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Answering the Call to Midwifery: An Exploration of the Influence of History and Ancestry on Black, Indigenous, People of Color (BIPOC) Aspiring midwives

by
Maya Combs

THESIS
Submitted in partial satisfaction of the requirements for degree of
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in the

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of the
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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by

Maya Combs

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**Answering the Call to Midwifery: An Exploration of the Influence of History and Ancestry
on BIPOC Aspiring Midwives**

Maya Combs

Abstract

Problem: Black women have a disturbingly disproportionate risk of experiencing obstetric emergencies and mortality during childbirth and in the postpartum period compared to all other races in the United States. Black birthing people are dying on average at a rate three to four times higher than other racial and cultural demographics across the United States (Bond, 2011). The lack of representation, culturally concordant and patient-centered care received by Black birthing people, in conjunction with a prolonged history of medical mistrust, contribute to the prevalence of adverse maternal and infant health outcomes that affect Black birthing people and birthing people of color. This secondary analysis uses interview transcripts from research that explored the motivators and barriers of aspiring BIPOC midwives to their pursuit of midwifery to examine how awareness and knowledge of the history of Black and traditional midwifery influences BIPOC aspiring midwives. This secondary analysis uses a thematic analysis approach informed by the conceptual framework of Black Feminist thought to explore the impact of the awareness of the history of midwifery on aspiring midwives and uncover the “calling” participants identify as the driver to pursuing their birth journey.

Aim: The aim of this qualitative analysis was to explore how awareness and knowledge of the history of Black and traditional midwifery influences BIPOC aspiring midwives.

Methods: This research was a secondary analysis of interview data from a qualitative descriptive study that explored the motivation and barriers for BIPOC aspiring midwives to pursue midwifery. This analysis used Black Feminism as the theoretical framework and thematic analysis to examine the perspectives of the interview participants.

Results: Twenty BIPOC individuals aspiring to be midwives participated in the interviews. Four main themes were identified. First, participants expressed an awareness of the history and origins of midwifery and this sparked and maintained their interest in pursuing a midwifery career. Second, they described feeling “called” to midwifery, often because of a view of birth as scared and an early life experience witnessing the birthing process. Third, they viewed midwifery care as holistic and communal and finally, they were strongly motivated by the present perinatal health crisis to seek reproductive justice for their communities through becoming a midwife.

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Introduction

The Black maternal health crisis in the United States has resulted in a call to action to those who are drawn to resisting the oppression and injustices experienced by marginalized communities most often people of color. In particular, Black aspiring midwives are acknowledging the call to pursue birth work and return to traditional midwifery practices to address the perinatal disparities and lack of representation in midwifery care. With the hope of reactivating power in Black birthing people, encouraging traditional and holistic birth practices and improving Black maternal health, Black, Indigenous, and People of Color (BIPOC) aspiring midwives are motivated to radically change the midwifery workforce. Many of the aspiring midwives interviewed for the “So you want to be a Midwife” national interview study shared comments indicating an awareness and acknowledgment of the history of traditional Black midwifery practices in America and the marginalization of Black midwives with the rise of medicalized birth in America through the development of obstetrics. This secondary analysis explored how the history of traditional midwifery practiced by Black and Indigenous midwives in America and abroad influences individuals of color who aspire to become midwives today. A deeper understanding of the factors influencing BIPOC individuals aspiring to become midwives is important for expanding opportunities and supporting the entry into midwifery. A more diverse workforce can enable culturally concordant care and help to reduce the morbidity and mortality for Black birthing people and infants.

Background

Traditional midwifery has existed globally for centuries. Throughout time, traditional midwives share a common thread of having a “calling” to midwifery, using medicinal plants as healing remedies and identify the acquisition of midwifery practice through apprenticeship models (Cominsky,1992). Historians have noted that far back as the seventeenth century, midwives were known as the community experts in childbirth. They highlighted their long-standing presence and intuitive expertise in birth work. As the primary birth attendants and healers of their communities, midwives earned a high esteem within

those communities for being medicine women, herbal healers and known for being “with woman” throughout pregnancy, labor and childbirth (Thomas, 2009). The prevalence of the “calling” midwives identify that lures them to this profession, the herbal and plant medicine utilized in traditional practices and the traditional apprenticeship means in which aspiring midwives gain such skills are explored.

Traditional midwifery Internationally

Traditional midwifery all over the world highlights the presence of a unique and alluring “calling” to midwifery. The Indigenous culture of the Mayans in Guatemala, who have a rich history of traditional midwifery practice, credit a spiritual calling to midwifery interpreted as a sign, in dreams, and being born “with a veil” or on a particular day. A traditional Guatemalan shaman would decipher these signals as the “Midwifery calling” and covering (Cominsky, 1992). This practice from the Indigenous Guatemalan midwives has been passed down generationally, remaining a traditional influence in this culture.

Another hallmark of traditional midwifery internationally in addition to a spiritual “calling”, was the shared practice of accessing midwifery training through an apprenticeship. Midwifery practiced throughout Indigenous cultures globally transfer the wisdom and training of the practice through an apprentice like pedagogy. This method of sharing traditional practices has been the dominant model of keeping tradition throughout generations. Midwives in Mexico, known as *parteras*, directly identify then “routes of learning midwifery including, mentoring by other *parteras*, self-taught, spiritual mentoring through dreams and government sponsored training programs” (Anderson et al, 2004). The primary and most common way for Mexican *parteras* to become a midwife is through the apprenticeship model of learning midwifery. Similarly, midwives on the island of St. Lucia, known culturally as Bush midwives, “learn their skills by going through a period of apprenticeship with an older, more experienced midwife” (Hsu, 2001). These documented accounts of the path of midwifery for midwives outside of the United States share this root of disseminating midwifery practices directly from an elder midwife to novice. In

continued support of this common occurrence, a midwife interviewed from Northern Belize recalled how prior to the mandatory Traditional Birth Attendant (TBA) training programs in the 1980's, "she began learning midwifery as a teenager from her grandmother, the only midwife in the community and main source of health information for the village" (Boyer et al, 2001). These examples all illustrate the apprenticeship model of passing down this ancient and traditional practice of midwifery.

Traditional midwifery practice has historically also included an incorporation of plant and herbal medicines for pregnancy, labor and childbirth. Midwives around the globe have found medicinal uses for herbs during pregnancy and childbirth intertwined with spirituality and prayer that have become a part of their practice (Maxwell, 2009). For example, the use of medicinal herbs in midwifery can be traced to Zulu midwives in South Africa soaking roots and herbs in hot water to create a liquid used to support a prolonged labor (Lefebber and Voorhoeve, 31-32). Similarly, explorations into traditional midwifery show that both midwives in Jamaica with their spiced thyme tea and in Mexico with their basil, chocolate and cinnamon teas both serve a purpose of giving energy and vitality to the laboring birthing person (Lefebber and Voorhoeve, 31-32). Many of these herbal uses, specifically the integration of herbs and teas to support labor are still being incorporated in present practice. This consistent use of herbs and traditional recipes to support the laboring person transcends cultural barriers and further highlights the important role of herbalism and plant medicine in many of the original practices of midwifery globally and continues to inspire aspiring midwives of color today.

Aspiring midwives remain connected to traditional midwifery despite the medicalization of birth, a cultural phenomenon in which birth has been pathologized in a way that health professionals have concluded that birth requires medical guidance (Bonaparte, 2015). The medicalizing of birth disrupts the traditional apprenticeship model of passing along midwifery wisdom and practices generationally that's shown to be historically prevalent in Africa and along the Diaspora, including within the African-American and indigenous populations in the United States.

Traditional Black midwifery in the United States (US)

In the United States, specifically the American south, written accounts of midwifery practice from Black midwives in the nineteenth century sheds light on some of their guiding motivators to finding midwifery. As noted in Dougherty's analysis of documented recollections of midwives, there is an emphasis on family legacy, personal apprenticeships and a "calling from the Lord" as the primary catalyst to pursuing midwifery (Dougherty, 153). There existed a deep connection to the profession by way of direct family legacy or receiving a spiritual inclination. The Southern Black midwives reflected on their belief that they did not gain their midwifery skills in this world, but were convinced they were "gifted them from God" (Litoff, 1978). This proclamation of a divine arrangement and alignment from a higher power that was bestowed upon a selected midwife was evident throughout other historical recollections of Black midwives. In fact, it was found that receiving a calling to pursue midwifery served as a qualifying factor to engage in an apprenticeship for elder midwives prior to even training an apprentice (Smith et al, 1996). There lies a special and spiritual connection to midwifery supported by the unique way the practice was passed down generationally and with the mandatory awareness of the divine relationship to birthwork for each apprentice or novice midwife. This awareness further supports the common theme of sensing or feeling a unique "calling" and connection to birth from a source that uniquely summons the aspiring midwife luring them to the birth path. Other factors to the decision to answer the call included a natural interest in the use of spirituality through prayer and healing through herbs to support the laboring and birthing person (Maxwell, 2009).

Historically and traditionally, midwives of color have found midwifery through a calling and connection to birth, using natural ways to support it. Currently, the presence of the traditional midwives of color has been heavily impacted by the current standard medicalized model of birth, that strategically supports the dismantling of traditional midwifery in communities of color. For instance, although originally enslaved midwives who survived the middle passage, remained important members of their

communities by attending to both Black and white women during childbirth, the tradition of midwifery would still go on to be discouraged. However, after emancipation these midwives, commonly known as the Black “Grand midwife” continued to serve rural and remote parts of the South, where hospitals were rarely accessible (Bonaparte, 2015). The use of the traditional practices and the way in which they were acquired supported the communal declaration of the midwifery expertise in childbirth that deemed Grand midwives as the primary birth experts in their communities. The inclusion of herbal remedies and practices passed down generationally supported the essence of traditional midwifery. In fact, for decades throughout the deep South during the colonial and antebellum periods, “countless generations of poor rural women, both white and Black, were attended in childbirth by granny midwives, mostly Black women whose skills were handed down from mother to daughter over the centuries” (Mitford, 1992). Furthermore, the sacred nature of this work, passed down through apprenticeship, highlighted by herbalism and attracted those to whom acknowledged the “calling” added to the unique acquisition of midwifery training and wisdom.

After slavery ended, male gynecologists viewed midwifery as a degrading means of obstetrical care and launched racist and misogynistic smear campaigns against Black midwives, portraying them as unhygienic, barbarous, and ineffective (Goodwin, 2020). The rise of privatized medicine in the United States led to a decline in out-of-hospital births, but also led to high maternal mortality rates due to inadequate obstetric education and unsafe delivery practices by physicians (CDC,1999). Medical Associations like the American Medical Association went as far as barring women and Black people from membership while lobbying state legislature to ban midwifery (Goodwin, 2020). These strategic legal efforts disqualified women of color of their traditional medical services and began the erasure of traditional midwifery practiced by Black midwives and other indigenous midwives of color. To further erase and challenge Black and Indigenous midwifery, national and state public health campaigns linked unfounded traditional birthing methods to negative birth outcomes (Bonaparte, 2007). On a national level

the norm of Black “Grand midwives” leading childbirth was further dismantled through “Federal programs, [starting] with the Sheppard-Towner Maternity and Infancy Protection Act of 1921 and later with the Hill-Burton Act of 1946, that divided midwifery along racial and educational lines and ultimately lead to the demise of the significant tradition of midwives of color safely serving their communities” (Goode, 81). In addition to legal acts that served to divide midwives, institutions like the Federal Children's Bureau of Health and Maternal Health Care Movement in the early 1920s identified midwives as possible contributors to alarming infant and maternal mortality rates and declared that physician-assisted births would result in a significant decline in mortality rates (Bonaparte, 2015). These collective efforts and policies marginalized and discouraged practicing midwives of color from doing the work they were called to do. Policies with similar motives of medicalizing and discouraging the practice of traditional midwifery were established internationally with the rise of a global concern and focus on perinatal health resulting in a ripple effect of dismantling the credibility of traditional midwives of color worldwide.

The impact of these complexities, including the medicalization of birth, eroded the practice of midwifery and resulted in the loss of the historical tradition. Consequently, the trust and safety midwives had taken generations to cultivate in community was lost, along with a loss of apprenticeship. Within the constraints of the fore mentioned hostile environments, the only way for most aspiring midwives to carry on without legal implication, relied on being forced to enter the medical industrial complex, sacrificing the spiritual calling in its most sacred form. Despite generational loss of tradition, longing and calling to reconnect to traditional models of care exist. Midwifery can be traced back to the beginning of human existence and despite the surmountable medical health system, Midwifery prevails. A focus on traditional midwifery in the United States, specifically Black Midwifery, will highlight one of many stories.

Accessibility to traditional midwifery practiced by Black and Indigenous midwives shifted with the shift from the apprenticeship model of passing down midwifery practices and knowledge and

expanded to a more hierarchical and academic model. For example, the mandatory federal requirement of obtaining a nursing degree as a result of the rise of obstetrics and the subsequent medicalization of birth, made a significant impact on the accessibility of the profession for BIPOC people. This abrupt change in the respected legitimacy of most midwifery training was achieved, along with the increased requirements and qualifications to practice and created an erosive path for the development of the present state of midwifery that lacks racial concordant care, marginalizes traditional midwifery pathways and contributes to the perinatal health crisis disproportionately experienced by people of color. Despite these historical contributions to the current state of maternal mortality in the United States including the grave disparities in black maternal health, there is surfacing promising evidence demonstrating that by addressing racism, increasing racially concordant care, and recreating supportive structures for community access to midwives can combat these disparities. For example, racially concordant care serves as an evidenced-based way to counter the present perinatal health crisis disproportionately plaguing people of color, and is an optimal strategy to support reproductive justice (Alspaugh et al, 2022). Racially concordant care can be integral to supporting reproductive justice and addresses the lack of diversity in midwifery, a better understanding on the motivators of aspiring midwives of color creates opportunities to better support and diversify the midwifery workforce and expand access to racially concordant care for birthing people of color.

Aims

The purpose of this research is to examine the ways in which BIPOC aspiring midwives think about or are aware of the history of Black and Indigenous traditional midwifery practices and how this influences them in their quest to become midwives. Using interview data acquired as part of a larger national study of motivators and barriers to pursuing midwifery, the purpose of this research is to answer the question of what is driving aspiring midwives of color to answer the call to midwifery and what is the impact of an awareness of the history and ancestry of midwifery on aspiring midwives of color?

Operational Definitions

1. Certified Nurse Midwife (CNM): A person who has successfully complete midwifery educational program recognized in their country. They have acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery (International Confederation of midwifery, 2005)
2. Traditional Midwife: People who have learned their midwifery skills through mentoring and traditional means rather than through a formal education program (Dietsch et al, 2011)
3. Traditional Birth attendant (TBA): Primary caregivers during childbirth that focus on cultural consistency about childbearing (Anderson et al, 2004)
4. Partera: woman who assists, by traditional practices, women during gestation, birth, and reproductive life, aside of the formal health care system (Suarez-Baquero et al, 2002)
5. Doula: trained professional who provides physical, emotional and educational support to women before, during and after childbirth (DONA International, 2012)

Theoretical Framework

This research is informed by Patricia Hill Collins' conceptualization of Black Feminism. Through Black Feminism and "the politics of empowerment for African American women, Collins illuminates the relationship between power and knowledge, and emphasizes the importance and necessity of 'counter-hegemonic', self-defined knowledge based on one's own experience" (Mino p. 2335, 2015). By connecting power to knowledge, Collins alludes that power exists in resistance to an oppressive status quo and the self-proclamation of intellect and wisdom through a conscious awareness and value of strength in tradition, spirituality and overcoming oppressive dynamics. The recognition of this power for Black women through an awareness of the history of midwifery, is an influencing driver to pursue this profession. Collins makes the unique connection between oppression and activism, suggesting that 'change results from human agency' and that as long as oppression persists, so too will the desire for

change and the need for activism (Collins p. 292, 1999). Midwifery practiced by Black midwives is in essence an engagement in activism. We declare that upholding the midwifery model of care, defined by Mehra as an evidence-based model of maternity and women's health care demonstrated to improve maternal health outcomes, as a Black Midwife with the goal of activating power in birthing people of color in the setting of a white dominated field and with the awareness of the traditional role of midwifery, is in essence the act of being a change agent to promote reproductive justice (Mehra et al, 2022).

Black Feminism connects the relationship between oppression and change, as well as, the impact of awareness, commitment and dedication to the realization of self-discovery. This realization of self is essential to the acknowledgment of power and ancestral rights that allows one to claim their place in a given field. The power of struggle and change as a result of human agency, can become a sequential catalyst for an eventual refusal to accept a misrepresented dominant image of themselves and start to question the result of their lives for the sake of liberation (Minoo, p.2335, 2015). This view of optimizing oppression and creating power from true self-discover can be seen in the path and journey to answering the call to midwifery presently in the United States for aspiring midwives of color as it was seen for midwives of color historically.

Review of Literature

Prior to starting the research, a search for published literature exploring the motivations of aspiring midwives of color was done and no studies were identified on this specific topic. Due to this limitation, the search was expanded to include published literature that included the motivators of practicing of midwives, traditional midwives, traditional birth attendants and doulas. 7 databases were searched including PubMed and several Journals related to Nurse Midwifery and Women's Health (including the Journal of Medical Anthropology Journal and Perspectives on Sexual and Reproductive Health Journal). The search was guided by hand searched referenced from relevant studies that emerged from the databases and focused between 2010 and 2022 to locate relevant research. This search was then

expanded to include publications as early as 1990. Relevant studies were identified by using keywords in different combinations. The same search strategy was adopted for each database. Search terms used were: “traditional midwifery interviews”, “traditional birth attendant interviews”, “Indigenous midwifery practices” and “doula interviews”. We restricted our search and inclusive literature criteria to include qualitative data reported in English, justified by the aim of the personal perspectives and motivations of aspiring BIPOC midwives captured best in qualitative research.

Six papers from five studies were identified from the search. Two publications reported findings from one study of Kenya traditional midwives (Dietsch et al, 2011). The study's characteristics included participants from the following areas: America, Kenya and the Yucatan; surveying doulas, traditional midwives and *parteras* respectively. The studies explored experiences, decision making processes for doulas, traditional midwives and *parteras*. The participant sample sizes of the studies ranged from 6 to 84. Six main themes were identified including: a sense of being “called” to be a midwife or “with woman” and importance of maintaining a deep connection with the birthing people (Kett et al, 2022, Hardeman et al, 2016 and Dietch et al, 2011) a view of birth and midwifery as spiritual and sacred (Hardeman et al, 2016, Dietsch et al 2011 and Anderson et al, 2004), a desire to support birthing people during childbirth as a response of the perinatal health crisis and inequities (Kett et al, 2022, Hardeman et al, 2016), a respect for the tradition history and lineage of midwifery including a respect for the holistic and herbal practices (Anderson et al, 2004), learning midwifery through a traditional apprenticeship model (Dietsch et al, 2011, Anderson et al, 2004) and view of midwives and birth workers as communal leaders and of the community they care for (Kett et al, 2022, Hardeman et al, 2016, Dietsch et al, 2011). (See table 1)

The two studies that focused on the motivations of BIPOC doulas in the United States both highlighted common themes of having a deep connection and desire to serve their community and support birthing people of color. Findings from both studies highlight the importance of

having grounded birth practices that are relevant to the community they serve (Kett et al, 2022, Hardeman et al, 2016). Other themes specific to the studies on the experiences and motivations of doulas is this feeling of a deep connection to the people they support along with a shared desire to hold space for birthing people while celebrating the ritual of childbirth. These studies have similar findings to the studies on traditional Kenyan midwives in that they also emphasize an importance in connecting or being “with women” and in relationship with the people they serve. Traditional Kenyan midwives similar to traditional *parteras* in the Yucatan possess a similar feeling of having a calling or gift to practice birth work (Dietsch et al, 2011, Anderson et al, 2004). In addition, these studies on traditional Kenyan midwives also highlights the view of midwifery as lifelong learning that leads to the establishment of confidence in the laboring person and process. The final study differed from the others in that it focused solely on the drivers of decision making in complicated birth scenarios from the perspective of 6 traditional *parteras* from the Yucatán (Anderson et al, 2004). This study is different from the others as it emphasizes how Yucatán *parteras* emphasize the importance of traditional means of supporting women during childbirth including internal heat and cold balance, body centering and spiritual remedies with prayer as the guiding forces in their decision making in complicated birth situations. This study emphasizes the traditional, indigenous and herbal practices traditional midwives utilize to support women throughout the process of childbirth and focuses on an understanding of holism and herbalism.

The lack of literature that explores the historical roots of midwifery among various traditions and cultures as an influence to aspiring midwives of color is a striking omission in the current research literature. There remains a significant need for research to explore the attitudes

of aspiring midwives. Further exploration on the motivations of aspiring midwives and greater dissemination of the historical and traditional background of midwifery and birth work both nationally and internationally, is important for understanding how to successfully create more opportunities to honor traditional midwifery by supporting midwives of color, galvanize BIPOC aspiring midwives and actively support the advancement of racially concordant midwifery education and midwifery care to support maternal health for birthing people of color.

Table 1. Literature Review

Authors, year, country	Aims	Design & methodology	Participants	Analysis	Main findings/ implications
Kett et al., (2022), USA	To explore the work experiences, related stresses and stress management strategies of individual doulas who work primarily in underserved and historically excluded communities across the U.S.	Qualitative descriptive study Recruited self-identified community based doulas working with underserved and historically excluded populations nationally	Participants: 18 self-identified community-based doulas do color from 3 census regions (Midwest, South and West) 13 Black African-Americans 2 Hispanic/Latinx 2 Indigenous/Alaska native	Thematic Analysis approach; Dedoose software	Engaging in specific work to advance perinatal equity Subthemes: 4 components of doula work include establishing a deep connection with their clients, facilitating culturally grounded birth practices that were relevant to the served community, empowering clients in advocating for themselves and their baby and identifying and address additional health and social needs.
Hardeman et al., (2016), USA	To characterize the intentions and motivations of racially and ethnically diverse women who chose to become doulas	Prospective design using a critical social theoretical framework in an inductive qualitative approach Data was collected using a 2 step process: 1. Application for participation in Doula Access Project 2.Semi-structured interviews of doula access project participants	Participants: 12 Sample demographics: - 3 African Americans - 3 American Indian - 2 Latin American - 2 African - 1 Burmese - 1 Yemenite Sample Approach: Interview to be a participant. Interviewed 20 applicants and selected 12 Inclusion/ Exclusion Criteria: Women of color	Inductive approach to qualitative data analyses to identify emergent themes around respondents motivations to become a doula A coanalysis method was used by 2 research assistants and co-authors	The motivation to become a doula was rooted in a desire to support women from their own racial, ethnic and cultural community Subthemes: Perceiving birth work as a calling, easing womens transition into motherhood by holding space and honoring the ritual and ceremony of childbirth

			<p>with an interest to become a doula</p> <p>How was the Setting selected: Interviews were held at community locations selected by the doulas as most convenient for them</p>		
	Aims	Design & Methodology	Participants	Analysis	Major Findings & Implications
Dietsch et al., (2011) Kenya	To learn lessons from a traditional midwifery workforce in western Kenya	<p>Transcultural Qualitative research process directed by service-based principles.</p> <p>Data sources and data collection strategies: Qualitative data was collected during in-depth individual and group interviews with traditional midwives. English components of the interviews were transcribed verbatim and the data thematically analyses</p>	<p>Participants: 84</p> <p>Sample demographics: Kenyan traditional midwives</p> <p>Sample Approach: participants self-identifying as 'mkunga' participated in the study in late 2009. Participants were recruited through a snowball effect</p> <p>Inclusion Criteria: traditional midwives that self-identify as 'mkunga'</p> <p>How was the Setting selected: Rural, economically disadvantaged area of western Kenya determined by the project translator</p>	Transcribed interviews were thematically analyzed by 2 researchers	<p>Being a traditional Midwife means being in relationship with women and skilled birth attendants</p> <p>Being a traditional Midwife means having access to available resources</p> <p>Being a traditional Midwife involves lifelong learning</p> <p>Subthemes: Being a traditional Midwife means to receive a gift, to value knowledge that is impaired in many different ways and lifelong learning leads to having confidence in laboring women, birth process and ones own traditional midwifery skills</p>

	Aims	Design & Methodology	Participants	Analysis	Major Findings & Implications
Dietsch et al., (2011) Kenya	To learn from traditional midwives about their experience of practicing in area of rural Kenya	Qualitative study Data sources and data collection strategies: Semi-structured interviews that were audio taped and transcribed verbatim	Participants: 84 traditional midwives Sample demographics: Kenyan women Inclusion/Exclusion Criteria: Inclusion: self-identified traditional midwives practicing in rural Kenya How was the Setting selected: By Kenyan interpreters	Data was thematically analyzed by researchers individually and only themes agreed on by paired consensus were included in findings	Major themes and findings: Being a traditional Midwife is about being in relationship with women Methodology Subthemes: Being a traditional Midwife is about caring, being patient, kind and practicing intuitively.

	Aims	Design & Methodology	Participants	Analysis	Major Findings
Anderson et al, (2004)	To listen to the voices of practicing Yucatán maya TBAs (<i>parteras</i>) as they described decision making and management of complicated births	Qualitative research Data sources and data collection strategies: In depth interviews with Yucatán Maya <i>Parteras</i>	Participants: 6 practicing <i>parteras</i> Sample demographics: 6 Yucatán Maya <i>Parteras</i> Sample Approach: With the help from local residents, including traditional curlers, we located the 7 practicing <i>parteras</i> that participated in the study, 1 who did not participate Inclusion/Exclusion Criteria: Community identified Yucatán Maya traditional <i>parteras</i> How was the Setting selected: Quintana Roo State, Mexico; aim to represent voices of midwives in rural, isolated communities	Using Gladwin's decision tree model to examine themes and sequential steps in decision making and sequential steps. A semi structured interview tool consisting of 44 concepts addressing life stories, beliefs about and practices with childbearing women, culturally defined categories of birth complications, algorithms for decision making in the management of these complications and perceived authority as a <i>Parteras</i> .	Major themes: the importance and vital use of hot and cold balance, body centering and spiritual remedies and intercessory prayer. As traditional practice.

Methods

Design

This secondary analysis used interview transcripts from the national study “So you want to be a Midwife” that aspiring BIPOC midwives to their pursuit of midwifery (Alspaugh et al, 2022). The research question and analytic approach was informed by Black Feminism.

Setting and Participants

Purposive criterion sampling was used to select 20 participants from among over 700 survey participants who indicated willingness to be interviewed. The participants identified as part of BIPOC community and indicated desire to pursue midwifery education in the US (Mehra et al, 2022). Selection of the 20 participants was based on the following criterion to achieve maximal representativeness of: geography, racial and ethnic representation, educational background, income, and the type of midwifery that individuals were interested in pursuing.

Data Collection

We carried out semi-structured interviews by video conference. The time for each interview was no more than 60 minutes and started after review of the informed consent information and verbal agreement by each participant. Five members of the study team conducted the interviews. All the interviews were conducted as follows: A) First, the interviewer contacted the participants that were interested in being part of the study, the informed consent, a demographic survey, and a description of the study was provided before the encounter; B) All interviews took place in the time and environment chosen by the participants. C) An interview guide was used during the session (add as appendix). The order of the interview questions and additional specifying questions were flexible depending on the information provided by each participant. The interviews were conducted in private and only audio-recorded as a means to preserve anonymity of the participants.

Data Analysis

The audio files for the interviews were professionally transcribed and then reviewed for accuracy. Qualitative data were analyzed using ATLAS.ti 9 software. Thematic analysis was performed in six steps as described by Vaismoradi et al. (2013): 1) Familiarization through the active reading of the data. 2) Generation of initial codes (first cycle), through inductive coding and the use of descriptive, *in vivo*, and nominal codes; 3) Identification of patterns of response and meaning; 4) Preliminary category construction to ensure the proper description of themes through addition, combination, split, and reframing. Codes were re-read, revised, and discussed, finding consensus through the reflexive process (third cycle); 5) Final definition of themes and the thematic structure emerged by creating a coherent narrative that answers the research questions. Finally, 6) the production of the qualitative report.

Coding identification, creation of sub-categories, categories, and themes were informed by Black Feminism. This critical theory allowed for the exploration of how women's historical experiences with race, gender, and class provided ways of constructing knowledge related to midwifery practice (Collins, 2000; Patterson et al, 2016). By using Black Feminism, the participants' narratives were analyzed considering their intersections and lived experiences in pursuing midwifery as BIPOC birthing people and the impact of the history of midwifery as a means of inspiration and ancestral inheritance. Concepts from Black Feminism surrounding the acquirement of knowledge, conscious awareness of and the impact of the history of midwifery as a means of inspiration and ancestral inheritance. Concepts from Black Feminism surrounding the acquisition of knowledge, conscious awareness of history, self-empowerment and belonging were used to code common themes. The selection of themes and sub-themes was identified by organizing codes by common concepts and bringing these concepts and themes to the research committee to consolidate. The committee met to review and solidify themes and sub-themes from codes

that included, “awareness of history of midwifery”, “calling to midwifery”, “midwifery as community care”, “origins of traditional midwifery” and more.

Results

The 20 participants in this study self-identified as female (n=18) and genderqueer (n=2), with races identified as Black (n=15), Indigenous/Native American (n=2), White (n=3), Asian (n=1) and other race (n=3). Participants were able to select multiple race identifiers. The ages of the participants ranged from 22-60, with the average age of 34. The majority of the participants were from urban settings (n=13) with some from suburban (n=6) and rural (n=1) areas. Participants had a range of educational attainment from high school (n=1) up to graduate degrees (n=3), with the majority having a bachelor's degree (n=9). Finally, the type of midwifery participants were interested in pursuing ranged from a Certified Nurse Midwife (n=12) to a traditional Midwife (n=2), with many identifying they were unsure of the type of midwifery they are interested in practicing (n=5).

Four main themes are identified from the interview transcripts (see graphic displaying themes and sub-themes). The themes included: (1) an acknowledgment of the history and roots of midwifery in the United States and globally among indigenous cultures with sub-themes (a) Black midwives were here first, (b) Awareness of the erasure of black midwifery and (c) a interest in the herbal and traditional remedies used in traditional midwifery; (2) the feeling of being “called” to the profession by an energy outside of themselves with the sub-themes (a) a view of birth as sacred and (b) an early exposure to birth as a youth; (3) the view of midwifery as community based care with the sub-themes (a) an interest in holistic midwifery and (b) a view that midwives do more than just catch babies with the final theme being (4) a sense of being further driven to pursue midwifery by the current maternal health crisis experienced by birthing people of color with the sub-themes (a) an interest in taking the power back from medicalized birth models and (b) a desire to see and bring reproductive justice to BIPOC communities.

See [Figure 1](#).

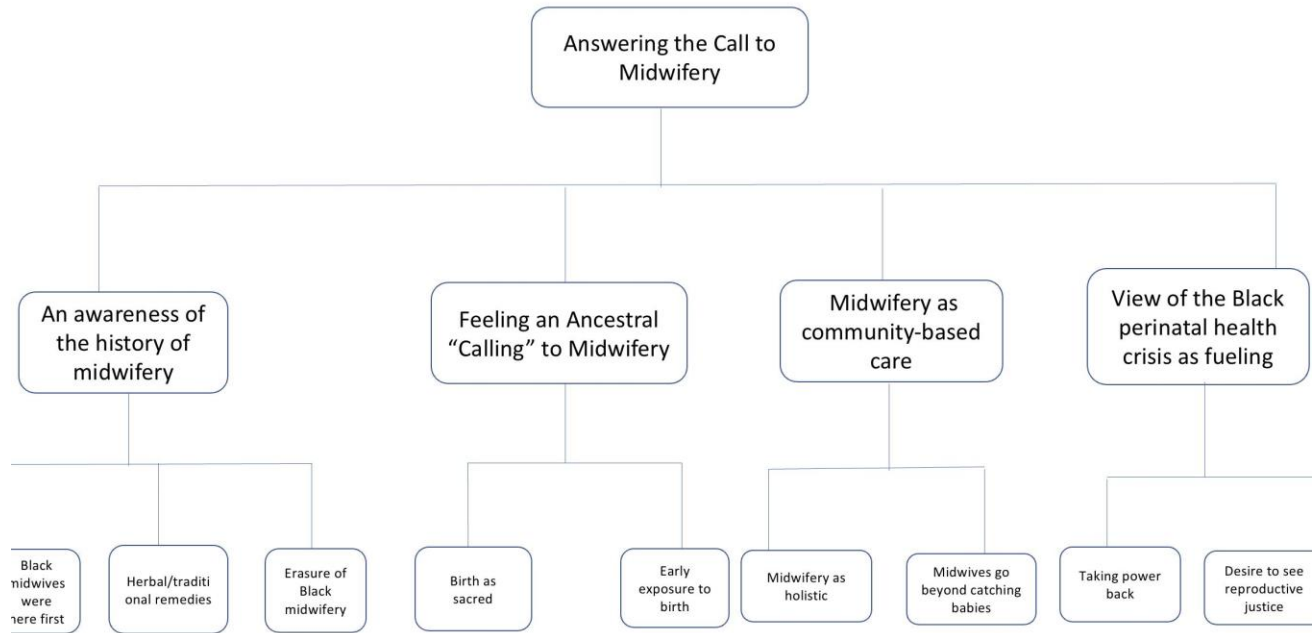


Figure 1: Themes and sub-themes

Theme 1: An awareness of the history of midwifery

A major overarching theme was that BIPOC aspiring midwives share an awareness of the rich origin of birth work and midwifery care throughout human history. Participants acknowledge that the current model of reproductive and obstetric care is not the only nor the original model of care. This shared recognition that birth and birth support has long existed before the current system of the medicalization of birth through the development of obstetrics also serves as a driver to pursue midwifery and diversify the midwifery workforce. Many participants highlighted this awareness of the origins of birth work and traditional midwifery practices by comparing the history to our present medicalized birth model. Participants interested in pursuing midwifery had a sense of awareness to what midwifery once was and how the presence and existence of midwifery practice was healing for the communities' midwives served.

Participants mentioned that tradition and history are the first words that come to mind when thinking of midwifery. There was an expression of an awareness of traditional midwifery that has a foundation among different communities of color and has been minimized and nearly erased through oppression.

Participants share:

“[midwifery] it is as old as time. (laughs)We are all here. My parents were here, our great grandparents were here. There were no doctors in those days and somehow we are here. It is a safe form of care. Um, midwives are good providers. They are equally as knowledgeable as doctors, they are capable. Um, they are attentive and, um, they are, they should be ingrained in like our community. Like the need for them is so great” – Black/Jamaican Female, 30’s, South

Aspiring midwives of color have acknowledged that their interest in midwifery presently derived from a conscious awareness of the history of midwifery in the United States, particularly with Black midwives. Participants reveal that the history of childbirth in the US begins with Black and Indigenous midwives of color. One participant commented:

“I wish they knew the history of child birth in America, as people of color. I don't think the average person knows the history of child birth in America. That it's, this, this thing that we call a hospital birth, that's the new kid on the block” -Black/Hispanic Female, 40’s, South

Aspiring midwives of color were aware that the history of midwifery in the United States was largely influenced by Black midwives. This recognition by participants through learning about the history of childbirth in the United States was identified as an aspirational influence on their choice to pursue birth work and the midwifery profession. The ability to connect to one’s roots by practicing the midwifery model of care, particularly in a time where birthing people of color are disproportionately experiencing poor maternal health outcomes, was a strong motivator to pursue midwifery.

“When I think of midwifery I kind of think of pioneering, but also a very old historical practice at the same time. It’s something that we’ve always done. And when I see myself in the future as a Midwife, I just kind of look at myself as continuing a journey that Black women have done since we’ve been here in this planet really, but in this country... I mean when it comes to history of the Black Midwife, in general. It was how we had babies, at one point. The Black Midwife was the healer in the community. She was the granny that took care of everybody. She was the person that you went to when you had physical problems and emotional problem and you just needed to talk about, she was that person for everyone.” – Black Female, 30’s, South

The emphasis on the longevity of the Black Midwife in the previous quote illustrated how history was a driver in the participants interest in pursuing midwifery. The role of the “Grand Midwife”, described by the participant as the “Granny” who cared for the whole person, serves as a source of inspiration with a notable part of her practice including the well-being of those she cares for. Participants further elaborated on their awareness of the history of midwifery through the following sub-themes that (1) Black midwives were here first,(2) there was an intentional erasure of Black midwifery and (3) an appreciation and adoration for the traditional and herbal remedies used by midwives throughout history.

Black midwives were here First

Participants affirm their awareness of the history of traditional midwifery in the United States by recalling the fundamental presence of Black midwives. One participant reminisced on how Black women were the original midwives in the United States and how racism impacts the presence of Black midwives today. She reminds the interviewer:

“Black women started this, and Black women aren’t currently involved in a lot of spaces because of how we’ve historically been pushed out and so I think it’s really important for me to say every single time I talk about midwifery is that. Especially in the United States. This is about like, the history of how Black women cared for their communities and cared for people around them. And the fact that it got squashed out is because everyone hates Black women and doesn’t respect what we do” – Black Female, 30’s, North East

As a recognition of the history of traditional midwifery led by women of color, participants named specifically that Black and indigenous midwives are the pioneers of midwifery in the United States. The acknowledgment of the roots of midwifery served as an influence to exploring the profession further. Participants share their awareness of the impact of Black midwifery with quotes like:

“Black midwives birthed this nation, (laughs) period. (laughs) Okay. Like, the people who exist here exist here because of the medicine and the knowledge that black people brought here. And that is something extremely important and something that seriously just, the fact that it's looked over, to me is, is just such a dishonorable thing. Um, having a person who you can communicate with that looks like you, that understands you, that knows what you've been through, that can see through your eyes because they themselves have had similar experiences, is extremely important. It's extremely important...And it led me to read, um, a history of childbirth and then I read some, so a few other books on childbirth in America. And that's of course when I really learned, just how like, um, nurse midwives who were, like also Black granny midwives. I learned about that. And that was really just kind of

what like sparked my entire interest in midwifery, and just wanting to understand a little bit more. And then I think a few years later, uh, that Ricki Lake Documentary came out, The Business of Being Born. I think about how people just fail to recognize the accomplishments of midwives throughout centuries, (laughs) because they've been eliminated so, so well (laughs) in, you know, the front of society. But I'm really proud that they're making, they're making their voices heard even more now in this society, and I want to be part of that" - Black/Haitian/Hispanic Female, 30's, South

Black feminist thought acknowledges that power exists in resistance to an oppressive status quo and the realization of self is essential to the acknowledgment of power and ancestral rights that allowed one to claim their place in a given field (Minoo, p 2335, 2015). These concepts are clearly seen in the participants quote above. The awareness of the presence of Black midwifery continues to motivate and inspire the rightful place of aspiring midwives of color to continue to pursue midwifery presently.

"And I would love to become a Midwife, so that way I can give back to my community and sort of tap into a long standing tradition which is midwifery, specifically Black midwifery" – Black Female, 20's North East

The desire of aspiring midwives of color to join the midwifery workforce was directly connected to the awareness that women of color, particularly Black women had a primary role in the establishment and practice of traditional midwifery historically. The need to return to tradition is a form of self-actualization and empowerment as restoration of Black midwifery care.

Erasure of Black midwifery

Participants shared their perspectives on how the current presence in the midwifery field no longer represents the BIPOC community by acknowledging the strategic removal of Black midwives from their positions. The awareness of the strategic legal influences that were designed to marginalize Black midwives from the field of midwifery were evident through statements like:

"There's a lot to be cherished and acknowledged and needs to be acknowledged within the history of midwifery. Because currently, based on the discourse that I see, there is an attempt at eraser of what that tradition looks like in order to pursue titles and in order to pursue licensures and things like that, and to make programs feel more attuned to what, really, white supremacy says the standards should be. But doing so is erasure. So I think to be a good Midwife, a Midwife in the present who is rooted and firmly planted in what the core of midwifery is, really has to be this acknowledgement and cherishing and honoring of what midwifery was. in order to get a better understanding of what it can be and needs to be. – Black Female, 20's, North East

The awareness of the history and reverence of traditional midwifery and the ways in which it has been intentionally dismantled and seized from BIPOC midwives purposefully fuels this participant as she acknowledges the importance of cherishing history in order to progress the future of midwifery. Similarly, the next participant deeply reflected on the disruptive and coercive efforts the healthcare system has historically instituted to change the state of community midwifery led by BIPOC midwives.

"I mean, when it comes to h- history of the Black Midwife, in general, it- it was how we had babies, um, at one point. The Black Midwife was, she was the healer in the community. She was the granny who took care of everybody. She was the person that you went to when you had physical problems and the emotional problems and you just needed to talk about it, she was that person for everyone. And there was one point... I don't know any dates, so please don't quote me on dates. But there was one point where the White... Well, yeah, 'cause it had to be a White medical system, 'cause they were the only ones who were doing anything at the time. The White medical system kind of utilized her to infiltrate the community, but in the process would say things like, "You need to come to the hospital because Black midwives are dirty." And, when in reality, more women were dying in the hospital because White doctors weren't washing their hands. It was a lot of slander. Those same midwives that were pillars of their community were forced to get licensed, and then have their license removed so that they couldn't practice anymore. And so before you know it, we weren't having our babies at home with midwives, we were having our babies in the hospital. Everyone was having their babies in the hospital. Um, and so that's kind of the standard of care today. And that's the thought process, in some cases, surrounding midwifery, "Oh, it's not safe. Oh, it's not sanitary." When in the case... In reality, it's actually the opposite. It's very safe, it's very sanitary. There is nothing like having a home birth. And when it comes to Black women, in particular, in my opinion, it is safer for us to be at home to be in, than to be in the hospital or in a facility where we are judged – Black female, 30's, South

The awareness of the erasure of Black midwifery with the rise of obstetrics and the medicalization of birth is a reality that aspiring midwives of color acknowledged as influential in their pursuit of supporting birth. The recognition of the political changes and oppressive coercion of Black midwives out of socially acceptable midwifery care, drives the BIPOC aspiring midwives in this study into action through their pursuit of midwifery. The oppression experienced in this field that influences birth outcomes for communities of color by way of lack of racially concordant care, is perceived to further ignite the call to midwifery.

Herbal and traditional remedies

Aspiring midwives of color identified the rich history of midwifery practices by describing their desire to implement traditional rituals and herbal remedies to care for their patients and community.

Participants shared that when they think of midwifery, they think of the ancient customs and practices that they wish to bring back to the forefront of their practice.

“When I think of midwifery, the first word I know I just said it a lot but maybe that’s why, the first word I think of, one of them at least is tradition. In that, midwifery is a really long standing ancient I would even say sacred practice that has roots in so many different cultures that unfortunately have been oppressed throughout history And I think specifically of Black midwifery and what that looks like. And what that looks like looks present, because it’s still a thing, and looked like in the past. I think of people who were, you know who knew that they were needed within their communities and took that as sort of the honor that it was”. - Black Female, 20’s, North East

The awareness of the pride and honor for the roots of traditional midwifery practiced among Black and Indigenous cultures historically defines midwifery for this participant. Similarly, other participants connected with the traditional practices and inclusion of herbs to heal and support birthing people and guided by the community midwife.

“ Um, I mean, just the, just the cultural things that, um, Black people have been doing, um, when, when, when there’s, when there’s a pregnant person or, uh, a postpartum mom around. As far as, um, postpartum care with placenta encapsulation and belly binding and yoni steams, and, um, like sacred circles, if they’re choose not to p-encapsulate their placenta and they wanna, you know, plant a tree, like put it in the ground and plant a tree, um, all of those things, um, impact the person’s birth journey and their experience”. – Multicultural (Black/Indigenous Native/White/Hispanic) female, 20’s, West

The inclusion of a service and cultural practice that extends beyond the physical birth of the baby, are some of the elements of traditional midwifery that attract the aspiring BIPOC midwives interviewed.

The desire to incorporate an element of natural healing and promotion of body restoration through practices like placenta encapsulation and belly binding illustrate how traditional midwifery inspires them.

“So then I thought, oh, but you can be a home birth Midwife. And said, okay, that’s more, I’m looking for a word here. Just more that person is going to be more receptive to doing all other types of things that support that like, using herbs and just being gentle and I said, okay. So that’s where I am, right now. – Black/Hispanic Female, 40’s, South

There was an emphasis by participants on the importance of getting back to the roots of midwifery care and utilizing cultural customs and approaches to healing and birth support. This inclusion of natural and cultural practices that are traditional and unique to birth work and healing still entices the aspiring BIPOC midwife today. In addition to an awareness of the history of midwifery, there was also an intense draw towards birth that's been revealed and described by participants as the "call" to midwifery.

Theme (2): Feeling an Ancestral "Calling" to birth and birth support

Thus far, these findings have shed light on how an awareness of the roots of midwifery has been influential in driving participants to pursue this field of work. An additional consistent perspective from participants that leads them to pursue midwifery is a guiding ancestral force or "calling" that sparks a desire to support birth. This calling is said to have a spiritual and ancestral element to it and ignites a passion that connects generations. Participants shared:

"I believe I was led to birth with, through divine intervention. Um, and so it would feel really good to know that I'm fulfilling my life's purpose here and in the afterlife." – Multicultural/Hispanic Female, 30's, South

This specific expression of being led to birth through a divine source gives prominence to this perspective of a "calling" that drives an interest in this field. This point is further supported through the inclusion that birth work is fulfilling a purpose that extends beyond this life, alluding to the ancestral and generational essence of this special connection.

"I kind of always knew I wanted to be a Midwife, but didn't really know what a Midwife was. So I remember ever since I knew how babies actually came into the world, I always said, I want to deliver babies. So when people would ask me, what do you want to do when you grow up, I didn't know what the right word was for it but I would just say, I want to deliver babies. I learned more about the midwives role, I decided that's what it is that I've always wanted to do. And it's just like the perfect description, I just really connected with that. And I felt like my journey has been more of me finding midwifery in a way that it had already chosen me is how I like to describe it. I kind of already knew, but I didn't really know what it was until now. So that's where I'm at right now and a little bit about the path" - Hispanic female, 20's, West

A mutual thread of alignment, divine timing and ever present knowing are some of the experiences aspiring midwives connect to their uncovering of their interest in birth. Some participants

acknowledge that prior to diving deeper into the birth world, they first had to align within and become centered.

"Yeah, so definitely, uh, changed my life in just aligning me to that higher calling. 'Cause like somebody been calling me, calling me and I'm like, I don't, I hear, I hear you, but I'm not there yet. I need some things to be able to get there. And so I feel like I, um, finally get rooted and centered into what I'm supposed to be doing. Um, ancestrally I've really feel like it's a deep ancestral thing" – Black Female, 20's, South

Other participants spoke of being chosen or personally lead to midwifery. Many mentioned the pursuit of midwifery as a journey that one is selected to embark upon. For example, these participants shared:

"I feel like this is, you know this is my chosen profession so, this just another step going in. I want to do this, I see this as a next step in my journey to, in this field of maternal health, becoming a Midwife" – Black/Rwandan female, 40's, South

Participants declare with conviction their feeling that the midwifery path is their "chosen" path. This idea of being uniquely and purposefully selected to pursue birth work and midwifery was evident for many BIPOC aspiring midwives in this study.

"On this journey I'm following breadcrumbs that are bring led and set for me. I don't know what would make me good at this job, however so far in this work, um I haven't had any complaints" - Black Female, 30's, South

The "calling" aspiring midwives of color feel is a driver to pursue birth work, further exploring the magic and sacred nature of birth. The magnetic pull to birth and midwifery is described to have emerged suddenly with intensity or out of one's initial encounter with birth itself. Participants recalled always being in awe of birth and wanting to support birthing people during this transformative time. This recurrent themes of supporting racially concordant care, identifying an awareness of the history of midwifery in America and feeling called to birth and midwifery were recurrent themes acknowledged by the participants in this study. Other sub-themes uncovered included viewing birth as sacred, midwifery as a community-based practice and acknowledging midwifery as the solution to the current black maternal health crisis.

Birth is Sacred

The most prevalent sub-theme was the view of birth as a sacred and spiritual experience.

Participants felt honored to support women during one of the most transformative experiences we can go through as humans. Participants felt the magic and miracle of birth and deemed their participation in this process as honorable and sacred. Participants shared:

“Like, one thing I realized as a doula, that I’m grateful that I really had as much experience as I have as a doula, is like you, you can’t just come in and out of these peoples lives just, just, just because I like, you’re literally going to be with them at one of the most sacred events a woman can ever go through. But for me, it’s more of a spiritual connection” - Black female, 30’s, South

This participant credits her doula experience for exposing to her the sacred nature of pregnancy and birth. She shares her gratitude for that experience and recognition and similar to the next participant acknowledged the spiritual connection present in the birth experience.

“I wrap my hair for spiritual reasons when I’m at a birth. Um like cause I want to just make sure that I’m.. I don’t know, like I want to make sure that I’m in tune, that I’m literally making sure that I’m in flow with what they have to happen as well” -Black female, 30’s, South

The physical action or ritual of wrapping her hair when attending or supporting a birth illuminates the need for a spiritual approach to birth. This need to be “in flow” and have an elevated sense of connectivity continues the spiritual and sacred nature of this participants view of birth work and birth support that she deems necessary to best play her role and support the birthing person.

“I feel like... you know or um a big part of midwifery is the spirituality of it, like you know birth is a sacred space. That why I do this, that’s why I love midwifery, its that space, that feeling, that oxytocin high” – Black Female, 20’s, NorthEast

The spiritual connection that a birth worker or midwife has with the patient they are supporting adds to the sacred nature of birth support and midwifery. Many participants mentioned how birth work is made up of a connection and relationship that is shared and established with the patient and how the nature of the connection built is divine and cherished. Other participants revealed:

*“I mean, there's nothing more profound than witnessing, you know, life. Um, and sometimes in the cyclical approach, you know, death as well, but, um, I, I know that you can affect many generations when, uh, birthing family has a positive experience. Um, and I just envision, you know, like even if things are not the ideal outcome as they can be sometimes in, in labor and delivery and pregnancy, um, you can still provide an atmosphere that feels supported and, um, empowering, and that can really impact how someone moves forward after” –
Multiracial/Hispanic female, 30's, South*

The participant's acknowledgment of the cyclical and spiritual nature of life, birth and death as well as, the profundity of it all is consistent with this theme of birth as sacred. The power of the midwife to impact and influence the environment and hold space for the birthing experience regardless of the outcome, is an element of the midwifery role that inspires.

“I'm extremely excited (laughs) about birth. (laughs) You know, it's exciting, it's, uh, it's a miracle. And to me it's one of the greatest miracles that anyone, any human body can, can produce. Like we make lives, (laughs) you know? We make little people. (laughs) And that is a wonderful gift. How could you look at it as anything less than a miracle (laughs)”- Black/Haitian/Hispanic Female, 30's, Northeast

The connection between birth and birth support that aspiring midwives expressed is deeply rooted and experienced as a sacred and cherished spiritual occurrence. BIPOC aspiring midwives honor and acknowledge the sacred roots of midwifery by sharing the influence of this perspective on their decision to pursue midwifery. The awareness of this particular element of midwifery remains relevant throughout time, as participants shared how even an exposure to birth at a young age holds value and impact for years to come.

Exposure to birth at an early age

Participants identified that their first encounters with birth and birth support ignited a deep connection and fascination with birth at relatively young ages. These encounters happening in adolescent years and younger left unforgettable imprints that would later be filled by diving deeper into birth work and midwifery, ultimately leading to their pursuit in the field. The timing of the exposure to birth adds to the value and importance of the realization of the sacred nature of birth. One participant revealed:

*“I was obsessed with babies. Like there's a picture of me as a six year old holding my cousin for the first time, and I think that was like the moment I fell in love. Like you basically see like hearts coming out of my eyes. Um, so we would do all of that and then we would, you know, um, hold the baby, so the time kind of slips away” –
Multiracial/Hispanic female, 30's, South*

The participant recalled her fascination with babies at as early as six years old. Her declaration of holding a baby so young being the moment she fell in love with babies and birth adds to the theme of the lasting effect that an early exposure can have. The next participant was the same age when she also became fascinated with pregnancy. She shared:

“My mom tells me when I was six, she could find me on the couch in the living room reading this book, actually I have it with me up here somewhere. Going through the pages of my aunt's Your Pregnancy Week By Week book. Looking through, trying to make sense of all the images and things like that – Black female, 20's, Northeast

Both participants discovered an interest in babies and birth early in their childhood. Establishing a connection to pregnancy and birth so early in their childhoods ignited a keen interest in these participants as they go on to become aspiring midwives.

“So when I was young, I really couldn't explain it. People would kind of freaked out like, oh, that's kind of a weird career choice. And the way that I would say, oh, I just want to deliver babies and I didn't really know then why I just felt so connected to birth in general and birthing people – Hispanic female, 20's, West

The inexplicable nature of this declared path adds emphasis to the lasting power of the early exposure to birth on the aspiring BIPOC midwife.

“ All I want to do is be a Midwife.: Um, growing up, I used to watch like the special deliveries birthday, little TV shows, whatever. And I don't know. I was always attracted to labor and delivery and childbirth for whatever reason. Even when I was 15,16yrs old, I witnessed my first, um, birth. It was my cousin. I remember I had my phone in there. Wasn't supposed to be recording but like I literally had it strapped to my chest” – Black female, 30's, South

The calling of aspiring midwives of color in this study to pursue midwifery was often motivated by an early exposure or experience with babies, birth and birth support. The fire that was lit by the awe-inspiring magic that is birth was long lasting for the participants that experienced it younger in life and found themselves inspired to pursue midwifery. This experience, no matter how young, left an imprint on the observer and for these participants was a motivator for pursuing a career in midwifery.

Theme 3: Midwifery as Community based care

Another major theme that arose from this analysis was this perception of midwives as providers of community-based care. When participants were asked what they thought about when they thought of midwifery care, more than half of them identified the Midwife as someone who not only cares for the physical, emotional and spiritual well-being of the birthing person but also for the community as a collective. As described by the participants interviewed, midwives provide service to the community as a whole and are often of the community they service. Sub-themes relating to midwifery as community-based care were the holism of midwifery practice and awareness that midwives do more than just catch babies. As illustrated by the following quote, participants acknowledged the unique position of the Midwife and their ability to empower and inspire the community as a whole through strength passed on to the birthing person.

“I see it as a very like woman empowering, um, practice as well, and I think it- it has the potential to really strengthen the premium people in the community to feel like they, you know, they don't have to be scared of births or pregnancy and they- they have autonomy in that process and it's not just something that's happening to them, but that they are going along with it.” – Hispanic female, 20's, south.

The need for birthing people to feel both autonomous and a part of the community highlights the value that participants placed on the midwife's ability to empower the birthing people she supports and the ripple effect that has on the community. The activation of power in the birthing person through and by the midwife is seen as integral to the well-being of the community as a whole is also noted in the following quote from another participant.

“Midwifery is supposed to support communities. midwifery is supposed to be even a Pilar in community. midwives are supposed to be... Like how the granny midwives were where, you know, she wasn't just the Midwife but she was the family healer. You know, everybody went to her if they were hungry and she would make soup and people would just come over and grab a bowl. Like that, that's how I see the Midwife in the community, still the same as the granny midwives before they were banned so to speak. A community healer” – Black Female, 30's, South

The importance of having a leadership role and presence within the community that a midwife serves was a consistent theme amongst aspiring midwives of color. Through their acknowledgement of

the presence of midwives in the community, BIPOC aspiring midwives also connect this communal presence with the concept of holism of midwifery care. Being present in the community as a healer and advocate extended to the comprehensive and integrated care midwives deliver.

Midwifery as holistic

The aspiring midwives commonly expressed their views that midwifery is a holistic practice, caring for the whole of the person in the context of their community. Many participants identified a full scope practice that centers the birthing person. When asked to envision the type of midwife they aspire to be, participants included a holistic model and attitude towards birth and birth support.

“I am practicing Holistic midwifery, where I have the opportunity to, um, educate moms in the beginning, give them the understanding that, yes, they have choice, yes, things can go a little differently than how they planned seeing them in the beginning. So preparing them for that. Um, and educating them so that they can make the decisions and choices, (laughs) and let me know, you know, kind of what direction they want to go in. But then, um, also being able to understand different methods of comforting for them. So not only we're talking about, you know how to better your iron levels, but I'm actually showing you meals that are, or at least connecting with someone who can show you how to cook them, what the recipes are, and where to pick them up in the store. Um, and I'm literally working on some things right now, to, to make things like that, really serious, like, tangible happening now.” – Black female, 40's, Midwest

This participant declared that her affinity towards holistic midwifery centers educating and preparing birthing people from the beginning of their pregnancy and throughout their experience. This participant emphasizes nutrition and going beyond lab values to sharing wisdom on natural and holistic ways to heal.

“I want to be able to provide people with the kind of holistic natural birth that they definitely want” – Black/Haitian Female, 30's, South

Participants were inspired by the idea of providing holistic midwifery care that supports all facets of the birthing person and pregnancy experience. Serving the birthing person in totality, including providing preparation for birth, comprehensive prenatal and postpartum education, interpreting medical lab values and naturally healing conditions through herbs and nutrition aligns with participants view of

midwifery. Aspiring midwives of color assert that the practice of midwifery is intertwined with a belief in holism, community empowerment and extends beyond the physical act of catching the baby at the birth.

Midwives do more than just catch babies

Aspiring BIPOC midwives asserted a view that midwives provide traditional and holistic care within the community extends beyond the physical act of “catching the baby” at delivery. Participants shared their idea of midwifery includes care that goes beyond the pregnancy period and is established through connecting with the people midwives care for.

“Your community will always need you cause its not just about catching, you also have to do the prenatal education, um the advocacy, the law work, the – the postpartum checks and the relationship, the community building. It’s constant” – Black female, 20’s, Northeast

This participant asserted that the midwife's role in their community will always be needed as the advocacy role extends beyond the birth. The community building this participant advocated extended outside the postpartum period and emphasized the midwife’s need and relevance to the community.

“Because midwives can do more than catch babies, right, they provide um, gynecological care also. And so, yeah, for the most part th- that's just what it is, to see them as a true provider who can give you the same kind of care with a different level or morality. A different level of connection. You are not just my patient, you are also my family member. That's why I love the granny midwives”- Black female, 30’s, South

This participant referred to the “Grand midwives” as she described the wide range of care midwives provide. She shared that the level of connection established between a midwife and their patient transcends the typical provider-patient relation to one that mirrors family and community.

“I feel like midwives are a big role in the community and kind of build, help build community and literally help the community grow. So that's kind of what comes to mind is always community” – Hispanic Female, 20’s, West

The midwifery role described by aspiring BIPOC midwives focused on connection, community and growth of the people they care for in a holistic approach, as noted in the following quote.

“I definitely want to be more than just a Midwife to people. I wanna be someone that they trust, someone that they can come to with anything. Not just like, “Oh yeah, I'm pregnant, I need help with this, that and the forth.” Like, you know, if you are having, you know, troubles with your relationship, if you are having troubles with your family, if

you are unsure about whether or not you want to, you know, keep a baby, or whether, you know, your health, (laughs) your mental health, anything. I want to be able to be that person in the community that you can talk to about anything no matter how old you are, no matter where you are from, no matter who you are. I just wanna be there for people. Like, oh, she's cooked for us and, you know, she's loved us and, you know, she's brought us together as a community, you know? Helped us and mediate through problems, helped us, you know, open up about who we are and what we're going through. And just like, you know? Like I want them to lean on me and I want to be able to lean on them. (laughs) I want us to be that close. (laughs). I want to be that close within my community. I want to be fighting with you left and right. I want to be standing with you, (laughs) what, no matter what (laughs), I'm gonna back you up". – Black/Haitian/Hispanic Female, 30's, South

The multi-faceted role of the midwife goes beyond the management of pregnancy and birth and extends to the community leadership they provide. Aspiring midwives of color envision a midwifery role and model of care that is uniquely woven into the community, serving with compassion and in the spirit of growth and empowerment.

Theme 4: Acknowledged the Black Maternal Health Crisis and belief midwifery is the solution

The final major theme participants expressed as motivating towards the path of midwifery is the impact of the Black maternal health crisis and promise of racially concordant care as a solution. These views further motivated the participants to pursue midwifery. Participants shared their perspectives of how stepping into the role of the midwife would allow them to better advocate for marginalized communities. They highlighted a strong awareness and sense of urgency regarding the present poor perinatal outcomes of BIPOC birthing people, the lack of racially concordant care and climbing rates of infant and maternal morbidity. They believed that these critical health problems could be addressed in part by a more diverse midwifery workforce. Furthermore, participants declared that their motivations to pursue midwifery are fueled by the current reproductive injustices they witness in the US. The influence of Black feminism is seen in this theme as the maternal health crisis and acknowledgement of its oppressive nature drives aspiring midwives of color into action to address the current reproductive injustices experienced in communities of color.

"If I were a Midwife then I would feel more like of an authority to say these things as like ' This is how it is. And I know that because I'm a Midwife" you know and so I just feel like um in sort of in that same way, um midwifery as

advocacy for different communities, even if that means, I'm advocating for more access to Black midwives, you know in areas where that is needed" - Multicultural (Hispanic/Indigenous Native/White) female 30's, West

The belief that racially concordant care through the promotion of greater access to Black midwifery services will help address the current crisis was evident in the above quote. The participant expressed how midwives held a position of authority and could use their position to advocate for communities.

That's one of the things I kind of feel like will lower infant and maternal mortality rates for Black women is not changing the policies in hospital, but creating a community stance on birth where we have other options as opposed to... But, like for example, in my state we have one major hospital that, um, does majority, like I think it's 95% of the births here because the women don't have another option. And we need more options than just that. So, to create a community stance on birth, I think....when it comes to birth and motherhood, from pregnancy up until the first year of life, m, Black mothers and Black babies are at higher risk of dying. And then in addition, if you look at statistics for babies, it's hard to really gather what that number really is just because each gestational period is categorized differently. So don't really know how many children are being lost in utero, right? And then there's an issue with mothers who complain of problems and it seems to be in the news a lot lately. They're complaining of problems, are being dismissed and then dying a couple days later because of the dismissal of their feelings or how they, um, whatever they are saying – Black Female, 30's, South

The emphasis on the power of having choices, including options of where to birth is highlighted in the quote above. This point illuminates elements of the perinatal health crisis experienced by Black birthing people within hospital settings. The participant shared her belief that the present crisis of poor birth outcomes for Black birthing people might be addressed by greater access to out of hospital birthing options with greater community support. The BIPOC aspiring midwives acknowledged how the current birthing experiences of BIPOC individuals led them to want to advocate for not only more midwives, but midwives of color that can deliver racially concordant care and be out in the community. The inclusion of the importance of expanding our options of settings to birth in and therefore, with, is influential and impactful to the overall birth experience. Furthermore, the alluding to how postpartum care is delivered, or the lack thereof postpartum considerations has too commonly resulted in preventable adverse outcomes for birthing people of color.

Taking power back

Aspiring midwives of color expressed a desire to pursue midwifery and return to the roots and tradition of this historic profession in terms of taking power back and righting the current reproductive injustices. Participants described wanting to take the power of midwifery from the current white medicalized model and putting it back into the hands of midwives of color. One participant asserted:

“[I want to provide] The reassurance that people desire in birth, because we’ve been swarmed with so much fear around it, and a lack of knowledge. And sort of the ability to kind of, you know, take back something that was taken away from you because of hospitals and white supremacy. (laughs) So, you know, just, you know, I want us, I want to be able to take, take back that power that, you know, was stolen for us and is still being stolen for us in so many ways. And for, for what? For profit and our lives – Black/Haitian/Hispanic Female, 30’s, South

This desire to return to the ancestral roots of the midwifery practice for this Black/Haitian participant is evident in her mission to restore hope and dispel fear in birth. This participant acknowledged the ancestral origins of traditional midwifery and the history behind its removal due to the push towards medicalized birth in the hospital. The motivation to pursue midwifery was intertwined with an aspiration to regain presence and power in the midwifery profession as a midwife of color.

“Look at the history of midwifery, right, and move it towards, you know, move it towards its origins, like give it back, give it back, and they’re just like, “What? No.” Like, “Your bodies are breaking down. They can’t handle pregnancy.” That’s the answer. Like, I can’t tell you how many times I’ve had the lie weathering conversation, like stop looking for something wrong with us” – Black female, 20’s, Northeast

The motivation of BIPOC aspiring midwives includes a desire to expand the current midwifery practice to include midwives of color who possess long ties to the practice. The history of traditional midwifery served as such a significant source of inspiration that aspiring midwives utilize this historical reality as they envision what midwifery can become and return to. Participants acknowledge that they also found inspiration to pursue midwifery from a desire to dismantle the perinatal crisis and advocate for Reproductive Justice.

Desire to see Reproductive Justice

The interest to pursue midwifery for aspiring midwives of color is fueled by the current and pressing need to see reproductive justice in the Black and Brown community.

“I’ve gotten older and started to learn more about a lot of the injustices and systematic oppression specifically towards Black birthing people and then I’d also say indigenous birthing people, that sort of ignited this other passion in me for the reproductive justice aspect if all things within this realm” -Black Female, 20’s, Northeast

The quote above succinctly captures how the knowledge of the present perinatal health crisis for birthing people of color has impacted this participant's journey towards midwifery. She shared that learning about the systemic oppression experienced by Black and Indigenous people fueled her desire to advocate for reproductive justice as she pursues midwifery.

“So important for me to make a change in being a Midwife, especially with all the systemic racism that's present within not necessarily this profession, but within this role of being a part of prenatal, labor, delivery, postpartum for underserved and underrepresented groups, particularly African American women. – Black Female, 30’s, West

Similarly, the awareness of the systemic racism and oppression that remains present within the perinatal experiences for birthing people of color was felt to be combated through the role of the midwife. This participant shared that for her to become a midwife would help address the current poor care received by BIPOC birthing people. The idea of working to dismantle the current oppressive health care system further motivated the pursuit of midwifery.

“I learned just about the terrible, um, maternal mortality rates for Black and Brown people. And so I knew like, I knew that eventually I would, my focus wanted to be like on my community in Chicago, I wanted to work with young families, um, to, you know, and just try to affect change. We need more midwives of color, and that's something that really kind of calms me down and makes me feel like I belong here. And that kind of helps me, calms the anxiety when it comes to that, because I feel like I am where I am meant to be. And that's kind of the only thing that matters really” – Multiracial/Hispanic female, 30’s, South

This Multiracial/Hispanic identifying participant revealed how her awareness of high maternal mortality in BIPOC communities has led her to want to serve her community as a midwife. The desire of participants to pursue midwifery cannot be separated from their motivation to change the present state of disparate maternal and infant health outcomes.

Discussion

The aim of this study was to further explore the motivations of BIPOC aspiring midwives to pursue midwifery, specifically how an awareness of the history of Black and Indigenous midwives of color might influence aspiring midwives of color. We found that aspiring midwives of color were highly motivated by the awareness of the origins and roots of traditional midwifery. The participants interviewed acknowledged a significant appreciation for the ancestry and origins of midwifery including the traditional, herbal and cultural practices while also acknowledging the erasure of Black midwives by the medicalization of birth through obstetrics. In addition, we found that aspiring midwives identified a “calling” to the field of midwifery that led them to pursue midwifery as a career. Participants shared a common feeling of birth as sacred and often had an early exposure to birth at a young age. Furthermore, we found that the perspective of midwifery as community focused, holistic and the duties and roles of midwifery beyond the narrow setting of the delivery room were motivators for aspiring midwives. Finally, aspiring midwives of color identified the present perinatal health crisis as an igniting force to be the change and expressed strong beliefs in reproductive justice. Midwifery practiced by women of color grounded in traditional and historical practices was believed to be an act of activism, especially within the context of the current Black maternal health crisis.

Some similarities in the themes identified in this study and the limited prior research are noted. Birth workers, including traditional midwives and doulas, share a sacred relationship and calling to do birth work. The aspiring midwives in this study described a high regard for midwifery as a gift or “calling”, involving being “with woman” and having a sacred value in the process of birth and great respect for the birthing person, similar to traditional midwives in Kenya (Dietsch et al, 2011). The Kenyan traditional midwives practice with a reverence for their field and role. The sacred regard they hold for midwifery is echoed in the comments of the aspiring BIPOC midwives in this study. The aspiring BIPOC midwives interviewed expressed being “called” to midwifery, valuing and belonging to the

community in which they serve, valuing traditional, herbal and healing practices related to childbirth and being inspired to practice by inequities in reproductive health. The aspiring midwives like the doulas in prior studies (Kett et al, 2022, Hardeman et al, 2016), also view racially concordant care as fundamental and are driven by the present perinatal health crisis experienced by communities of color.

Our findings of the importance of the historic and ancestral motivations for aspiring midwives aligns with the findings of interviews with the *parteras* in the Yucatan who credit a high esteem, awareness and high value for the herbal and traditional practices and remedies used by traditional midwives in indigenous cultures during the perinatal period (Anderson et al, 2004). The recognition of the powerful use and influence of plant medicine and traditional remedies utilized by many indigenous cultures remains a source of influence for aspiring midwives presently. The connection to the roots of traditional midwifery via the unique “calling” towards birth and birth work, a deep reverence for the sacred nature of birth, the importance of establishing a connection with the birthing person, serving the community, utilizing herbal and traditional remedies while being active in the ongoing fight for better perinatal outcomes are all impactful motivators to the next generation of midwives in the United States, as they have been consistently identified as influential for past and current midwives around the world. Although the prior literature included a variety of birth workers and not solely midwives, the themes found from interviews of American Doulas, Traditional midwives from Kenya and *parteras* from the Yucatan are also seen in the themes of this study of aspiring BIPOC midwives of color today.

In contrast to prior studies, this analysis provides novel findings of how an awareness of the history and origins of midwifery within BIPOC communities strongly influences the motivation of contemporary aspiring midwives of color in the US. This finding is significant as it can guide efforts to increase BIPOC recruitment by increasing awareness of and exposure to midwifery and its history to young people. Our findings also expand on the motivations of midwives of color by revealing the importance of awareness of the roots of midwifery and subsequently the erasure of Black midwifery, as

not only important for aspiring BIPOC midwives, but pivotal for further exploration of the field. The analysis also adds new understanding of the importance of exposure to birth at an early age when many participants develop an interest and passion for midwifery as a later career.

Overall, the findings in this study are in many ways supportive of and aligned with current literature on the motivations of birth workers of color however, our expansion on the specific impact of an awareness of the history of traditional midwifery as an influence for aspiring BIPOC midwives to answer the call to midwifery brings a deeper comprehension of their driving forces which can guide how we further diversify the midwifery workforce to promote racially concordant care and support better perinatal health outcomes for BIPOC people.

Theoretical Framework: Black Feminism

We used Patricia Hill Collin's Black Feminism as the theoretical framework for this study. Black Feminism constructs and propositions were clearly identified in the views of aspiring midwives of color, mostly Black, Latinx and Asian identifying, especially in the participants' views about community, the maternal and infant health crisis and reproductive justice. Collin's declaration that "as long as Black women oppression persists, so will the need for Black women activism" is reflected in many of the comments of the aspiring BIPOC midwives asserted (Collins, p347, 1999). When looking at the awareness BIPOC aspiring midwives have of the history and origins of midwifery, in conjunction with the fuel of the present perinatal health crisis experienced by communities of color, Collins would interpret this state of oppression serves as the driver to the empowerment needed to inspire aspiring midwives (Collins, 347,1999). Self-empowerment as a means of resistance to oppression and technique to restore a traditional and diverse presence in midwifery compels aspiring midwives to pursue this field of work as they acknowledge the call and empower themselves through education, experience and acknowledgment of an ancestral right to practice this work.

Through a motivating awareness of the history of traditional midwifery in the United States and along the African Diaspora, participants identified a collective vision of being called to birth support with a view of birth as sacred and midwifery practice as community-based care. For BIPOC aspiring midwives, answering the call to midwifery stems from an active awareness of the marginalization of Black and Indigenous midwifery along with a desire to be the change to support optimal maternal and infant health for communities of color. The perspective of midwifery care as all-encompassing for the community as a whole is an example of raising the collective consciousness for communities of color and thus illuminates the power that each person holds in creating an opportunity for transformative action (Collins, 2000). Consistent with the thematic lens of Black feminism, the necessity aspiring midwives hold for midwives to lead, care for and uplift the community of the patients they serve is consistently highlighted in our findings. The remembrance of the prevalent role of Black and Indigenous midwives in communal settings throughout the United States remains a source of inspiration for the aspiring Midwife today. Collins asserts that Black consciousness-raising is a reflexive process that illuminates the power that each one holds, linking thought and political activism toward a transformative action (Collins, 2000; Few-Demo & Glass, 2015). The participants recognition of herbal, traditional and cultural customs can be linked with Collin’s view of how emphasizing the “power of self-definition and the necessity of a free-mind, [allows for] Black feminist thought to speak to the importance that African-American thinkers place on consciousness as a sphere of freedom” (Collins, 360,1999 The perspective of midwifery care as all-encompassing for the community as a whole is an example of raising the collective consciousness for communities of color and thus illuminates the power that each person holds in creating an opportunity for transformative action (Collins, 200)). The sense of freedom that arises with a lack of oppressive restriction on the way traditional midwives practiced, allowed them the freedom to use intuitively guided customs and cultural remedies. The ability to make care decisions freely arises from a baseline sense of power and autonomy that BIPOC women often find through self-determination and self-empowerment.

Collins deems the self-proclamation of intellect and wisdom through a conscious awareness and value of strength in tradition, spirituality and overcoming oppressive dynamics as a fundamental to justice and empowerment in the black community.

Through the awareness of the power BIPOC midwives hold, highlighted by the roots of Black midwifery in the United States and throughout indigenous cultures along the diaspora, BIPOC aspiring midwives are able to feel empowered, recognize and reflect on their ancestral connection to midwifery and feely guided to answer the call. We found that the awareness of the international and domestic history of traditional midwifery practice by Black and Indigenous midwives of color as being “called” healers that empower birthing people, juxtaposed with the pressing reality of the current Black maternal health crisis serve as significant activating drivers of people of color to pursue midwifery. We highlight how aspiring midwives point out that the skillset and traditional practices midwives used throughout history, prior to the development of obstetrics, were rooted in ancestry, tradition, spirituality and community. We also use the lens of Black feminism to explore how the awareness of the historical roots and practices of midwives of color influences the future of midwifery by driving aspiring midwives to pick up the torch and answer the ancestral call to midwifery.

Limitations and Strengths

Limitations and strengths of this qualitative research study and secondary analysis have been reviewed using standard descriptions of quality in qualitative research. Using Lincoln and Guba’s descriptions of the quality of research including the trustworthiness of the findings, we declare these findings credible, transferable, dependable and confirmable (Lincoln and Gupta,1985). The limitations of this study that need to be highlighted are primarily related to recruitment of the participants. For example, recruitment of participants on social media may have limited the diversity of the participants. In addition, this study could have increased the rigor of the findings if member-checking of the quotes was performed.

If we were able to verify with each member or participant in the study that their quotes were for our interpreted analysis, our findings have increased accuracy. Further situational awareness includes the strategic recruitment of participants that were identified from a larger national survey, called “So you think you want to be a Midwife”.

The strengths of this work include the ways in which the researchers have properly followed the thematic analysis approach, the literary contribution that is added to the greater conversation on midwifery and reproductive health especially within communities of color as well as, uplifting the voices and opinions of aspiring BIPOC midwives. We believe this piece states a precise aim of exploring the role and influence of history and ancestry on the aspiring midwife of color with a clearly stated methodology. Additionally, we make the claim that the qualitative secondary analysis research design and data collection of in-depth individual interviews to uncover and answer our research question were appropriate and effective. Our research is ethical and we take into consideration the relationship between the researcher and participants. Within this research there exists a clear statement of findings and these findings are valuable to the greater conversation on racially concordant care and the importance of diversifying the midwifery workforce.

Implications for Clinical Practice

Given the diversity of birthing people in the United States, along with the poor perinatal health outcomes experienced by communities of color, diversifying the midwifery profession should be a key priority for healthcare institutions. Findings from this study can be used to support such efforts. Early identification of those who feel connected to and inspired to support the uniquely complex and beauty of birth could be beneficial in the recruitment of the next generation of midwives. In addition, efforts to decrease provider burnout can be pointed to ensuring providers are sufficiently supported by expanding the number of providers available. Effectively identifying aspiring midwives, supporting and pouring

into their clinical journeys to midwifery and creating spaces for them to thrive are all ways to help diversify and expand the midwifery profession and are supported through our findings. Understanding the motivations of BIPOC aspiring midwives and the relevance of the history of midwifery, can help educational institutions', mentorship programs and other establishments aimed at diversifying the midwifery workforce get insight to how to further ignite the passion in aspiring midwives while supporting and guiding them through this medicalized and predominantly white profession.

Implications for Research

These findings can be used to open up the conversation on the value of educational institutions and researchers to incorporate better strategies for highlighting the history of midwifery. The medicalization of birth and dominance of obstetrics has overshadowed the longevity and roots of traditional midwifery particularly among people of color. This research encourages further studies on how to uplift and collaboratively return focus to midwifery care when in discussion about poor perinatal health outcomes. For example, studies looking at the barriers of aspiring midwives, current midwifery learners and current experienced midwives can help create interventions and supportive tools to keep motivated midwives inspired to continue their work.

Conclusion

This secondary analysis has explored the unique and powerful connection aspiring References of color have to the ancestral history of midwifery in the United States and abroad. We find that the awareness of the traditional practices of midwives from Black, Indigenous and other cultures of color including various Latinx cultures, is fundamentally inspirational and impactful in order to acknowledge and answer the call to midwifery. These findings deepen our understanding of the profound role of history and ancestry in this communally immersive profession that sacredly centers the birthing person, family unit and community.

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Appendix: Additional Illustrative quotes from participants by theme and sub-theme

An Awareness of the history and ancestry of Midwifery	
1. <i>"I've learned that Black women contribute so much to the development of gynecology nursing in the worst way possible where they were experimented on for people to watch without sedation"</i> - [row 2]	
2. <i>"And in my, in my studies, um, in women's studies, I took a class that was specifically talking about um, you know, health inequities and how historically our bodies, our birthing bodies have been the subject of everyone's scrutiny and judgement and control. And ultimately that's when obstetrics and gynecology started and all these things. So I don't want to learn (laughs) I don't want to learn that from the perspective of the people who have um, created these barriers. I'd rather learn it from the, the cultural, um you know, gatekeepers and holders of the true knowledge that has kept us, kept us present in here and um that resilience is present as well"</i> - [row 3]	
3. <i>"I feel like we're doing work that is just, you know, breaking down all those, um, you know, ancestral trauma bonds, you know, of things that we've experiences over the time that we-that we've been here in America"</i> - [row 4]	
4. <i>"I would say like the 1900s, midwives were like th people in their community and they were the main person that they knock on the door, "hey, I hot somebody, with, that needs stitches. Hey, I got somebody that just needs their blood pressure checked." Or, "I got somebody, you know, who's been having issues with their baby. They think their baby, baby has jaundice, but they don't know what jaundice is." And the ma-and the Midwife's like, "Oh, just take the baby outside." You know (laughs) like it's, it's things like that that truly, um, you know, helped push me to feel extremely passionate."</i> - [row 5]	
5. <i>"The way people birth, it impacts the trajectory of their whole life in the, in the families and, and things like that going on. So you right a whole movement based on how, like just getting back to the way that we're supposed to birth, not so medicalized and things like that."</i> -[row 6]	
6. <i>"It's like I had, I guess I had heard of indigenous Mexican midwives as, you know, parteras from sort of like birth stories of my grand- I want to say my great grandmother. My great grandmother is still alive. She's in her 90's. And so I remember hearing stories about how, like, my grandma was the oldest of her children who was born with a Midwife"</i> - [row 7]	
Black Midwives were here first	
1. <i>"There is not a single aspect of midwifery that I do not think about Black patients, my Black self, the Black people in the campus that I'm at, the Black people all- you know, in the city. Yeah, Blackness is in all things midwifery, good or bad"</i> - [row 14]	
2. <i>"So much money has gone to looking for something wrong and I don't see it stopping, um, because right, if you could find something wrong that's more care, that's more, um, medicine, that's more money for hospitals. It's not gonna stop, so we need more black midwives', cause it always starts and ends with - with Black women, always and I just wanna be apart of that. (Laughs). That's all I want, so"</i> - [row 15]	
3. <i>"Look at the history of midwifery, right and move it towards, you know, move it towards its origins, like give it back, give it back and they're just like, "What? No." Like, "Your bodies are breaking down. They can't handle pregnancy." That's the answer. Like, I can't tell you how many times I've had the weathering conversation, like stop looking for something wrong with us"</i> - [row 17]	
Herbal/Traditional remedies	<i>All quotes utilized in results section.</i>
Erasure of Black Midwifery	
1. <i>"Um, so I wanted to be a CPM, but I'm also really passionate about Black people and legislation</i>	

and just everything about midwifery fascinates me. The history, th-the patriarchy, just everything, that-the racism, and I-I thought, I'm not gonna say I knew, I thought, right, if I wanted to reach my goal, which was like to get to Congress and just like wild out, just start yelling at people. Just like, you know, "Here's what your racism and your patriarchy has done to people," like, "We are failing in every maternal health, public health, like facet there is to fail at," like, "We just-we just all around suck," um, and in order to do that I was like, "Okay, I'm still Black. I'm still a female. I'm gonna need letters behind my name. It's gonna be the letters that open the door because it's not gonna be this race and body". That's why I became an CNM instead of a CPM, but, right, like, all of like the activist of Black midwifery"- [row 24]

2" And it led me to read, um, a history of childbirth and then I read some, so a few other books on childbirth in America. And that's of course when I really learned, just how like, um, nurse midwives who were, like also granny midwives. I learned about that. And that was really just kind of what like sparked my entire interest in midwifery and just wanting to understand a little bit more. And then I think a few years later, uh that Ricki Lake Documentary came out, The Business of Being Born. I think about how people just fail to recognize the accomplishments of midwives throughout centuries, (laughs) because they've been eliminated so, so well (laughs) in, you know, the front of society. But I'm really proud that they're making, they're making their voices heard even more now in this society, and I want to be part of that" - [row 27]

Feeling "Called" to do Midwifery

1. " I still feel very incomplete because birth has been something that has always interested me, you know, for so many years, since I was a teenager. And I think in the back of my mind, like b being a Midwife has always been there. And not knowing how to become a Midwife was always the problem." - [row 33]

Birth as sacred

1. "Patient's may feel like they're just a number and their birth doesn't matter. I dont wan't that anymore. I want to make more people feel like their birth is special. I want them to maybe feel like this eas the best care they ever received." - [row 35]

2. "It's definitely something we should honor. It's something that I want to be able to honor. And I think that as a Midwife I would be able to really hold onto those traditions, as well as, being able to educate people, which is really important to me." - [row 36]

3"Because first - first of all, right you're being invited to, um, be a part of this experience with the family, and so that's sacred. And to be able to watch them do that, they,like they don't really need you (laughs). They just wanna make sure that you're there to make sure they're okay by the end of this. I think that was an ideal birth watching this family work as a team." - [row 41]

4" I saw this video of a elephant giving birth. The moment that elephant dropped, when I say the entire he'd came running up to them, like celebrating and like they, like they're about to get ready for a feast. That's how I want to kind of see it here like on our end. Like, society has got us so distracted to the point where like when a child is born, it's like "Oh, okay. Well, what's next? Like, no. Um, like I, I tell my women all the time, like it's like, it's literally um this child's birthday, it's a celebration. Like, even as the child is coming like, I want set that, that um that tone for them, like whether its we're really getting music going, getting whatever type of um, scents you need in the air, like whatever it is that, that really sets the tone, I want more women to really kind of tune into that. Um, I'm, I'm, very ...and I am very spiritual, but also like I want people to understand that they..I want them to be as in tune with themselves as possible. However I can help with that. Like, of course, you know, you got the medical side of everything like that, that, that is..That's gonna be what it is, period. But, I want to bring more of that spiritual and emotional support." - [row 45]

Exposure to Birth at an early age	
<p>1. <i>"This journey started when I was in about seventh grade and was in health class, and saw a piece of art, the educational health art that was on the wall, and I saw someone's hand helping a baby be delivered. And I was like, "who is that?" Like, I stopped the entire class, to figure out who that was. I didn't know what the teacher was talking about." - [row 48]</i></p>	
<p>2. <i>"I was still 15 and it was just after my sisters birth. And I went to Barnes and Noble (laughs) I remember that specifically, going to Barnes and Noble. And, um just kind of being like, so are there other ways to have babies - (laughs) not in the hospital? And, uh I remember the clerk being like, "You mean home birth?" I was just like, "Sure" (laughs) Home birth." And, uh (laughs) she brought me over to, to the, to a section on just like health and us gave me Ina May Gaskin book. Um, what is it called? Something about midwifery." - [row 49]</i></p>	
<p>3. <i>"I think that for me, one of the personal things that kind of led me towards wanting to be a Midwife was just the experience of being with my sister the first time she was pregnant. Uh, I was about 15 years old and I remember going to her doctors appointment and just being kind of shocked and put off by, you know, the way the doctor kind of just, really didn't give her an option to how she wanted to have the baby." - [row 50]</i></p>	
<p>4. <i>"I am the eldest of 10. Yeah. That's actually a huge part of what inspired me to become a Midwife; witnessing my other give birth to number seven, actually. She has me, but I always say number seven because that's the monumental one, the one I got to experience, and that was her one and only home birth. It just lit something inside of me...just seeing how my mother ...being able to support her through some of the pain she was going through, being able to talk to her and soothe her the moment that my sister was born and seeing how my mother, even though this was baby number seven, it as like the first child all over again. It's that feeling that the mother gets in the room when her baby is born, it's something that I always want to feel and be around." - [row 51]</i></p>	
<p>5. <i>"I was born at home, um, and my younger sister was as well, as well. Um, and she was actually born at the house that my parents still have. Um, and my mom always, um, just talked about her midwives and her experiences with home birth and, um, how much she just loved her midwives and, um and how wonderful the experience of working with them was." - [row 54]</i></p>	
<p style="text-align: center;">Midwifery as community-based care</p>	
<p>1. <i>"So I would prefer to be seen as a unifier, somebody to come in and, and bring people close together and facilitate healing on a massive level." - [row 56]</i></p>	
<p>2. <i>"I feel like that might improve but it also might make, make me... I think it would help but it also help me like I'm making a difference, and actually provide...you know, being of service to my community." - [row 57]</i></p>	
<p>3. <i>"I would really like to work with a team of midwives that really want to provide like community care. So, like in their own sort of birth center, um on the south side of Chicago, because there's not a birth center and, or are very many labor and delivery wards on the south side of Chicago. So I would love to be apart of a group of midwives that provides community care, and that the birth center is sort of like a community center. Like they go there for, you know, not only their prenatal care and prenatal education, but there are other events that support them in their pregnancy and parenting journey." - [row 59]</i></p>	
Holistic Midwifery	
<p>1. <i>"The top two types of midwifery I would like to go into is hospital midwifery or wilderness because there are a lot of people that don't have access to medical care that have belief that keep them off the grid since they were little. I would love to help them have a healthy pregnancy, a safe one, and deliver their baby." - [row 42]</i></p>	

<p>2. <i>“And I also think when I think of midwifery, I think not of just birth, but also you know sometimes not all births result in a live baby. And it think that midwives are also quintessential in those moments too. Because there is this basis of trying to provide whatever it is that your patient needs. And if that means comfort, if that means grieving with them, if that means providing resources that is also quintessential to the Midwife role.” - [row 62]</i></p>	
<p>3. <i>“Looking out for both baby and birthing person, looking out for not just the physical, but the emotional, the mental, the spiritual. I really wish I could finish the picture that’s developing here. But I think when I think of Midwife, there’s tradition, there is knowledge, there is, there is this big culmination of all of those things in a person.” - [row 63]</i></p>	
<p>Midwives go beyond catching the baby</p>	
<p>1. <i>“I really think that, you know, healing is a really big part of it, especially within our community. Um, a lot of the time, I think people forget just how much was taken away from us as birthing people, you know, and our children taken away from us, still taken away from us really. Um, I hope that I can be more than just the person who births your baby. I hope that I can also be your protector, your champion, your advocate.” - [row 68]</i></p>	
<p>Black perinatal health crisis as fuel</p>	
<p>Taking power back</p>	
<p>1. <i>“I think midwifery is activism inherently, um, especially Black midwifery. So I’m always looking for ways to just be with the shit, always.”- [row 75]</i></p>	
<p>Desire to see Reproductive justice</p>	
<p>1. <i>“All of those little hints, combine with the lifelong love, combined with the real fire that I feel for reproductive health, specifically an emphasis on reproductive health for Black people combined with my understanding of what midwifery is currently, and I know it’s going to keep growing and developing as I want to, all of those things combines is why I really, really, want to be a Midwife.” - [row 78]</i></p>	
<p>2 <i>“I want to provide care to Black women in the hospital. I want to make sure that they’re safe because I know there are a lot of people that think that getting away from the hospital is the best thing. I think with Black women dying rapidly because no ones listening to them, I think they should be in a hospital with a Midwife, a doctor possibly, and a team of nurses and I’ll have access to all of the services that a hospital provides instead of being isolated.” - [row 80]</i></p>	
<p>3. <i>“And also, uh, you know, when being a doula, like, you know, that birthing individuals are capable of physiological unmediated birth. Um, and, and just believing in that, um, in that power and that potential, I think, also leads to healthier outcomes as opposed to treating pregnancy and labor like a sickness. Right? So I really liked that midwives don’t treat it like a sickness. They’re like oh, this is normal. You know, the, the part-you know, you can do this. And if you want to use these other tools, as far as, um, pain management, et-cetera, et-cetera, like you can, but you also capable and, and the empowering things that midwives do versus other more Western philosophies of the medical industrial complex is something that I really believe in.” - [row 81]</i></p>	

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