Transcript of KMYR series on The Public Affair: “Midwifery”
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This radio program is a five-part series by Emily (Wurtz) Fielder on the status of midwifery in modern times and in Albuquerque.

Keywords and topics: midwife, pregnancy, delivery, babies, hospital, obstetrician, birthing options, home delivery, maternity centers, pre-natal care, mothers, family, Osha Natural Food Cooperative, Southwest Maternity Center

NOTE: The second segment of this program is poorly recorded and the transcript is incomplete.

[music]

CHRIS CAVERY: You’ll notice there’s always -- The obstetrician always shakes the father’s hand first when it’s over. And says congratulations. For what? For standing there watching his wife have a baby? And nobody says anything to her. And she’s the one who’s just been, you know, in labor.

[Carly Simon singing her song “Think I’m Gonna Have a Baby”: “I think I’m gonna be a lady / Opinions flyin’ right and left / I think I’m gonna tell him maybe / They’re puttin’ out too many photograph records / I think I’m gonna have a baby, a baby”]

ZANE BLANEY: On “The Public Affair”

[Baby wail]

BLANEY: Freelance writer, Emily Wurtz looks at the status of midwifery in Albuquerque, the midway between professional medical care and unassisted child birth.

[Carly Simon singing her song “Think I’m Gonna Have a Baby”: “When I was a baby, my rockin’ was something to see”]

[01:30]
ZANE BLANEY: This week on “The Public Affair”, freelance writer Emily Wurtz presents her expose on midwifery, the midway between professional medical care and unaided child birth.

[Elton John singing his song “The Great Discovery”: “Peering out of tiny eyes / The grubby hands that gripped the rail / Wiped the window clean of frost / As the morning air laid on the latch / A whistle awakened someone there / Next door to the nursery, just down the hall / A strange new sound you never heard before / A strange new sound that makes boys explore”]

EMILY WURTZ: The Albuquerque birthing scene presents a fascinating series of alternatives and possibilities for style and location to the couple who are considering where and how to have a child. [muffled] History of midwives, of home-birthing, of people choosing to have their babies in the familiar surroundings of their homes, making the birth experience itself a family experience. Chris Cavery, a British citizen and a licensed nurse-midwife, is currently practicing midwifery at BCM [Bernalillo County Medical Center] and she gives us her assessment of the American attitude toward birthing.

CHRIS CAVERY: You know I’m really not sure that American, um, American women have really even got used to the idea that they – they can have a baby, you know, without all the performance that goes with, you know, going to the hospital and spending all this money and, um, you know, being absolutely convinced that the only person that can do anything about it is this man who’s seen them at the office and, you know, they’re quite convinced that they’re only going to come out of this alive is if he’s there. You’ll notice there’s always -- The obstetrician always shakes the father’s hand first when it’s over. And says congratulations. For what? For standing there watching his wife have a baby? And nobody says anything to her.

WURTZ: It would be fascinating to give the power in this most feminine of activities back to the primary female, wouldn’t it? It’s funny that so many obstetricians are men, although as Chris says, we do have a few female residents in obstetrics.

Who is the primary actor here? The woman. Though it would seem appropriate to arrange things to suit her at her convenience in this unique moment in her life, it is as though in some sense we have become involved in a human production line.

CAVERY: Its women who have the babies, its women who should be involved. Its women who are going to have to change it. I don’t feel that men or something like the VAMA (Very Advanced Maternal Age group), or obstetricians in general -- assuming that they’re all men -- I don’t feel that they can turn round and sort of arbitrarily say, “Well, here, this is the way it should be done and this is the way we’re going to do this and, you know, I’ve delivered babies for thirty years and I find it most comfortable this way.” He’s not having a baby, she is. Being in labor is a sort of terribly different thing and the, um, the girl who finds out – the girl who goes to, um, classes, who finds out that she can actually control what’s happening to her during her labor, um, is the one who’s different. So many women have, um, the idea that having a baby without any form of [incoherent], without any type of anesthetic, without any preparation means natural. You’ve got to be prepared for it. She’s the one who’s doing the work, she’s the
one who’s going to be having this baby; it’s her child. She’s going to be taking care of it for the next twenty years. Um, she needs to find out what’s happening to her for that first nine months.

WURTZ: Tomorrow, I will be speaking with Mary Helen Carroll of the Southwest Maternity Center and I’m Emily Wurtz.

[music]

BLANEY: The opinions expressed on “The Public Affair” are not necessarily those of KMYR.

[Elton John singing his song, “The Great Discovery”]

[06:44]

[music]

BLANEY: Emily Wurtz continues her discussion of the midwifery movement in Albuquerque.

[Joni Mitchell singing her song, “The Circle Game”: Yesterday a child came out to wander / Caught a dragonfly inside a jar / Fearful when the sky was full of thunder / And tearful at the falling of a star”]

MARY HELEN CARROLL: How very special is every single moment of every individual’s life and how especially precious are the first moments. A child is born and what does he see? What does he look at? His first impressions of the world. Bright lights and antiseptic odors. Or does he look out and see a butterfly in the grass and his parents and the concerned faces of those who love him all his life?

WURTZ: Sister Mary Helen Carroll is more concerned with those first moments and the quality of those moments and she has a plan.

CARROLL: Right now our aim is to help establish the Southwest Maternity Center. And I think this has been a dream of a lot of people for a number of years. In fact, this isn’t anything new in New Mexico. I’m sure many people remember the Catholic Maternity Institute in Santa Fe. This has led to the gradual evolution of the Southwest Maternity Center. And also, it’s a big concern to many of us that more and more couples are delivering at home without any kind of professional assistance and if we are not aware of this we really ought to become aware of it and concerned about it. So, I would say that we’re probably well on our way now because a building has been purchased and it is located at 504 Luna Boulevard Northwest, the telephone is 242-9434. This is a large, old residence. There are seven bedrooms and lovely large rooms with an inner patio and it’s just rather gracious in the Southwest style and it lends itself to the kinds of things we want to do. Our plans are, really, to have nurse-midwives do most of the
deliveries although physicians are more than welcome to come if they prefer this kind of, uh, style for a delivery. I’m [incoherent] to state however that there are at least half a dozen obstetricians who are willing to give us the backup in case of need. For example, nurse-midwives handle only normal deliveries. This means that we will take only the low-risk mother. The mother that has no history of complications and is not apt to have a complication in this pregnancy. Uh, but there will al—naturally, there will be some that will have to be transferred back to obstetricians and this is why we must always work on a team with an obstetrician, we never work alone. If all goes well, we should open the pre-natal service September 1st and with deliveries starting possibly in January. We like to think that, uh, we’ll have the patients with us in the pre-natal service long enough to get to know them, but in order to get going, if we’ve only known them a month or so that may be enough to start doing deliveries. Bu this is part of the whole plan to provide an environment where everybody knows everybody.

I was very interested to read the recent study of Mr. Nader [Ralph Nader] on, um, empty hospital beds and the cost of an empty hospital bed. I think it was listed at twenty-two thousand a year. People are saying we need more beds, when actually it’s a very expensive way to deliver healthcare and he criticized the health providers for not provide—looking for less expensive ways on an out-patient basis to provide healthcare. And I think possibly Southwest Maternity Center very much meets this need of finding a less expensive way to do a normal delivery.

WURTZ: Mary Helen Carroll proposes to provide her birthing services for roughly half the cost of hospital services. And I’m Emily Wurtz.

[Joni Mitchell sings her song “The Circle Game”: “We can’t return, we can only look / Behind, from where we came / And go round and round and round, in the circle game”]

BLANEY: The opinions expressed on “The Public Affair” are not necessarily those of KMYR.

[12:27]

NOTE: THIS SECTION OF THE PROGRAM IS POORLY RECORDED. SOUND QUALITY IS VERY POOR AND TRANSCRIPT IS INCOMPLETE.

[music]

BLANEY: Today, Emily Wurtz, examines the role of the midwife.

[Carly Simon singing her song “Think I’m Gonna Have a Baby”: Platform shoes on table tops / I think I’m gonna be a lady / Opinions flyin’ right and left / I think I’m gonna tell him maybe / They’re puttin’ out too many phonograph records / I think I’m gonna have a baby, a baby”]

WURTZ: Elsie Sanchez was voted one of New Mexico’s ten most distinguished women by the New Mexico Women’s Political Caucus.
ELSIE SANCHEZ: [muffled, incoherent] I’ve been a registered midwife in Bernalillo County for thirty years. [muffled]

WURTZ: Suppose it’s my first child and I say to you, “I want to have this child a home and I don’t want, in any way, to be involved with a doctor or have any sort of care”, what would you say?

SANCHEZ: [muffled, incoherent]

WURTZ: Okay, so then I say, then it’s very important for me to deliver at home, what do you want me to do?

SANCHEZ: Alright, first of all, get yourself a doctor, a private physician, or a [muffled] here in town. [muffled, incoherent]

[SOUND QUALITY IS TOO POOR TO TRANSCRIBE PROPERLY]

WURTZ: Okay, do you see her before she’s ready to deliver?

SANCHEZ: Yes, I do. I feel like I would have her come to my home and I’d get acquainted with her. We’ll discuss a little bit about the delivery, her attitudes about natural childbirth. [muffled]. They don’t realize that it’s a natural childbirth and [muffled; incoherent]. I encourage them either way. [muffled; incoherent]. If this is what she wants and this is what she thinks is best for her, then I try to make [muffled; incoherent] at their home. [muffled; incoherent]

WURTZ: Oh, it has a lot to do with the way she feels, doesn’t it?

SANCHEZ: Yes, it does. I should think that having a baby at home or going into labor 3 o’clock in the morning is much more convenient just to call someone into your home to deliver than to get up in the middle of the night to go to the hospital. Although I’m not against hospitals or doctors; I’m not for them. And I would never discourage a woman to go to the hospital if it’s what she think she’s wants. In fact, I would encourage her. [muffled; incoherent]

WURTZ: Suppose a woman says, I’d like to be delivered at home and I’d like you to help me and I’d also very much like to have a doctor. What – is there anything you can do for her?

SANCHEZ: She’d like to have a doctor at her home?

WURTZ: Yeah.

SANCHEZ: So, there’s nothing.

WURTZ: There’s no doctor?

SANCHEZ: There’s no doctor in town that will come out to deliver the normal birth of the baby and, uh, after the birth at home, there is no doctor that will come out [muffled, incoherent]. This is what is happening now. There’s too many women are taking this big chance without any pre-natal care, without a doctor, without any trained midwife there.
WURTZ: Tomorrow, we’ll talk with Irene [muffled] at the education center at Osha [Osha Natural Food Co-op], a big cooperative on North Fourth.

[Carly Simon singing her song “Think I’m Gonna Have a Baby”: Babies do such nice things, they rock on your knee / When I was a baby my rockin’ was something to see]

BLANEY: The opinions expressed on “The Public Affair” are not necessarily those of KMYR.

[music]

[18:28]

BLANEY: Today, Emily Wurtz discusses another alternative in the midwifery spectrum.

[Steve Miller Band singing their song, “Baby’s House”]

WURTZ: Today I talk with Irene, who is with Osha, a food co-operative and birth center. Irene discusses societal change.

IRENE: What’s going to happen with all these women who are deciding to have their babies at home no matter what? It seems like the medical profession, or whoever it is that is making these laws – mostly men—um, are preventing the training of more lay midwives because of their own fears and their own professional desires. Now I know for a fact that in China, they’ve trained midwives, rural midwives, in three months. They give them emergency training. There is no reason why some women could not be trained right now to meet some of the growing needs among women who live in the mountains and who choose not to have a hospital birth. I feel that, um, I have met a lot of resistance with some professional people because of political pressure that they’ve been getting from government agencies, or whatever or whoever it is that is giving them money, because the government does not want women to have their babies at home. It is very clear the government wants very much to structure and have control over what women do in this country. For one, if women have their babies at home there’s a good likelihood, or a possibility at least, that those women will not register their babies, therefore their babies will not have birth certificates. Therefore, the Board of Census will not have information on these infants. It means the United States government will once again lose control and this seems to be the main fear among the government agencies that are preventing the training. They have the money, they have the know-how, they have the doctors who can train women for emergency childbirth in rural areas and I feel that more pressure has to be put on the medical profession as well as these government agencies to bring about the changing of these laws because women are making more demands now. Women want their freedom. They want their right to expression. They want to have babies the way that feels good to them not the way some hospital has mapped out for them.

And we believe that birth is actually a very sacred experience. That it should be kept pretty high all the time and that means the relationship between the man and the woman should be very
clean. By clean I mean if there are things happening between them on a sub-conscious level that could very well affect the actual birth process. Um, I have seen on many instances, or I should say several instances, where the woman has had a difficult labor and when you get right down in there you find out that she and her old man have been having a difficult time on some level. Now that could be on a sexual level, that could be on a psychological or emotional level. It don’t matter. What matters is that they really be telepathic and tantric with each other at the time of the birth. And all these people that have been coming to the Osha birth center who are interested in home birth, um, or hospital birth, we have many people who come to the Osha Birth Center to get educated about having a baby but don’t necessarily want to deliver at home and I want to make that quite clear. Um, anyway, for people who do want to have their babies at home are making this decision for several reasons. Uh, the most important one is a spiritual one, I feel. Uh, these people want to have control over their birth experience. They want to have their brothers and sisters there, their friends, their family, whoever it is they want to be there, they have the right to make that decision. As well as the energy level. The energy level, the vibrations at the time of the child’s entrance into the world is very important for both the mother and the child as well as the other people there, but most importantly for the child.

[Joni Mitchell singing her song “Lesson in Survival”: “Maybe it’s paranoia / Maybe it’s sensitivity / Your friends protect you/ Scrutinize me/ I get so damn timid/ Not at all the spirit/ That’s inside of me / Oh baby I can’t seem to make it / With you socially”]

BLANEY: The opinions expressed on “The Public Affair” are not necessarily those of KMYR.

[23:47]

BLANEY: Today, Emily Wurtz completes her series on midwifery.

[Jefferson Starship singing their song, “That’s for Sure”]

WURTZ: This week I have been exploring the alternatives open to the couple or women planning to have a child in the Albuquerque area. When I began this piece, I called all the conventional sources: BCMC, the public health service, the Maternity Care Project, and two private doctors and asked each of these places where one could go for help for a home delivery. I asked specifically for the services of a midwife, or the name of a doctor who would attend. No one would admit that it was possible to have a home delivery in the Albuquerque area, unless one were willing to take all the responsibility on one’s self. Further and deeper investigation reveals that information I have presented to you: that if you want to do a home delivery at home Elsie Sanchez is the lady to do it with. There are no medical doctors who will admit to assisting with home deliveries.

If you are interested in delivering in a home-like, non-hospital atmosphere, in the presence of a licensed nurse-midwife with the understanding that you’ll be taken to the hospital should difficulties arise, then the Southwest Maternity Center is for you.
If you want to be delivered of your child by a woman in a hospital, there are nurse-midwives there as well as female obstetricians, and of course a full range of medical doctors. I would urge you to choose carefully as you approach this very important and meaningful experience in your life. You can make it an unholy terror for yourself. Or you can make it an identifying and integrated experience for yourself and the rest of your family. In any case, please avail yourself of these new and educational sources and resources. Osha provides a good place for learning about birthing. Lamaze classes are available. Pre-natal classes at all hospitals and post-natal advice. This is a unique experience. Do it as completely and as thoroughly and expectantly as you can. It is the beginning of a new life. And I am Emily Wurtz.

[Jefferson Starship singing their song, “That’s for Sure”]

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[27:38]

[end]