

Margaret Stephen, protector of the profession



Anna Bosanquet continues the series with a look at a midwife and teacher who devised an early pocket book for students

Margaret Stephen's treatise, *Domestic Midwife or, The Best Means of Preventing Danger in Child Birth, Considered* was published in 1795. The author was a London midwife of great reputation with over 30 years' experience, who also ran a successful school of midwifery for women. She was proud to have been trained by a "gentleman" who had been a pupil of the renowned Dr Smellie, and of the fact that she was a mother of nine children (Stephen 1795, Aveling 1872).

By women, for women

Stephen defines midwifery as "the art of delivering women safely of their children, and preserving the children from injury, when coming into the world" (p23). It should be, she says, a profession run by women only; her wish is that those who teach women midwifery give them "as clear knowledge of that science, as they are capable of receiving" (p 17). She is a great believer in learning from observation and experience, advocating that midwives "diligently compare" different opinions.

Pocket-book pioneer

An independent thinker, and well read, she aims to publish "useful truths" based on her own practice. *Domestic Midwife* was designed to be small enough for Stephen's pupils to carry in their pockets to 'refresh their memory' rather than be a comprehensive textbook. She uses case studies in her teaching, and encourages students to take notes. In addition to teaching about normal labours, Stephen also instructs on "turning, and the use of forceps, and other obstetric instruments".

Battle of the sexes

In very strong language Stephen criticises 'some' men-midwives of unjust accusations against midwives:

Nothing can be more cruel, unjust, and ungenerous, than the aspersions thrown



An illustration from Margaret Stephen's book *The Domestic Midwife*

... on the character and conduct of the women in that profession.

She accuses men-midwives of being jealous of female midwives because "they... interfere with their interest". Men try to manipulate themselves into an advantageous position by controlling the quality, quantity and the cost of training available to women midwives:

... the men who teach them [women] midwifery, take much larger sums of them, than they do of young men; and yet, to their great and unpardonable shame, they with-hold from them, too great a share of the knowledge they ought to communicate, and then give out to the world they are ignorant, and not safe to be trusted: is this consistent with justice, or humanity? (p 20)

Stephen objects to the employment of men as a matter of routine for normal labours on the basis of three arguments: first, that the claims of the male doctor's clinical superiority over female midwives are untrue; secondly, that male midwives take away women's employment opportunities; and, thirdly, that the close

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social and physical interaction between the sexes can lead to 'improper' behaviour.

Tension and collaboration

Stephen fully acknowledges that involvement of doctors in complicated cases may be necessary and recommends calling a physician in preference to a male midwife. She believes that a woman 'cannot be mismanaged' in the hands of an experienced physician, and encourages midwives to build close partnerships and collaborations with them.

Stephen's case studies prove that women, independent of social class and status, were actively involved in decisions about their care, both in pregnancy and during labour. She describes a situation when she sent for "a doctor of extensive practice" to assist with a difficult labour, but the woman kept refusing and insisted that Stephen remain in charge. When the baby was born, he did not show any signs of life. Although the doctor "had given him up for dead", Stephen persevered for a long time with her resuscitation efforts, and brought him back to life (p 49).

On another occasion, having confirmed the arm presentation once the waters spontaneously broke, Stephen decides to summon the doctor, as she does not feel that she has enough experience:

As I had then but a little practice, I did not like to attempt the delivery, so I sent for my preceptor in midwifery, but he was out of town attending a lady; I then sent to two gentlemen in the neighbourhood, who had been a long time in practice, but who, finding my patient ►

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was a poor woman, that could not make a proper recompence for their trouble, both flatly refused to come: in the mean time, the pains being very strong, the knees and legs were thrown down upon me, and my consternation was so great, I hardly knew how they came, but I soon delivered the body and head. The child was dead, and very large... (p51)

The story shows a high degree of professional integrity and judgement. Stephen had definite preferences as to the choice of the doctor, summoning them according to skill and experience. The case illustrates that, although there was an excessive number of men midwives at the time, in emergencies midwives had difficulty in summoning the right practitioner. It also highlights one important difference between doctors and midwives: while doctors could withhold their services on the basis of expected poor outcome that could damage their reputation, as well as the patient's inability to pay, midwives had a professional duty to attend all women irrespective of status, clinical circumstances and level of reimbursement.

Women in control

Women in Stephen's book actively sought what they considered to be the best care available, and appeared to have (money permitting) absolute control over whom they employed and their care during labour. The labouring woman decided when to summon a midwife, what were the most comfortable positions to adopt and, if complications arose, which doctor to call, and when. Even in a doctor's presence, a woman could refuse for the baby to be received by him in favour of her midwife.

like Nihell before her (Bosanquet 2009), Stephen observes that, following the fashion of the time, many women took an active role in employing a man as their midwife for the pleasure of the social or even sexual thrill involved. She observes that "some women speak with rapture of the men who deliver them of their children, and take.... much pains to forward their interest".

The attention that Stephen places on the possible sexual aspects of the pregnancy

and labour are extremely interesting in terms of understanding fully women's experience of childbirth in that era. Childbirth was not simply a dreaded event over which women had no control, as presented by many writers, but also an opportunity for women to express their individuality.

Customer satisfaction

Although extremely woman-centred in her approach, Stephen is also aware of the nuances of the complicated relationship between midwives, women and doctors. A true businesswoman, she discusses ways to prevent clients from expressing dissatisfaction with services and is well aware of the power that women and their families have in making or breaking professional reputations. She therefore prepares her students for possible conflicts and teaches them to anticipate the possibility of unfair accusations. For example, she recommends that a midwife should never discourage a woman or her friends from calling for the assistance of a doctor if they wish to do so. Similarly, when she expects the birth to be difficult she always discusses this with the woman's friends at an early stage (in order not to worry the woman herself), prepares them for possible poor outcome, and offers an option of calling for another professional.

A well-instructed midwife

Based on her own experience, Stephen concludes that "a well instructed midwife" does not need an obstetric surgeon's assistance "more than once in several hundred labours". In her long years of practice, Stephen claims that she "never met with more than eight labours, which required the aid of an obstetric surgeon" (p 18).

Her book is full of detailed anatomical and physiological descriptions, showing in-depth theoretical knowledge comparable to today's standards. She uses an impressively succinct, professional style in her "hand-over" clinical reports to doctors called in emergencies. She offers comprehensive information and hands-on tips on dealing with midwifery emergencies such as postpartum haemorrhage, cord prolapse or shoulder dystocia. Throughout the book

much attention is paid to the protection and care of the perineum.

Conclusion

Margaret Stephen was one of the most inspiring midwifery educators who, like others in this series, was dedicated to the cause of keeping midwifery in the hands of women. An unrecognised pioneer, she anticipated Florence Nightingale and her ideas on nursing by over half a century, presenting midwifery as an occupation worthy of respectable women. Such women "would become a blessing to society" as they "would have it in their power to do a great deal of good to themselves and others; to themselves, by becoming independent; to others, by many acts of kindness" (p19).

Reading Stephen's work, midwives of today should feel proud to belong to a profession that has forever been at the forefront of the societal battles for the human, civil and constitutional rights of women, and their striving for independence. **TPM**

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■ **NEXT MONTH:** Martha Mears, poetic midwife and worshipper of Nature and of female reproductive beauty

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