Women’s Innate Knowledge
Written by Diane Barnes, CNM
Thursday, 01 December 2005 00:00 - Last Updated Wednesday, 26 March 2014 08:20

Midwifery knowledge is everything about women. It is innate. It is what our bodies know without instruction when fear is absent. It is more than birth. It includes living, loving, sharing, crying, learning, helping and simply being silent while listening.

We begin to gather this mysterious knowledge as children from the time spent with mothers, grandmothers, and other women we believe to be wise and wonderful. We start by emulating their actions by giving hugs, wiping tears and helping with whatever we can. As we grow and

Appearing in Issue #8. Order A Copy Today

We begin to gather this mysterious knowledge as children from the time spent with mothers, grandmothers, and other women we believe to be wise and wonderful. We start by emulating their actions by giving hugs, wiping tears and helping with whatever we can. As we grow and
our bodies change, we self-examine, question and begin to search for information in books; many girls now look to the Internet. Most young women sit back and contemplate what they feel and what they learn to see if it matches. Some women believe what they learn. Others bury the knowledge and want to ignore it. I believe these are the same women that turn to technology and schedule their lives to fit into patterns that go against nature. They spend their lives trying to figure out what went wrong while telling the world that everything is all right. Other women take their innate knowledge and revel in it and become mothers—some stay at home, some home school, some work out in the world. They know who they are and have confidence. They grow throughout their lives, gracefully accepting joy, change and tragedy with equal aplomb.

Then there are those of us who are drawn into doing more with the knowledge. We are concrete learners who have to experience, search and think about each event. Eventually we look for validation through education, either self-taught or formal. We enjoy seeing experience meet up with theory and are satisfied when they match. We clearly recognize when textbooks describe a concept of “normal” that doesn’t match. When we puzzle through it, we conclude that “normal” to some has been veiled with all the intervention women have suffered through the technology surrounding birth.

Midwives share a continuum of remembering, learning new things, applying knowledge, re-evaluating, trying new recipes for success, sharing with each other and loving the mothers and the process of birth. Accumulating the knowledge of how to be healthy, maintain good nutrition and have a responsible pregnancy is not difficult. It becomes difficult, however, when we go beyond “normal” and care for those women who have not had role models to teach them responsibility or who have abandoned the innate knowledge available to them. When we decide we want to match the expertise of the physician and begin to manipulate “normal,” we change the role of midwife.

I can see how it might seem safer to follow the medical role sometimes. It pays better and doesn’t threaten physicians by making them see that they make birth frightening with all of their interventions. The politics of birth make physicians do things they know aren’t necessary. Hospital administration dictates policies on medical legal issues and works on the economics of the birth machine. Attorneys and malpractice drive the administration, which believes that it must protect the bottom line or face the possibility of closing its birthing suites. With collaboration a requirement, midwives are faced with satisfying the requirements of the administration and the physician and having to work doubly hard to retain the essence of midwifery. Everyone works to cooperate, yet midwifery practices are closing all over the country. I appreciate the CNMs who try to make a difference for the women birthing in the hospitals.
I also appreciate the knowledgeable midwives who practice without a license, validate their knowledge with NARM certification or become CNMs and then choose to practice outside the hospital. I believe they have the best chance of holding true to the light of knowledge that mothers through centuries have taught about “normal.” I believe these are the midwives who brought the beacon of truth back, who will keep the education and wisdom around for the future and who gather truth and pass it on to women. These midwives need to earn a living, but don’t make it the priority; instead, income is the result of their passion.

As a child, I asked my grandmother how to make her special spaghetti. She couldn’t tell me much. She said she puts a little of this and a little of that, using her intuition for the batch on that day. I followed behind her like an apprentice, watching and trying to evaluate a pinch of salt. Was it a quarter of a teaspoon or an eighth? How big was the batch today? How much oregano did she use? I finally learned the flavors and knew that though the numbers changed with the group I would feed, I could approximate the flavor. We need the historians. We have lots of cookbooks we can study about birth. We can validate knowledge about them. How do we validate intuition? How do we evaluate passion, touch and caring? How do we pass these things along? Just as my children and grandchildren look to me for an example, the future midwives will look for examples. Are they there? What are they teaching? Only the future will tell if midwifery will survive, fade away again or become something else by the same name.
Women’s Innate Knowledge

Written by Diane Barnes, CNM
Thursday, 01 December 2005 00:00 - Last Updated Wednesday, 26 March 2014 08:20

This article appeared in Pathways to Family Wellness magazine, Issue #08.