

Midwifing dying?

Some consider home births safe, family-oriented

By **CONNIE BURKE**
Special to the Battalion

In a two-room shack, a slap and then a newborn baby's cry is heard. Granny dips a sheet into warm water and wipes her 303rd birth clean. "Granny."

That word may soon be a memory of a neighborhood woman who delivers babies in an economically poor area.

A lay-midwife or granny is usually an elderly woman who has been trained by her mother or who has taken a few midwife training sessions at the county courthouse to deliver babies for a low fee.

When hospitals refused to treat

blacks, lay-midwives' services saved hundreds of lives. But today, their services are decreasing. They must compete with equal rights, welfare programs and nurse-midwives.

Having a baby at home, with a midwife and husband assisting, is growing in popularity despite doctors' warnings. The American College of Obstetricians and Gynecologists argues that out-of-hospital birth poses a two- to five-times greater risk to a baby's life.

But affluent advocates of home birth argue it enables the birth to become a family-oriented experience and can be handled safely. The poor report it is a tradition because

hospital and doctor care is too expensive.

For the poor in the Bryan-College Station area, home deliveries are common.

The College Station Health Department lists Effie Harrison and Melissa Cannard as midwives operating in the Bryan-College Station area. But the hospitals have no information on local midwives.

Effie Harrison has spent 50 of her 82 years delivering babies. She charges \$100 a delivery. Some trained physicians will give maternity care to low-income women for a comparable fee.

A local welfare program, coordi-

nated with the Family Planning Center, offers qualified women 9-month prenatal care, hospital delivery and a 24-hour hospital stay for \$200. There are no local free clinics.

Harrison started her career in 1932. Since then, she has delivered 670 children, including several sets of twins.

When she started delivering babies, there were four other midwives in the area; she said, however, she did not receive her training from them, but the Lord. She and 24 other women took a midwife training class in 1947 taught by two women, neither a midwife. Members of the class did not receive certificates, Harrison said, but were told that they could begin work.

When Harrison tried to locate the other local midwives last January, she said, all but two had died.

Who are the women who use midwives?

They are not all close friends of the midwife. Harrison said her Spanish patients have a translator who tells her how they feel. She helped women in her neighborhood years ago, she said, but now they are past child-bearing age. Now, most of her patients live in various parts of the city and the Brazos River bottom area.

Harrison put together her delivery kit consisting of an apron, several rolls of gauze, silver nitrate, Lysol, safety pins, a tape measure, scales, birth certificates, towels, a pair of plastic gloves, soap, castor oil, petroleum jelly, matches, and a handbook.

Harrison's midwife handbook is more than 30 years old. If she wants to replace it, her only choice is to request a local book store to order a particular book for her, since the College Station Health Unit does not furnish midwife handbooks.

Harrison talks calmly about delivering babies.

"You've got to hurt to have a baby," Harrison said. "Some women will get a pain and say 'Oh, I've got a pain' and then you know you're going to be there for hours."

She said women have asked her to



Battalion photo by Connie Burke
Effie Harrison, an 82-year-old local midwife, displays her delivery kit in her home. Harrison has delivered 670 babies and says she will continue to do so long as the Lord enables her.

Midwife a B-CS pool in delivery

By **CONNIE BURKE**
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Changing from lay-midwife to expensive hospital delivery fees will be an irritant in the thin pocketbooks of the stricken.

The inevitable change from a decreasing number of lay-midwives in the College Station area will be less than 2 percent of the total.

This percentage may be significant, but there are annual lay-midwife births in Texas.

Doubt over the competition lay-midwifery has increased governments' and physicians' interest in lay-midwifery. Throughout the nation, the option to restrict midwifery training to nurse-midwives and medical training will infant mortality rates.

A recent study of College Station shows only two from a class of 22 trained in a 1947 midwife course serving the community. There is no indication any has been taken to increase number of local lay-midwives to replace the remaining one. There are no nurse-midwives in the area.

One local midwife works time and the other is 82. These women say they think there are any other wives serving the Bryan-College Station area.

The majority of Bryan-College Station births have been delivered by Effie Harrison, the old.

When Harrison's \$100 service is gone, what will do?

Some local doctors say they will be forced to budget to come to pay medical care. But these are families with lowest income and some many children.

The Bureau of Labor Statistics concluded from a budget that the average family with the lower income tends to spend almost as much for automobile and upkeep as on medical care.

According to an April survey, witnesses in Houston testified that patients choose lay-midwives for financial, natural, and personal reasons.

Most of Harrison's patients are located in north Bryan-College Station area, north of tract 5. More than half of the area's families are black, most half fall below the level, according to 1970 Census records.

The correct number of wives and babies delivered by midwives is unknown. Many lay-midwives are unlicensed and do not turn their certificates into the county house.

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