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Book Review of, Pushing for Midwives: Homebirth Mothers and the Reproductive Rights Movement

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Citation Details

Aengst, Jennifer (2010) Review of the book Pushing for Midwives: Homebirth Mothers and the Reproductive Rights Movement, Association for Feminist Anthropology.

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Pushing for Midwives: Homebirth Mothers and the Reproductive Rights Movement

Posted by jsherman | Wednesday, 9 September 2011 |

Christa Craven

Philadelphia: Temple University Press, 2010

Reviewed by Jennifer Aengst

In her new book, *Pushing for Midwives: Homebirth Mothers and the Reproductive Rights Movement*, Christa Craven contributes to the feminist analyses of midwifery through her discussion of the ways in which difference have shaped the homebirth movement both historically and currently. Wary of the dominant narrative of homebirth activism as simply “sisters-in-struggle,” Craven describes a movement that has grappled with economic, political, religious, and racial differences. Focusing on homebirth activism in Virginia, Craven shows that midwifery activism’s embrace of consumer rights—which is part of larger neoliberal political changes—is both limiting and exclusionary.

The first three chapters give a broad historical overview of reproductive healthcare and activism in the United States, shifting in the latter three chapters to a description of current midwifery activism. Craven addresses questions of history, difference, and consumer rights by looking specifically at midwifery activism in Virginia. While midwifery activism underwent substantial changes between 1999 and 2005 on a national level, the state of Virginia is notable for the dramatic shift it made from an earlier (1976) prohibition of the practice of midwifery (except by Certified Nurse Midwives, CNMs) to a series of progressive laws in 2005-2006 that allowed the licensing of midwives (including Certified Professional Midwives) and eliminated physician supervision of CNMs.

The first section of the book (Ch. 1-3) is of particular importance to historians as well as scholars of midwifery and feminism because Craven traces the tensions that have played out historically among reproductive health activists, challenging the notion that there is a single history of midwifery. Through describing a range of women’s political activism since the 1800s—popular health movements, fertility control debates, access to pain medication in childbirth movements, and efforts to improve maternal and child health—Craven shows how these movements reinforced racial and class stratifications. Next, she traces the emergence of consumer rights language within the natural childbirth movement of the 1960-70s, noting that this emphasis on the consumer resulted in a number of progressive changes within the hospital birthing setting, such as fathers being allowed into the delivery room and the reduced use of forceps and enemas. Yet, it was still white middle class women who were the ones with the most control over childbirth and who later embraced consumer rights as a political strategy. A final stage in the history of midwifery is the “rediscovery” of midwifery in the 1980-90s and the subsequent efforts by states to address midwifery through licensing, investigation, or criminalization.

The second part of the book (Ch. 4-6) contributes to understanding the impact of neoliberalism on midwifery activism as activists themselves began to take up a consumer rights language as a political strategy. Building on her earlier historical analysis of reproductive rights, Craven argues that the earlier (1960-70s) feminist message of the “right to choose” has been transformed into a message of consumer rights. Thus, when Virginia activists wanted to challenge negative representations of families who choose homebirths (as “bad mothers,” “pathological motherhood,” etc.) they tried to reclaim the idea of respectable motherhood, through promoting homebirth mothers as “educated consumers.” Craven asks some poignant questions about the relationship between consumer rights and homebirth activism: “Are women benefitting from market access to midwifery services? And what

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are the possibilities and limits of consumer rights as a strategy for access to midwives and reproductive rights?”

Yet a major problem with consumer identification is that it is often differentiated along racial and class lines—thus, white middle class women began to self-identify as consumers, whereby economic power is linked to rights and feelings of empowerment. Low-income women, on the other hand, do not readily identify as consumers and are much more worried about socioeconomic resources and consequences from the state if they hire a midwife. The perception among affluent women that it is their “right” to have control within their childbirth experiences is not shared by all low-income women, who often express their support for midwives in terms of affordability. Craven argues that the ascendance of consumer rights language in shaping reproductive rights activism signals the growing influence of neoliberalism on activism. In particular, the principles that are valued under neoliberalism—that is, faith in the role of the government in supporting market-based policies, privatization, etc.—are not shared by all women. Adopting a paradigm of consumer rights reinforces the idea that all women have the same interests and abilities to wield economic power through consuming.

A final contribution of Craven’s book is that it is a great example of feminist ethnography. Her open discussion of balancing her own personal commitment to homebirth activism with her academic interest in midwifery is a useful model for other feminist scholars. Craven’s ethnography gives an insight into the lives of homebirth activists in Virginia, where there still remains substantially less written about the experiences and voices of low-income women. She is successful in creating a text which is accessible to many audiences, including homebirth and reproductive rights activists, scholars, and students. Building on the work of other feminist scholars who have written about childbirth in the United States, such as Robbie Davis-Floyd and Brigitte Jordan, Craven’s book would be well suited for classes in anthropology, sociology, history of women’s health, and gender studies.

Pushing for Midwives: Homebirth Mothers and the Reproductive Rights Movement provides an thoughtful critique of how the ideology of consumer rights is impacting homebirth activism. In addition, Craven poses interesting questions about the relationship between homebirth activism and feminism, where the reader is pushed to re-think how neoliberalism is impacting feminist notions of “choice” and the “right to choose.” The infrequent support from feminists for homebirth suggests that “reproductive freedom” is not a simple narrative for homebirth activism.

Jennifer Aengst is a graduate student at the Department of Anthropology at the University of California, Davis. Her research focuses on reproductive politics emerging in the Indian Himalayan region of Ladakh, where worries about population and cultural preservation are escalating ethnic/religious conflict. Her areas of interest include the anthropology of reproduction, medical anthropology, South Asia, and feminist anthropology.

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