midwife's Story,* 59.

progressed Government health officials began to scapegoat midwives, placing sole blame on them for the ever-increasing infant mortality rate. The next chapter will detail how, and why, this elimination system progressed.

Chapter Two:

The structural elimination of midwifery traditions

"For African American and poor white women, the ideals of a federally funded health care program were never realized. Nonetheless, they were expected to embrace the gift of science and to abandon the traditional midwife".[40]

Gertrude Fraser

The 20th century oversaw a rapid transformation in childbirth trends. In this period, most American mothers transitioned away from homebased, community-centred midwife care, towards medicalized and physician-attended hospital births. As a result, the role of the lay midwife became highly regulated, and eventually removed, by the white healthcare system.

At the turn of the century, the infant and maternal mortality rates across the United States were high. In 1916, 99.9 babies died for every 1000 births and the US had the highest rate of maternal mortality of any developed country.[41] Health professionals were concerned about this, and for reasons we will explore later in this chapter, decided to assign liability to

[40] Fraser, Gertrude. *African American Midwifery in the South: Dialogues of Birth, Race and Memory*, 52.

[41] Singh, Gopal K, and Stella M Yu. "Infant Mortality in the United States, 1915-2017: Large Social Inequalities Have Persisted for Over a Century." *International journal of MCH and AIDS* 8, No. 1 (2019): 21.

the so-called 'Midwife Problem'. Despite contemporary studies finding maternal mortality rates to be consistently lowest in areas where levels of midwife-led care were highest, lay midwives were publicly targeted by health officials.[42] Due to a long anti-midwife public health campaign, midwifery became culturally synonymous with dangerous birth conditions and high infant mortality rates. The white medical profession accused un-certified black midwives of working in unclean environments and using unscientific 'folk' medicine.[43] In response, the US government began requiring increased regulation of lay midwives. The regulation required differed on a state-by-state basis. Predominantly, it took the form of training classes, compulsorily uniforms, close surveillance by white health officials and strict rules and protocols to abide by.

Widespread regulation of lay midwifery began with the Sheppard Towner Act in 1921, which provided federal funding for the training and licensure of midwives. While the intention was to improve infant mortality rates, over time this regulation made it increasingly unsustainable for a community midwife to practice in the manner detailed in Chapter One. While many states presented their programs as attempts to 'modernise' midwifery, the true intention of some public health officials was to move away from the practice all together. For example, Susan L. Smith noted how "the official policy of the Mississippi State Board of Health remained to eliminate midwives in favour of professional health care".[44] The dismantling of Southern black midwifery traditions was a long and state-specific process. While it officially began in 1921, in most states unregulated lay midwives were still practicing decades later. Generally, by the mid-1930's most Southern states had established

[42] Litoff, Judy Barrett. *The American Midwife Debate: A Sourcebook on Its Modern Origins.* (Connecticut: Greenwood Press, 1986), 5.
[43] Smith, Susan L, "The Public Health Work of Poor Rural Women: Black Midwives in Mississippi" in *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950*, 118.
[44] Ibid, 146.

midwife training or certification programs, and, by the post-war period, midwifery was in a significant decline across the South. In 1948, the push to standardize medical care across the country and completely eliminate lay midwives began in full force.[45] In most Southern states, the medicalisation of childbirth eventually resulted in the near-total removal of black midwives. The January 27, 1951 edition of the *Jackson Advocate* featured the headline, "Negro Nurses Wipe Out Midwifery in the Memphis Area" and exemplifies the extent of the elimination programs.[46] The article refers to "the ignorant Negro midwife" and states that, in Memphis, "in 1920, there were more than 400 of these midwives; in 1950, only two".

Official government training programs were an attempt to replace the traditional on-the-job midwifery training detailed in Chapter One. Evidently, the official classes were no more successful at preparing midwives than the apprentice system. Some historians, for example Susan L. Smith, argue that government regulation allowed black lay midwifes the opportunity "to become important health workers well beyond their midwifery practice".[47] It is true that some lay midwives relished in the opportunity to learn more about their craft. However, many found the official lessons to be redundant after years of practical experience. Onnie Lee Logan, who became a licensed midwife in 1949, wrote that "two-thirds" of the information she was taught in her midwife training class, "I didn't get from the class. God gave it to me. So many things I got from my own plain motherwit".[48] Most lay midwives were already experienced after years of attending births and supporting families. When the official training program begun, all that changed was that now white health officials could

[45] Robinson, S. A. "A historical development of midwifery in the Black community: 1600-1940." *Journal of Nurse-Midwifery*, 29, (1984): 247.

[46] "Negro Nurses Wipe Out Midwifery in Memphis Area", *Jackson Advocate,* 27 Jan. 1951, 4. Chronicling America: Historic American Newspapers, Library of Congress.

[47] Smith, Susan L, "The Public Health Work of Poor Rural Women: Black Midwives in Mississippi" in *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950*, 118.

[48] Logan, Onnie Lee as told to Clark, Katherine. *Motherwit: An Alabama Midwife's Story*, 91.

control what the midwives were being taught. Most of the midwives enrolled in the training classes were already skilled and experienced, suggesting that this increase in regulation was, at its core, about reinstating white control over the black body.

As the Government commenced the systematic removal of the traditional lay midwifery systems, they also began the process of breaking down community trust in midwife-based care.[49] According to Fraser, in order to justify the medicalisation of childbirth, white health officials had to argue that lay midwives were "completely unable to handle complicated births".[50] When analysing primary sources from the period, it becomes clear that this is far from the truth. In her oral history, Margaret Charles Smith recounted how she oversaw multiple emergency births, including occasions where babies were born in a breech position, or with the umbilical cord wrapped around their neck.[51] It is clear that she was experienced dealing with all kinds of births and was capable of delivering healthy babies under difficult circumstances. Regarding deliveries involving a nuchal cord, she stated: "I've done it so many times. I don't need a doctor for that".[52] Nevertheless, the proficiency and experience of midwives like Charles Smith was ignored by many Government organisations, and they were presented to the public as old fashioned, incompetent and unsafe.

In order to convince women to pursue obstetrician-led care, white health professionals began a public anti-midwifery campaign. A 1915 article from *McClure's Magazine* about the high infant death rate blames the crisis on the "carelessness" of the mother's caregivers and refers to the "appalling" number of American women who do not receive hospital care.[53] The

[49] Fraser, Gertrude. *African American Midwifery in the South: Dialogues of Birth, Race and Memory*, 53.
[50] Ibid, 61.
[51] Charles Smith, Margaret and Holmes, Linda. *Listen To Me Good: The Life Story of an Alabama Midwife*, 106.
[52] Ibid, 107.
[53] Richardson, A.S. "Safety first for mother", *McClure's Magazine*, May 1915, 97.

author, a public health official, also criticizes the "moth-eaten tradition" of natural childbirth.[54] This is a clear attempt to undermine midwifery. *McClure's Magazine* was targeted at a progressive, urban, white, middle-class audience. [55] Therefore, it would not have been read by poor black woman in the rural South, such as the ones served by Margaret Charles Smith and Onnie Lee Logan. However, this article exemplifies the perspective the early 20th century white health official. Although the article does not explicitly mention race, black lay midwives are implicitly targeted. A quoted medical professional said that, "the women who suffer most in neglect from child-bearing are the rural mothers on isolated farms" and "the city women attended by unsupervised midwives".[56] As we know, midwife-led care was popular in isolated areas and most midwives were black.[57]

Although the *McClure's* article did not explicitly mention race, it is possible to find historical examples of white health professionals using outwardly racist language in describing lay midwives. Doctor Felix J. Underwood, in 1925, described the lay midwife in a speech to the Southern Medical Association as "filthy and ignorant and not far removed from the jungles of Africa, laden with its atmosphere of weird superstition and voodooism".[58] This speech, together with the *McClure's* article, are just a few of the many examples of the white medical establishment publicly undermining midwifery traditions in justification of the medicalisation of childbirth.

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[54] Richardson, A.S. "Safety first for mother", *McClure's Magazine*, May 1915, 24.

[55] Horton, Russell M. *Lincoln Steffens*. (New York: Twayne Publishers, 1974), 51.

[56] Richardson, A.S. "Safety first for mother", *McClure's Magazine*, May 1915, 98.

[57] Smith, Susan L, "The Public Health Work of Poor Rural Women: Black Midwives in Mississippi" in *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950*, 119.

[58] Dr Felix J. Underwood. "Statement of Dr Felix J Underwood, State Health Officer of the State of Mississippi." Speech made to the Southern Medical Association, 1925.

As we have seen, the rural South suffered from consistently high levels of poverty. Therefore, it is unlikely that midwife-led care was solely to blame for the birthing outcomes of poor black women in rural communities and urban centres. Regardless, this narrative was excluded from most contemporary analysis of health outcomes. Any suggestion that a poor, black mother was more likely to die in childbirth than her rich, white counterpart was immediately blamed on the 'Midwife Problem'. As Susan L. Smith wrote, "targeting midwives was an easier solution for public health officials dealing with an impoverished rural population than challenging the medical establishment or altering the economic and living conditions that contributed to ill-health."[59] Ultimately, tackling the deep-rooted and institutionalised issues of poverty in the South would have forced health officials to admit their own role in the black health crisis and tackle the long-held racism in the American healthcare system, which they were unwilling to do. Some who opposed lay midwifery did intend to improve birth outcomes for all women, including those from the poorest communities. However, in their attempt to achieve their goal they misdirected their concern. Campaigners could have targeted the institutionalised racism that kept poor black women in conditions of poverty, or the educational system that let so many parents fall through the cracks. However, they decided to target the midwives who were, most likely, not to blame.

One might ask, if there was such limited evidence that lay midwives worsened birthing outcomes, why were they targeted so harshly in this period? The answer is rooted in the institutionalised discrimination within the healthcare system and the entrenched nature of racist mythologies in American history and culture. The ideas expressed in the *McClure's* article – that lay midwives are dangerous, inferior and dirty – were supported by racist

[59] Smith, Susan L, "The Public Health Work of Poor Rural Women: Black Midwives in Mississippi" in *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950*, 124.

stereotypes about black people. For example, as a result of a long-held racist mythology linking black women with dirtiness and uncleanliness, white health officials were particularly obsessed with the hygiene of black midwives.[60] The film *All My Babies: A Midwife's Own Story*, released as an educational resource for training midwives in 1953, can be used as a primary source to show how black midwives were represented by the medical profession as being inherently unclean. Resources, such as this one, were used to emphasise the inability of lay midwives to adequately serve the families in their care without close white supervision. In one scene, a white male health official chastises a group of black midwives for the death of a baby in their community before warning them about being "careless" with cleanliness in the future.[61] The film also emphasises the innate superiority of white medical practices by portraying Mary Coley, an experienced midwife, only remembering to wash her hands when the instructions of the white health official ring in her ears. As scholar Wangui Muigai wrote, this film exposes the "fraught relationship between black midwives and white medical professionals"[62] and, further, it highlights how racist attitudes towards black Americans generally resulted in specific discrimination against black midwives. The racist quantification between the black midwife and a state of uncleanliness ultimately supported the de-professionalisation of lay midwifery traditions. As Polly Radosh wrote, "the midwife, who was symbolic of the dirty indigents who needed to be upgraded, was targeted to be eliminated in the medical reform movement".[63]

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60 Craven, Christa, and Mara Glatzel. "Downplaying Difference: Historical Accounts of African American Midwives and Contemporary Struggles for Midwifery." *Feminist Studies* 36, No. 2 (2010): 339.

61 *All My Babies,* prod. and dir. by George C. Stoney, 54 minutes. Georgia Department of Public Health, 1953, DVD.

62 Wangui Muigai, "'Something Wasn't Clean: Black Midwifery, Birth, and Postwar Medial Education in *All My Babies*," *Bulletin of the History of Medicine* 93, No. 1 (Spring 2019): 83.

63 Radosh, Polly F. "Midwives in the United States: Past and Present." *Population Research and Policy Review* 5, No. 2 (1986): 133.

As established in Chapter One, the medical elite struggled to find data to justify their claims of midwife-led care as being unsafe, therefore they relied upon racist tropes and myths. As long as black midwives were practising successfully, they were a threat to the white medical establishment. As Gertrude Fraser wrote, it was "fear of the midwife's real power – her ability to do the work of obstetrics" that underlined the motivations of the health authorities, who used videos like *All My Babies* and articles like the one in *McClure's*, to undermine midwifery in justification of their actions.[64] Ultimately, the dismantling of Southern lay midwifery traditions occurred slowly, but efficiently. By making it more and more difficult for lay midwives to practise autonomously, health officials eventually succeeded in their ambition to remove all lay midwives from the South, bringing the reproductive health of black women, once more, entirely under white control. The next chapter will present why the elimination of such a successful tradition should be considered within the reproductive justice framework.

[64] Fraser, Gertrude. *African American Midwifery in the South: Dialogues of Birth, Race and Memory*, 83.

Chapter Three:

The elimination of lay midwifery as considered alongside the reproductive justice framework

"Many contemporary black women, as well as other women of color and poor women, are denied true reproductive choice, which refers to the decision of whether, when, how and with whom to give birth to a child".[65]

Diana Romero and Madina Agénor.

In this chapter, we will be using the reproductive justice framework, as defined by the authors of the *Radical Reproductive Justice* anthology. This framework centres the lives of people of colour by providing a new tool to examine issues of racial and social inequality, through black feminist theory and reproductive politics.[66] The rights centred by this framework include the right to have children under the conditions of your choosing, and the right to parent

[65] Romero, Diana and Agénor, Madina. "The Welfare Family Cap: Reproductive Rights, Control and Poverty Prevention" In *Radical Reproductive Justice*, edited by Loretta J. Ross et al, 383.

[66] "Introduction" In *Radical Reproductive Justice*, edited by Loretta J. Ross et al, 11.

your children in safe and healthy environments.[67] Reproductive justice provides scholars with a new way to consider the elimination of lay midwifery from the South, as it contextualises their removal as being more than just another example of transition in medical history. Rather, the reproductive justice framework helps us view the removal of lay midwives as a direct threat to the reproductive right of black women to safely birth their children under their desired conditions *and* in the environment of their choosing. Ultimately, the historical treatment of black midwives is an example of racist regulation of the black body. Their removal must be considered alongside the RJ framework as it violated the ability of Southern black women to choose a trusted caregiver and worsened their long-term health outcomes, threatening their reproductive justice right to give birth safely. Notably, it also allowed white authorities to assert control over black fertility, disrupting the right of black women to have full autonomy over their reproductive and maternal decisions. As Dorothy Roberts wrote in her book on the history of the relationship between race and reproduction, *Killing the Black Body*, "regulating black women's reproductive decisions has been a central aspect of racial oppression in America".[68] Roberts does not specifically focus on midwifery access in her book, rather focussing on issues of forced sterilization and criminalised reproduction. However, this chapter will seek to prove that the elimination of lay midwifery supports Roberts' assertion that the white-dominated healthcare system in America has sought to deny black women control over their own bodies and reproductive decisions.

We saw in Chapter One how the removal of lay midwifery robbed black women of the ability to choose a trusted caregiver. According to the RJ framework, all women have the right to give birth safely, in comfort and with the support of a trusted professional of their choice.

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[67] Ibid, 14.

[68] Roberts, Dorothy. *Killing the Black Body: Race Reproduction and the Meaning of Liberty*. (New York: Vintage Books, 2017), 6.

This is true for all women, but the long history of racial oppression in the United States makes accessing a trusted medical professional especially important for black women. In her book, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present,* Harriet Washington coined the term 'iatrophobia' to describe the prevalent fear and mistrust of medicine in the black community.[69] For black Americans, particularly women, this is not an irrational paranoia. Rather, iatrophobia in the black community is rooted in centuries of exploitative and abusive medical behaviours, including plantation violence and the brutal history of medical experimentation on black women. The predominance of iatrophobia amongst black women must be considered to understand the true impact of the elimination of lay midwifery. As we discovered in Chapter One, midwives like Charles Smith and Lee Logan were trusted and respected figures in their community. Their care was sought out as an alternative to care from a white Doctor, who were often feared as a result of discrimination and mistreatment. As Lee Logan said, "you know why blacks avoided the white doctors? Because, honey, they avoided the whites period."[70] Evidently, the removal of lay midwives violated the reproductive right of black women to give birth in comfort, as it forced them into the care of the mistrusted and feared white healthcare system.

Black women's difficulty in accessing a trusted caregiver also has roots in the theory of intersectionality. Due to the dual oppression – of both sex and race - faced by black women in the United States the opportunity to be cared for by a black, female health practitioner who would understand their specific experiences and needs is highly significant. Lynn Roberts, in remembering her first birth experience, had a negative experience with a black, male Doctor. She wrote how, despite being cared for in a predominantly black-staffed hospital, she could

[69] Washington, Harriet. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present.* (New York: Doubleday, 2006), 21.
[70] Logan, Onnie Lee as told to Clark, Katherine. *Motherwit: An Alabama Midwife's Story*, 59.

still "not escape the norms of the patriarchal medical profession".[71] While not all lay midwives were black women, the great majority were. Thus, robbing women of the opportunity to access a carer who would understand their intersectional identity is another way in which the elimination of lay midwifery history diminished the reproductive autonomy of black women.

The reproductive justice right to give birth in comfort can have a profound impact, beyond just the patient's mental health and care satisfaction. Not only would being cared for by a trusted figure make giving birth a more relaxing and pleasant experience for black women, recent scholarship suggests that it may have also, possibly, improved medical outcomes. There have been a number of clinical studies into the importance of trust in health care settings. According to one report published by the *Public Library of Science*, "from a clinical perspective, patients reported more beneficial health behaviours, less symptoms and higher quality of life and to be more satisfied with treatment when they had higher trust in their health care professional."[72] In other words, a trusting relationship between patient and healthcare provider can improve health outcomes. As we explored in Chapter One, lay midwives were deeply trusted by the women in their care. Therefore, it is unsurprising that the removal of a generation of trusted caregivers in the South negatively impacted the long-term health outcomes of black women.

It has become clear that, over time, the criminalisation of lay midwifery did not improve, and in fact may have *worsened*, health outcomes for black women and their children. The RJ framework helps scholars understand how this should be considered a threat to the right

[71] Roberts, Lynn. "On Becoming and Being a Mother in Four Movements: A Intergenerational View through a Reproductive Justice Lens" In *Radical Reproductive Justice*, edited by Loretta J. Ross et al, 124.

[72] Birkhäuer, Johanna et al. "Trust in the health care professional and health outcome: A meta-analysis." *PloS one* 12, No. 2 (2017): 1.

of black women to give birth safely. Throughout the 20th century, US infant mortality rates did drop significantly. However, there is little convincing data to suggest that the removal of lay midwives significantly impacted this. A 1999 study from the *Centres for Disease Control and Prevention* cited a number of other factors that led to this result including, "environmental interventions, improvements in nutrition, advances in clinical medicine, improvements in access to health care, improvements in surveillance and monitoring of disease, increases in education levels, and improvements in standards of living".[73] These factors did not need to exist separately from an established system of midwife-led care. Potentially, these improvements could have co-existed with a strong program of community-based midwifery-care in the South, which may have improved infant mortality rates even further. In fact, a 2017 study from the *National Bureau of Economic Research* suggests that Southern census data has been historically mishandled, resulting in the level of black infant mortality in the early 20th century, and its resulting decline, being significantly overestimated.[74] This evidence supports the work of lay midwives, who oversaw most black Southern births in this period, and raises doubt in any correlation between the drop in infant mortality rates and the elimination of lay midwifery.

It is important to understand that the trend towards improved infant mortality did not occur equitably for all women. Statistics from the Georgia health department actually show that "non-white infant mortality" increased when "the number of black out of hospital births dropped dramatically" in the late 1950's, just as the process to eradicate lay midwifery was reaching its peak.[75] After black women in Georgia lost the ability to be cared for by

[73] Centres for Disease Control and Prevention. "Achievements in Public Health, 1900-1999: Healthier Mothers and Babies". Accessed May 2021. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4838a2.htm

[74] Maas Steve. "New Evidence on Historical Infant Mortality Rates". *The Digest*: *National Bureau of Economic Research* 6 (June 2017). Accessed April 2021. https://www.nber.org/digest/jun17/new-evidence-historical-infant-mortality-rates

[75] Charles Smith, Margaret and Holmes, Linda. *Listen To Me Good: The Life Story of an Alabama Midwife*, 114.

experienced, trusted providers from their own communities, the health outcomes for themselves and their children worsened. This is a clear breech of their reproductive justice right to give birth safely. Unfortunately, the racialised disparities in maternal and infant health outcomes have not improved over time. Throughout history, the infant mortality rate for black women has remained consistently at least 2.4 times the rate of white women.[76] Ultimately, it is impossible to conclude that the professionalisation, and eventual elimination, of lay midwifery significantly improved health outcomes for black infants.

Maternal health outcomes for black women have also not improved significantly since the 20th century. While there are many possible contributing factors to this, I believe that the elimination of lay midwifery contributed considerably. As detailed in the introduction, the rates of maternal mortality in the United States vary disproportionately depending on the race of the mother. In a clear violation of their reproductive justice right to give birth safely, black women in America are three times as likely to die from a pregnancy-related cause than white women.[77] In an attempt to explain this disproportionality some scholars have pointed towards socio-economic factors, such as the impact of long-term stress or trauma, food insecurity, drug and alcohol abuse or access to prenatal care. It is probable that these factors have played a role in enforcing this tragic disparity. However, I believe that the removal of lay midwifery must also be considered. For example, many scholars have blamed the inequalities in maternal health outcomes on the racial biases in pain assessment that are predominant within the American healthcare system. Statistically, a black patient's pain is more likely to be underestimated and

[76] Macdorman, Marian F, and T J Mathews. "Recent trends in infant mortality in the United States." *National Centre for Health Statistics Data Brief* 9 (2008): 1.

[77] Melillo, Gianna. American Journal of Managed Care. "Racial Disparities Persist in Maternal Morbidity, Mortality and Infant Health." Accessed April 6th, 2021.

undertreated than their white counterpart.[78] Racial biases are less likely to occur under the supervision of a black healthcare provider. Therefore, the continued presence of lay midwives in the South, who were overwhelmingly black, would have benefitted the maternal health outcomes of black women, as their pain would have been more likely understood and treated appropriately.

Not only would lay midwives be less likely to prescribe to racial biases in pain assessment, but scientific research has since proven the medical benefits of the type of care they provided. A 2016 study published by a British medical journal found that 'the midwife-led continuity model', a model of care in which the pregnant mother is cared for consistently by one midwife throughout her pregnancy and birth had far-reaching and impressive benefits, including a 16 percent decrease in the likelihood of miscarriage.[79] The report concluded that the model leads to significant benefit for mothers, especially those from black and minority ethnic backgrounds.[80] As detailed in Chapter One, lay midwives across the South practised this model of care. Thus, it stands to reason that as lay midwives were removed and more black woman turned to hospital care, their long-term health outcomes would worsen as they no longer had access to a consistent healthcare professional throughout their pregnancy. These are just two examples of how the elimination of a successful network of birth experts who specialised in the specific conditions and health of black women may have contributed to their poor long-term maternal health outcomes, providing a clear example of why this topic must be considered through the reproductive justice framework.

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[78] Hoffman, Kelly M, Trawalter, Sophie, Axt, Jordan R, and Oliver, M. Norman. "Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites." *Proceedings of the National Academy of Sciences* 113, No. 16 (April 2016): 4296.

[79] Sandall, J., Coxon, K., Mackintosh, N., Rayment-Jones, H., Locock, L. and Page, L (writing on behalf of the Sheila Kitzinger symposium). *Relationships: the pathway to safe, high-quality maternity care*. (Oxford: Green Templeton College, 2015), 7. Accessed May 2021.

[80] Ibid, 28.

Finally, we must consider the reproductive justice demand for control over one's own reproduction. As we have explored, the elimination of lay midwifery was, at its core, about reinstating white control over black fertility and reproduction. When Harriet Washington discusses the examples of reproductive coercion in America's history, including forced procreation under slavery and forced sterilization in the 20th century, she points to the "consistent factor" tying these events together as the element of "white control".[81] I believe that the powers asserted by white health officials in Chapter Two present another way in which white society sought to control the black body. As previously explored, the increasing control exerted over black midwives in the 20th century, was about more than just 'improving outcomes' for women and babies. For example, Smith noted how "in the 1960s, the state began to use its power to punish midwives for engaging in civil rights activism".[82] The increasing regulation of midwifery had was primarily intended to reinstate white control over all healthcare provisions and revert power back to white authorities. If the Government had been genuinely concerned about infant mortality, they would not have overlooked the convincing data supporting the benefits of midwife-led care in order to eliminate a tradition that had so many clear benefits. The white control exerted over black midwives in this period is a clear violation of the rights and autonomy of black women as laid out in the reproductive justice framework.[83]

The *Radical Reproductive Justice* anthology cites many acts of violence that have historically threatened the reproductive justice of black women, including forced sterilization,

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81 Washington, Harriet. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present,* 205.

82 Smith, Susan L, "The Public Health Work of Poor Rural Women: Black Midwives in Mississippi" in *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950,* 133.

83 Ross, Loretta J. "Conceptualizing Reproductive Justice Theory: A Manifesto for Activism" In *Radical Reproductive Justice,* edited by Loretta J. Ross et al, 205.

the eugenics movement, and the welfare family cap. I believe that this framework is also important for scholars to understand the long-term significance of the elimination of lay midwifery from the South. The theme of reproductive control over marginalised women has been repeated throughout American history. The fertility of enslaved women was tightly controlled as their reproductive abilities were commodified to strengthen the economic system of slavery. Then, in the 20th century, control of black reproduction transitioned towards a model where women were discouraged from having children. Forced sterilizations and the 'family cap' on receiving welfare are often cited as examples of white authorities discouraging black women from reproducing, and I would argue that the criminalisation of lay midwifery is another one.[84] By removing the option of a trusted, safe, healthcare provider, the authorities made it more difficult for a black woman to bring a child into the world. While it did not remove the option of reproduction for black women, it made it the process of birth less appealing, more dangerous and moved it directly under white control. The elimination of lay midwifery is evidently an example of reproductive control, and therefore should also be considered alongside the reproductive justice framework.

[84] Romero, Diana and Agénor, Madina. "The Welfare Family Cap: Reproductive Rights, Control and Poverty Prevention" In *Radical Reproductive Justice*, edited by Loretta J. Ross et al, 382.

Conclusion

To quote Loretta Ross, reproductive justice activism is "based on the human right to make personal decisions about one's life, and the obligation of government and society to ensure that the conditions are suitable for implementing one's decisions".[85] By this definition, the American healthcare system has failed black women twice over. Once, by removing their right to choose midwife-led care, and secondly by failing to create the conditions where black women can give birth safely, regardless of the care provider they choose.

[85] Ross, Loretta J. "Conceptualizing Reproductive Justice Theory: A Manifesto for Activism" In *Radical Reproductive Justice*, edited by Loretta J. Ross et al, 174.

Throughout this dissertation, we have seen how lay midwives were counted on, treasured and respected in rural, black communities throughout the early 20th century. Midwives filled the huge gaps in medical care, as well as welfare needs, in poor Southern rural communities. The criminalisation of lay midwifery therefore robbed poor black women in the South of not only a trusted medical caregiver, but also a pillar of the community who cared for, and supported, families in a variety of ways. I agree with the scholars who recognise that their removal left a void in the medical care of many black Americans. In prior chapters, I have attempted to show how the removal of lay midwives also had a significant long-term impact on black women's health. It has become evident that community-based care from a trusted figure is the safest way for a low-risk patient to give birth. By falsely associating midwifery with unclean, uneducated practises and poor outcomes, white health authorities removed this option for most Southern black women.

While the *Radical Reproductive Justice* anthology does not explicitly mention midwifery, I believe that this issue is evidently one of reproductive justice. At its core, reproductive justice is about power, and it is clear that the criminalisation of lay midwives restricted the power of Southern black women in a number of ways.[86] It robbed them of the power to control who cares for them at one of the most intimate moments of their lives and, for low-risk pregnancies, the ability to choose to give birth safely. Additionally, it also restricted the power of women to follow their God-given vocation in becoming midwives in the first place. We saw in the first chapter how enslaved women took up healing as a mechanism to regain authority over the black body. When the authorities began regulating black midwifery, they destroyed these traditions in an attempt to re-gain the control that they had lost. This has not only been psychologically damaging to black women, but I believe that it has had long-

86 "Introduction" In *Radical Reproductive Justice*, edited by Loretta J. Ross et al, 26.

term ramifications on their health and autonomy, and, as a result, gains from being considered within the reproductive justice framework.

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Photographs:

Figure One:

Delano, Jack, photographer. *Midwife wrapping her kit to go on a call in Greene County, Georgia.* Georgia, 1941. Library of Congress, Photograph. Accessed May 2021. https://www.loc.gov/item/2017796981/?loclr=blogadm.