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LABOR PANGS: THE BIRTH OF A NEW PROFESSION

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A PROFESSION REFORMED

In the summer of 1923, Mary Breckinridge visited fifty-three local midwives from three counties in the Appalachian mountains of Kentucky. Breckinridge, a reformer and trained nurse midwife, was horrified by much of what she saw.



Breckinridge at Work, Public Domain

Her encounter with Susan Stiddum, a forty-five year old midwife, was somewhat typical. Although Stiddum had practiced midwifery for sixteen years, her home was a “dirty untidy rough plank house.” Stiddum herself could not read or write, and her obstetrical practices were abysmal.

She “[r]ubs her hands with castor oil or other grease for examination, and makes no other preparation [such as cleaning her hands],” Breckinridge noted with dismay. Even worse, “in answer to all questions as to what she would do if the baby did not breathe, if mother had convulsions, etc., she made the one reply, ‘aint never had none yit.’ And she had not thought what she would do should any of these complications arise.” In short, Stiddum was a “[d]irty, untidy, poor drudge of a woman”—and obviously not fit to deliver babies.

Some Appalachian midwives, Breckinridge admitted, had “native intelligence,” even if they could not read or write. But overall, Breckinridge found more bad than good.

None of the midwives she studied had formal midwifery training. Very few carried equipment bags, and none provided postnatal care. When a mother started to hemorrhage, many of these midwives used what Breckinridge called “superstitious practices.” Drinking teas, “cording the leg,” putting an ax under the bed, or reading a passage from the Bible, rather than sound medical practices, were used to stop the bleeding.

Most worrisome of all, most midwives failed to recognize when they needed medical assistance and on the rare occasions when they did call for assistance, they used “pseudo-doctors,” rather than licensed physicians.

Breckinridge thought that it was not at all surprising that the Appalachian mountains of Kentucky had one of the highest maternal and infant mortality rates in the nation.

EARLY ROOTS OF THE FRONTIER NURSING SERVICE



FNS Nurse-Midwife, Courtesy of Frontier University

As immigrants from eastern and southern Europe flooded into the teeming cities of early twentieth-century America, rural enclaves, such as those in eastern Kentucky, held an allure for many white Americans. These regions seemed to be the last holdout of white Anglo-Saxon Americans, the “true Americans.” The future of the white race, many nativists believed, rested on ensuring that white Americans in Appalachia and other similar regions produced healthy children.

To ensure this, Breckinridge, an American public health nurse with British training in midwifery, established the Frontier Nursing Service in 1925. Breckinridge and her staff offered their Kentucky patients midwifery service, general medical care of families, and preventive medicine at low cost, and dramatically improved their health.

Although some local people initially resisted FNS’s efforts, most eventually took advantage of at least some of its services.

NURSE- MIDWIVES AS MYTHICAL FIGURES

Breckinridge faced financial, professional, and image problems as she created and built up FNS. Her Appalachian patients could not afford to pay for health care, and her attempts to secure government funding failed. Because nurse-midwifery was new and different, it represented a potential threat to the medical establishment’s ideas about birth and to their incomes. Finally, although Breckinridge routinely emphasized the scientific and medical



FNS Nurse-Midwife Crossing River, Courtesy of Leslie County Kentucky

training of FNS nurse-midwives, health professionals and the lay public often associated Breckinridge’s nurse-midwives with the traditional “granny” midwife, who was widely regarded as dirty, ignorant, and unprofessional.

To counter this misconception, Breckinridge carefully constructed FNS nurse-midwifery. She limited her work to rural Appalachia, a region off the beaten path of other health professionals. She raised money for FNS by tapping into contemporary racist views, claiming that her patients were the “finest old American stock”—that is, white, Anglo-Saxon Protestants—people with the “right” genes who needed some help in order to thrive. She also portrayed her horseback-riding, mountain-mother-serving nurse-midwives as mythical figures, rather than serious professionals who might threaten physicians or the American health care status quo.

Following her failure to secure public funding for FNS, Breckinridge

created a private philanthropic organization, the Kentucky Committee for Mothers and Babies (renamed the Frontier Nursing Service in 1928), to serve mothers and families in a 700-mile area extending into four southeastern Kentucky counties. The difficulties of traveling through the rough Appalachian terrain, and the benefits to local families who developed relationships with their district nurse-midwives and provided input into center operations through a center citizens’ committee, meant that FNS needed to be decentralized.

CARE FOR THE ENTIRE FAMILY

FNS had three parts: 1) the hospital and nursing center in Hyden; 2) the administrative headquarters, nursing center, and Breckinridge’s home five miles away in Wendover; and 3) by 1930, six outpost centers.

Local citizens donated labor and money to help build the centers. Each outpost center housed two nurses who were responsible for the general health of all the families within their district. First by horseback and later by jeep, FNS nurse-midwives traveled through the mountains offering prenatal, labor and delivery, and postnatal services for women, as well as general nursing care and public health programs for men, women, and children.

Fees for FNS services were low compared to typical health care providers. Until the late 1940s, FNS charged five dollars for complete midwifery care, including prenatal care, care during childbirth, and nursing visits for ten days after the baby was born. Families were also charged one dollar a year for general nursing care. No one, however, was denied care because of an inability to pay. Lacking cash, many patients paid with animal fodder, eggs, butter, corn, or other foods. Sometimes women paid by making quilts, and men by making chairs. Fathers and sons also worked at FNS, mending fences, chopping wood, and whitewashing barns to pay their families' bills.

But these payments, whether in cash, work, or produce, only covered a fraction of the cost of the services.



FNS House Call, Courtesy of University of Kentucky archives

All of this meant that FNS constantly needed external financial support.

BENEFACTORS AND COURIERS

Breckinridge, who was extraordinarily savvy in terms of her understanding of marketing and public relations, established volunteer committees in the Northeast and Midwest to provide this support. FNS committee members were among the nation's most prominent and wealthy citizens. Committees included Eleanor Roosevelt; Sophonisba P. Breckinridge, Mary's cousin and professor and founder of the University of Chicago's School of Social Service Administration; Joseph B. DeLee, a leading obstetrician; and Clara Ford, wife of conservative automobile magnate Henry Ford.

Committee members donated money to open FNS's outpost centers, and in turn, the centers were named after relatives of the benefactors. Committee funds also financed FNS's operations.

Breckinridge also set up a program for "couriers," young horse-riding debutantes who came to the Kentucky mountains for several months, or sometimes several years, to care for the nurse-midwives' horses and otherwise assist them. She used these



FNS Couriers, Courtesy of Leslie County, Kentucky

couriers to advertise FNS to the blue bloods back home, whom she hoped would donate money to the service. Many, if not most, couriers maintained lifelong connections to FNS.



HEALTH PROBLEMS OF APPALACHIANS

Anticipating criticism about nurse-midwives, and knowing that physicians were not always supportive of nurse-midwifery, Breckinridge carefully crafted both her service and its publicity. Downplaying FNS's use of nurse-midwives, FNS materials focused instead on the needs of its poor, white, Appalachian patients--people viewed as being on the margins.

While this approach was effective in rallying support for FNS, it also perpetuated and extended myths about Appalachia causing some initial resistance and hostility toward the service. But most most people did come to like or at least accept the service over time.

Despite these issues, FNS was, in many ways, a perfect solution to the health problems of Appalachians, providing excellent care to their patients and avoiding overt condemnation from physicians. Before FNS, very few physicians worked in rural



FNS Nurse-Midwife Weighs Baby, Public Domain

Appalachia and no hospitals existed there until FNS opened one in 1928. Nurse-midwives, who could provide basic care at a low cost, came to be regarded as a solution to the problem of limited care and access to physicians. Ironically, the nurse-midwives' presence ultimately encouraged a few qualified physicians to locate in this area during later years.

FNS still exists today, and its school, renamed Frontier Nursing University, continues to have an important impact, training a significant percentage of the nurse-midwives in the United States through a special community-based distance education program. The program, as its website explains, provides nurses with the opportunity "to remain in their communities while obtaining graduate education and ultimately increase[s] the number of nurse-midwives and nurse practitioners working in underserved areas." In that way, Frontier Nursing University continues Mary Breckinridge's mission of serving those whom the American health care system has left behind.

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