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4 SPEAKERS

Sarah Trott

Esther Gallagher

Lisa Yarger

Speaker4

START OF TRANSCRIPT

[00:00:05] Sarah Trott

Hi, I'm Sarah Trott and welcome to the Fourth Trimester podcast. I'm a new mama and this podcast is all about postpartum care for the first few months following birth, the time period also known as the fourth trimester. My postpartum doula, Esther Gallagher, is my co-host. She's a mother, grandmother, perinatal educator, birth and postpartum care provider, fourth trimester care. Our topic is about the practical, emotional and social support parents and babies require. And importantly, it helps set the tone for the continuing journey of parenting.

[00:00:38] Esther Gallagher

Hi, listeners, it's Esther Gallagher coming to you once again, sadly without Sara today. But we do have wonderful guest who I will have introduce herself in just a moment. But before that, I just want to encourage and remind you to not only tell everyone, you know, who could possibly sit in front of podcasts and listen to it or walk around with their earbuds in listening to it, including your little kids to subscribe to our podcast, maybe even throw us a little bit of a donation if you can afford it. We do this all out of pocket and go to our Facebook page and become a friend on our Facebook page. And we also have fourth trimester podcast dot com, which has a lot of great information on it as well. So that's where you can find us and spread the word. We've we love to get you listeners spreading the word. So, Lisa, it's so wonderful that you could get here. Thank you. I know it was a journey, but you've written a very intriguing book, intriguing from my point of view. And I think our listeners might be very interested to hear about your book. So I'm going to let you introduce yourself. Tell us maybe what brought you to the writing of this book and if you would be so kind, perhaps a reading, great.

[00:02:32] Lisa Yarger

Be happy to do all of that. My name is Lisa Yager. I am a folklorist. I'm from North Carolina, and I was working in the late nineties for the North Carolina Museum of History in Raleigh and was part of an exhibit team that was working on a really interesting exhibit on health and healing experiences in the state of North Carolina. And we wanted to tell the story of traditional midwifery, particularly in the eastern part of the state, which as it played out there, it was largely within the black community and largely African American traditional or lay midwives who are also known sometimes within their community, sometimes outside of their community as granny ladies or granny midwives. The problem was, by the time we got interested, I couldn't find anyone who was still alive. But yeah, the tradition had largely died out in the sixties for various reasons, which I can talk about later. But I did find through an anthropology professor, a white nurse midwife, so professionally trained midwife named Lovie Shelton, who had a very interesting career trajectory, a very unique career, and she was willing to be interviewed for the museum museum exhibit. And after the exhibit went up, I knew I wanted to continue working with her and had been looking for a writing project myself and decided, oh, a nonfiction book will be so much easier than a novel because it's a real person and the material is all there. 18 years later, I had a book suite.

[00:04:05] Esther Gallagher

Yeah. Did Lévy live that long?

[00:04:08] Lisa Yarger

Yes. No, unfortunately, she died before the book was published, but I was lucky enough to spend many, many years going out and visiting her and staying with her in her home and even was able to accompany her on what turned out to be her last birth, her last home birth. She had primarily delivered in African American homes up until the mid sixties. That was when the Civil Rights Act was passed and also Medicare was passed. And so black women, minority women who had been shut out of hospital births because of racism and because they couldn't afford it, suddenly the mostly white doctors who had not wanted those patients saw a new client base, saw a new opportunity for paying customers, so to speak. So the hospital doors were open, and with many things that are long denied to a community hospital birth took on a new status and home birth sort of fell away. So as Levy's career developed, she she also had a public health background. So she was doing public health nursing. And then slowly she got a few hippie clients. So she called them mostly middle class white women who wanted an alternative to hospital birth. And then there was a mennonite community that moved to eastern North Carolina in the early eighties. And they wanted home birth. They definitely didn't want to be in a hospital setting. So they found her and she started doing many, many births in that community as well as for some, I would say, conservative Christian neighbors of the Mennonite families.

[00:05:51] Esther Gallagher

Is there anything, let's say, particular to their religion that motivates them away from hospitals into home birth like. In other words, maybe, maybe the better broader question is just why would Mennonites avoid hospital work?

[00:06:10] Lisa Yarger

I think there's a there's several reasons. But I have to say, I did not delve in this into this too deeply, because the family that allowed me to attend their birth was not Mennonite. It was a conservative Christian family, but not a mennonite family. But from what I understand, it's partly they they wouldn't have had insurance, so they would have had to pay out of pocket, which is very expensive, or to have used Medicare, which they don't like to do because they don't want to tie into government systems. So that's partly the reason and also the privacy issue. As a woman would have been their preferred choice for someone to deliver them because they would very much like to avoid having having men involved, I would say. Then again, I'm. That's what I understand. Yeah. Yeah, I understand all those reasons.

[00:07:05] Esther Gallagher

Too.

[00:07:06] Speaker4

Yeah.

[00:07:07] Esther Gallagher

Interesting. Yeah. So would you be willing to give us a little reading?

[00:07:14] Lisa Yarger

I'd love.

[00:07:15] Esther Gallagher

To. Oh, that's great.

[00:07:16] Lisa Yarger

So Luffy and I liked each other, but we had a few barriers to overcome in our relationship. She was born in 1925. I was born in 1967, so we had a 42 year age difference. She was a conservative Christian and conservative politically and culturally, and I was none of those things. I was raised Catholic and wasn't attending church by the time I met her, and church was very important to her. So we had a few things to navigate. But when I visited her, if I was there over the weekend, I would always go to church with her. So this little passage is from a time that I accompanied her to her church. She was Southern Baptist, sometimes, sometimes Methodist. She had sort of gone back and forth between those two churches her whole life. And for those of you, you know, these things are significant in North Carolina, where I'm where I come from, I'm from the Bible Belt. As a Catholic, I was very much in the minority. And there's there's important distinctions between different Protestant denominations. But anyway, that this just to set you up for for this passage. Lovie lived in eastern North Carolina her entire life, except for for short periods, including a summer in Kentucky with the famous Frontier Nursing Service. In some ways, she was ahead of her time. She traveled to Scotland to train as a nurse midwife decades before. The profession was widely accepted in the United States, and she pursued a career in the 1950s and 1960s while raising four children by herself.

[00:08:53] Lisa Yarger

But in other regards, she was decidedly old fashioned. Among the things that she never owned were a credit card, a clothes dryer, a dishwasher and a computer. She also never had central heat or air conditioning and only late in life against her will after a crisis. Did she acquire gas heat in one room? Before that, she relied on space heaters and a woodstove. Given her career history, one might be tempted to think of her as a feminist. And in some ways, perhaps she was, but not in all ways. I will never forget the jolt I experienced, for example, when I heard her say that it comforted her to think of God as male because she felt more secure with a man in charge. Actually, it came as a surprise to many people that Lovie was as educated as she was. She had degrees in nursing, midwifery and public health, as well as a certificate in pediatric nursing. Not just because of her old fashioned ways, but because she often came across as downright naive. A few years after I met her, her sisters took her to Wendy's for lunch, and Levi puzzled over the menu as though it were in Arabic. Eventually it came out that she had never been to Wendy's before and didn't recognize any of the choices. Some people might have concluded from this that Levi had never before set foot in a fast food restaurant. But this wasn't the case. It's just that she usually went to Burger King.

[00:10:16] Esther Gallagher

Different language.

[00:10:17] Lisa Yarger

Yep. Levi had many interests other than midwifery. Church, her family, her garden, and her animals, to name the key ones. But midwifery was the prism through which she saw the world. And much of what she said and did referred back to her experience with mothers and babies. The oral historian Studs Terkel recounted an incident in which the actress Geraldine Page was approached backstage after a performance by a man who wanted to know, of all things, who did her dental work. As it turned out, the man was himself a dentist. During the play, he had sat in the front row, a vantage point that afforded ample opportunity to lean back and study page's fillings. It was not that he loved theatre less, concluded Terkel, but that he loved dentistry more. I had a similar experience with Lovie one Sunday when I accompanied her to church. The pastor gave what seemed to me an extraordinarily long sermon during which Levi reached over and placed her hand on mine. A devout Christian Lovie was always exhorting me to go to church, so I assumed that she was either checking to see if I was awake or was about to tell me to listen up because the pastor might have something to say that could do me some good. She leaned closer. See that child right there? She whispered, indicating a small boy several rows ahead of us who was skating the cowboy action figure from Toy Story along the back of his pew. That child has got a big head, Lovie whispered. His mama's got a big head. His daddy's got a big head. You know what that means, don't you? I shook my own presumably average sized head and studied the three oversized heads ahead of us. Their religious significance was lost on me. Something to do with ego and sin, with God granting more brains to some people than to others. No, I confessed. I really don't. Lovie nodded. My ignorance was to be expected. Big heads, she confided. That means trouble with a home birth. So that is that passage.

[00:12:18] Esther Gallagher

From.

[00:12:19] Lisa Yarger

Chapter one.

[00:12:20] Esther Gallagher

That is so great. And it's so straightforward, right? Like, okay, there are some sort of simple genetic principles, right?

[00:12:30] Lisa Yarger

Yeah. She always said, look at the father. You know, if he's got a head like a bull, you need to be kind of careful. Yeah. Especially if the woman has. She always said not if the woman is small, but if the woman has small hands and small feet, she said if she wears a size three or four shoe, be scared of her. That's what she would say. Yeah. For a home birth. Right. Especially combined with a husband with a head like a bull.

[00:12:55] Esther Gallagher

Yeah. Yeah. Well, you know, we get those clients to do and and it's always interesting to sort of. See where that's going to take us. Yeah. You know, and. Yeah.

[00:13:11] Lisa Yarger

That's what she was tired.

[00:13:13] Esther Gallagher

Yeah. Yeah. Well, you know, it's, it's we as much as we want to remain a little agnostic about what the female body is capable of, like, not judge it in advance and give it a chance to do what it does. You know, it's not like we're not naturally prone to also looking out, looking out ahead and seeing if there are ways to prevent difficulty or prevent, you know, a quote unquote bad outcome. Right. Anything like that.

[00:13:53] Lisa Yarger

So absolutely.

[00:13:54] Esther Gallagher

You know, you want to be careful about these things.

[00:13:58] Speaker4

Yeah.

[00:13:59] Esther Gallagher

Oh, my gosh. What an interesting relationship. I mean, I think about my relationship with my own midwife. I think about, you know, relationships with midwives I have currently and and that are ongoing in the community which are mostly professional. You know, we don't get a lot of opportunity just to hang out with each other. We certainly don't go to church together. So yeah, what a fun and obviously kind of funny venue to be learning about somebody or working out your relationship.

[00:14:37] Lisa Yarger

And sometimes it wasn't funny, sometimes it was hard. There's a whole chapter in this book called Palm Sunday where I went to church with her on Sunday, and I specifically chose to visit her on that weekend because she had a mule named Gus. She kept it's interesting, as a Southern Baptist, she had aspects of her that reminded me of Catholics and Catholicism. I think that was part of my attraction to her. And Gus was one of those things. She was so enamored of the story of Mary giving birth to Jesus that she kept Gus in her backyard partly because she liked farm animals. But partly, she said, he reminds me of Mary riding to Bethlehem on a donkey to give birth to Jesus. She also told me once that she was quite sure that there was a good woman at Mary's Jesus's birth to help Mary that the Bible just forgot to put in there. Yeah, which I bet is true. But in any case, I did go to church with her on Palm Sunday and there were a few uncomfortable things that happened. So it wasn't always fun and funny or easy for me, and I could see where my buttons would get pushed and where her limits also were. But we we did like each other and that was the central thing. And we kept sort of pushing to be able to spend time with each other and having to sort of butt up against these aspects of our relationship that were not so easy. But we did. We did. We were committed to each other. And she wanted this book and I wanted to write the book and it worked.

[00:16:05] Esther Gallagher

I have to say that, you know, given the consciousness raising that's going on just in the last. Couple of years, really, despite inklings. Right. Throughout the culture, you know, the larger culture of the US. But, but in the, in the last few years, at least within my purview around. The. Fallout for African American women. Right. And maternal physiological and mental health and outcomes for African American babies. And, you know, the whole nine yards, which I don't think I'm putting drawing too broad a stroke when I say we're talking about racism. Yes. When we talk about these atrocious. Statistics. Which is what we're being sort of finally made to contend with. It makes me very, very curious about the chapter of Levy's life, where she was. Whether or not she wanted to or had any consciousness around it, but was picking up where American racism had divested African American, one of their.

[00:17:41] Lisa Yarger

Caregivers.

[00:17:42] Esther Gallagher

Their own caregivers.

[00:17:43] Lisa Yarger

Exactly.

[00:17:46] Esther Gallagher

I'm curious if she talked much about it with you and she didn't talk.

[00:17:49] Lisa Yarger

About it in the terms you're talking about in. But what happened was so lovey was raised on a farm. Her family was cash poor but land rich. And they had a farm with many African American tenants living on it who were farming parcels of land. And when they when those tenant women almost all I think they were exclusively African American families when they went into labor love his father would go off in his Ford and fetch a black granny midwife. And Lovie was the one in that family who was fascinated by the midwife. She always had been fascinated by the births of animals on the farm. She would watch them give birth, she would watch the animals make nests. And then she wanted to get as close to these home births with these black midwives as possible. Her mother wouldn't let her be at birth, and I don't know if the women would have let her be there themselves, but she would get as close as she could. You know, on the other side of the door or right after the baby was born, she was there and she would go and ask the women questions afterwards, not the granny women themselves so much, but the women that she knew who were the tenant farmers. So she got very close to that tradition as a girl and I think she had a great respect for those women and she understood that birth was natural. Sometimes there are problems, but she she knew that there wasn't a lot of fuss around it, that it was often a very simple process. Then fast forward. She goes and gets her midwifery training in Scotland of all places. I can tell you that story later if you want. Basically, there were very few places in the States where she could have gotten nurse midwifery training in the late forties.

[00:19:28] Lisa Yarger

So she went to Edinburgh, Scotland, where they had a deep and long tradition of professional midwives, came back to work in eastern North Carolina, and the year that Lovie was born, 1925 was the year that the medical profession decided to start killing the lay midwifery tradition. And you mentioned racism. It was racist, it was classist, it was sexist. These were poor black women who did not have a high school education. Many could not read or write because they weren't ever given the chance and they didn't have anyone advocating for them. It was very easy for the doctors in the growing field of obstetrics to blame midwives for poor birth outcomes, which there was actually pretty appalling maternal. And the year that Levi was born in 1925 was about the time that the professional medical community started to regulate the practice of midwifery and to want to stamp it out. The United States had very poor maternal and infant mortality rates worse than every other Western nation, and they found it very easy to point their fingers at midwives. Well, they started tightening restrictions, regulating midwifery, putting public health nurses in charge of predominantly white, not always white, but predominantly white public health nurse midwives or excuse me, nurses in charge of lay midwives tightening up their restrictions, retiring them automatically when they turned 70. Ten years after that, the outcomes were still horrible. They were just the same. And the medical profession had to take a long, hard look at what they were doing. And it came out that they were part of the problem. Poor obstetrical training, unnecessary interventions. These things were adding to the problem.

[00:21:21] Esther Gallagher

Well, and I think, you know, just circling back, I will just fill in from my understanding, which is that, you know, most of what we blame midwives for traditionally is, of course, rooted in racism, classism and classism, which imposes poverty. It imposes poverty on people, meaning that their living circumstances are undernourished, under sheltered all the things that cause greater stressors and weaker physiologies. And so even a process that would have been very little fast if it's happening to a mom who's anemic because she can't afford meat to eat, if it's happening to a mom who's been systematically harassed and is, you know, on the verge of pre-eclampsia because she doesn't get enough to and she's being harassed. And her high blood pressure is, you know, endemic to her culture because of its. Treatment like we understand now, those of us who are curious and care about these things understand that this is the legacy. Yes. Of American institutional racism. And it's not subtle.

[00:22:42] Lisa Yarger

No, it's not. It's not. And so the ironic thing is that Levy, who had been full of admiration for the black traditional midwives as a girl, came back from Scotland and was put in charge of a county health department as a public health nurse midwife. And one of her tasks was to supervise the county's remaining black traditional midwives, and she was able to give some of them some more advanced training that they had not ever had access to before through no fault of their own. And some she decided they weren't going to get it. So she basically revoked their their license licenses to practice. But this became one of her tasks than working in public health. And then many of the women who were turning to traditional midwives at that point, they could see that Lovie had a different relationship to the medical profession. So even though she was white and they were black and they still had access to black traditional midwives, Lovie had access to the white doctors in a way that the black traditional midwives did not. So she could offer them more. She could offer them pain medication, she could offer them a more straightforward path to the hospital should something should an emergency come up? So the white doctors didn't want the black patients, but they would take them reluctantly if there was a chance that the woman was going to die or the baby was going to die and she could get them into the hospital a bit more quickly. She didn't actually come out and say that, but that was very clear to me. She had a car. This was after World War Two. She can transport them to the hospital.

[00:24:20] Esther Gallagher

Yeah. I remember, you know, seeing the photographs of the frontier nursing nurses, nurse midwives and on their horses in Appalachia and thinking, yeah, but what, what if a mom needs to be in hospital? Like, how do you get her there? You don't. I mean, the answer was you.

[00:24:42] Lisa Yarger

Don't actually what they did once the Frontier Nursing Service came in, if somebody need to be transferred and there was time, they would have a stretcher brigade. They would get six men unless it was World War Two and men were all gone. Then they would whoever was available, women, six men would put two poles through a couple of blankets and they would carry that woman down the mountains to a hospital so they could if there was time, they actually could transport. But it was arduous, it was time consuming. It could take hours. Sometimes it was successful. So there were ways, but they certainly weren't easy.

[00:25:16] Esther Gallagher

Yeah. And we're not talking about the time pinch emergencies here. Yeah. Wow. Lisa Well, let's do two things. Let's talk about a little more about when luvvie was was sort of newer to this. So should we talked about her childhood, her observations of, you know, her surroundings and you touched on her time in in Edinburgh. And I'm very curious about that. Do you want to talk about that a little bit?

[00:25:44] Lisa Yarger

Well, the whole reason she let me back up a little bit to tell you how she got there. So she finished nursing school shortly after World War Two because she didn't know anything about midwifery at that point. So she decided she'd be a nurse. She went to midwifery school in Norfolk, Virginia, and she came back to rural eastern North Carolina and started working for a country doctor who sometimes did home deliveries, mostly for white women. And sometimes he would leave her alone with a laboring woman because he had patients back in his practice to see. And sometimes she'd be there when the baby would come. And she was not up for this. She of course, she handled it the best she could, but she had been trained as a hospital nurse and had, of course, had a shift rotation doing. Yeah, it was a completely different setup. She was there, as she said, to be a handmaiden to the doctor. And how can I be a handmaiden to the doctor when the doctor is not there? So she knew she wanted to have more experience and she also had the feeling that she'd like to be able to do this job. So she knew that public health nurses worked in home. So that seemed like the logical next step.

[00:26:48] Lisa Yarger

So she got to got to start at the UN C School of Public Health Nursing and it was there that a white nurse midwife from South Carolina came to deliver a guest lecture and said, I'm a nurse midwife and this is what we're doing in South Carolina. And there's a great need for nurse midwives to work with the traditional midwives that are that are in all of these southern states. And that's when Lovie sat up in her seat and she had never heard the words nurse and midwife put together before. And so she her professor sent her to Kentucky to the Frontier Nursing Service, which was the first introduction of nurse midwives into the United States, also in 1925. Lots of things happened in 1925 and Mary Breckenridge was the founder, and we got to know her and said, Hey, I like this. These were these nurse midwives who were riding on horseback into these remote mountain coves to deliver babies, into these extremely isolated cabins, isolated from medical the medical profession. And Levy had a sense that this is what she wanted to do and asked Mary Breckenridge, can I train here? And because there were so few training programs for nurse midwives in the United States, Breckenridge said, I've already signed up for classes of ahead, but I can get you a scholarship to Scotland, to Edinburgh, Scotland.

[00:28:04] Lisa Yarger

And Levy said yes, but didn't really believe it would happen. But turns out this is exactly what happened. And about a half a year later, she was on a ship going across the ocean. She ended up in Scotland at the Simpson Memorial Maternity Pavilion at the Royal Infirmary. Wow. And the person who was her midwifery teacher was none other than Margaret Miles, who is the most famous midwifery teacher of her era, because she wrote a standard midwifery text for midwives. So this is who Lovie had as her midwifery tutor, which is extraordinary. And she was there for the better part of a year, training in the classroom for half a year with some experience on the wards with problematic births. And then the second half year, she was on the on the district, as they said, doing home births, because home births at the time were pretty much what everybody was doing who didn't have a difficult pregnancy or didn't expect. It was not expected to have a problematic birth. So this was in 1949 and she came back to North Carolina and began practicing there in 1950. Wow.

[00:29:14] Esther Gallagher

Imagine I just think it would be the most exciting thing in my life if somebody had offered me a scholarship to go across the pond or any in any direction to just just to study midwifery. Wow.

[00:29:29] Lisa Yarger

That's yeah, she she always said, you know, I sometimes look back on my life and I can't believe these things happen to me, she said. And she thought her teachers could could really see that she had what a midwife needed, which was deep, deep dedication. She wasn't flighty. She wasn't interested in boys in romance. She did end up marrying and having four children, but she wasn't super interested in clothes and dating. She was very focused. She was a very no nonsense person in a lot of ways.

[00:29:56] Esther Gallagher

Yeah. Yeah. Fascinating. Yeah. I have to say, you know, I am still so struck by the the classism in all this. Right. Like she was offered that because she was white and women white women were positioning themselves or being positioned, as it were, as somehow superior to black women in all of this, weren't they? You know, I think about the traditional knowledge those black midwives carried that oftentimes they they would have had to, you know, carry from ancestors, you know, across the oceans and somehow held on to that that amazing ancient knowledge. Right. Which we essentially wiped out in Europe. In America, by way of wiping out midwives. Right. It happened on both continents in horrific ways. Yes. None of them very subtle, except for the fact that they were that this was kept from the general purview. Right.

[00:31:04] Lisa Yarger

Yeah.

[00:31:05] Esther Gallagher

So it's an interesting and very sad dynamic that we're we're all living out the consequences of yes to this day and that carries through. I'm curious if you ever have a sense that Levi had any consciousness of.

[00:31:23] Speaker4

No.

[00:31:23] Esther Gallagher

Because I will admit that I don't feel that I did right like I had to. I'm lucky, I think, in some ways to grow up with progressive parents who were making me aware whenever they thought to about racism and classism in America and the consequences of it and the horrific aspects of it when you're living in to whatever degree, the privileged class. Right. It's it's takes a long time for you to put two and two together. And even when you're doing that, you may or may not know what to do with it or choose to do anything with it. So here's love. Yeah, right. Right. In the southern states. Yeah. And with all of this degreed and certified stuff that she's got going for her, where was she with all that or. That's really that's.

[00:32:13] Lisa Yarger

A really good question and very interesting. So on the one hand, Luvvie had chosen to work within the black community. She saw herself as providing a service that wasn't being provided and. Doing good work that she felt called to do and she knew there was was a deep need. When I said the word racism and this is what is going on here, she would say, yes, you're right. But it wasn't a word that she would have come up with on her own. But that was connected to the situation of the women whose births she was attending. Not so much with the grannies, although what she said about the traditional black midwives was they had not been given opportunities. They had been left on their own, was what she said when she was saying they didn't know this or they didn't know that she would say, but they had been left on their own. So she was very aware of that. And then if I if I then would say because they were black or because they were poor, you know, I think a few times we did talk about that and she would say, yes, yes, you're right.

[00:33:15] Esther Gallagher

So she wasn't oblivious. In other words.

[00:33:17] Lisa Yarger

She wasn't oblivious.

[00:33:18] Esther Gallagher

I think that's really putting it quite clear. You know, I mean, I think that's that shows a rather deep degree of honesty and insight. Like that's exactly what they've they'd been shoved over there.

[00:33:30] Lisa Yarger

Yes.

[00:33:30] Esther Gallagher

And left on there.

[00:33:31] Lisa Yarger

So the white nurses that Lovie worked with in the county health departments in eastern North Carolina were appalled that she was doing midwifery. Midwifery was for poor blacks and sometimes poor whites, but it was considered a medieval profession. It was not something a nurse should be doing. A nurse was trained, and so she was very aware that the system of care was that black people came to the health department to get their prenatal care and then were delivered in homes by midwives with the doctors sort of cleaning up any issues that might arise sometimes, maybe. And the white women went to private doctors for their prenatal care and then delivered in the hospital, or maybe some were still delivering in homes. So she she would she said I quoted her in the book that was the system that was operating at the time. It was second class care for second class citizens. That's what she said. And she so she did understand that very, very, very well. And what's interesting, she said it wasn't a good system, but it was what was operating in the South at the time. And I think one thing that's interesting is that she sort of allowed herself to be used by the system in a way. She she very much wanted to do this work. She loved midwifery. She loved working in homes. But here you have white doctors saying, we don't want these non paying patients. You take them. And she did and she didn't get paid. A lot of the times, or if she did get paid, it was not so much so it was enough for her to make a living. And her husband died. When? When? After the birth of their fourth child. Very shortly after the birth of their fourth child. So she was a single mom with four children. And yeah, so the white doctors didn't want these non paying patients until Medicare came in. And so they said, you take them. And she did.

[00:35:23] Esther Gallagher

This is one of the ways in which midwives around the time I was having kids and certainly before I had my daughter and certainly after, but this whole idea is that it's so antifeminist that that women who do this work shouldn't take money for it. Right. And so often it's also like, why? Why would a woman of means ever stoop to do this second class thing? Right. And we really like I think that women don't see don't often have the consciousness to see that, in fact, this is this is harming them right in their own process. They have, in whatever ways taken on these this attitudinal stance that somehow there's a superior, healthier, safer way to do things with with no interest in actually finding out what is the right. We are suffering under this delusion.

[00:36:30] Lisa Yarger

Yes.

[00:36:31] Esther Gallagher

Twas ever thus. Right. Like this is has been the case in the Americas since the early 1900s, if not if not before, and in Europe even before that. Right. They imported the barber surgeon to America and he took over and made a mess of it. And we're still not figuring out why that's a problem.

[00:36:57] Lisa Yarger

I mean, you've hit on so many things that are interesting, internalised sexism, I think, you know, I know women who don't go to a women ob gyn. I would never go to a male ob gyn. You know why? Why there's when there's women in this profession, why would you choose a man? And I think it is our internalized sexism that we have been we have accepted these messages that men are better trained, more intelligent, more knowledgeable. And then the male. Or at least a woman physician must be a step up from a midwife. No midwives, no normal and actually prejudice here. But you're safer with a midwife because she knows more in general. I mean, just you know, this is another storyline in the book. I chose well into my relationship with Lovie. I met, married, my husband. This is a storyline in the book and we decided to have a child and I chose to have a homebirth with a nurse midwife. Every woman has to make her own decision around those things. But for me, I wanted to stay out of the hospital because I had done a lot of reading, I had done a lot of research, and I knew that once you go in, you give up so much of your own authority and it can be a slippery slope. The first time you accept one intervention from the hospital, it can lead to a chain of events that leads to more interventions, more complications. And I wanted control, full control over who was at my birth, and that meant being at home. I also lived 3 minutes drive from Duke Hospital, so that made me feel very comfortable with that decision. And each woman has to feel comfortable with her own decision. But I feel like if more women knew more about midwifery and home birth and hospital deliveries and what all what all comes with those, that more women might make a different decision.

[00:38:47] Esther Gallagher

And I will say that despite my tone, sometimes I don't blame women for not knowing their options. Or if I were made empress tomorrow, the first thing I would do is a public billboard virtual billboard campaign. The FCC would get out of my way and offer me this widespread virtual billboard campaign where I said, Public health for women looks like this. And it would look a lot different than what it looks like now. And I just think, you know, back when I was a kid, we had the, you know, cigarette smoking was killing people. We had billboards about this, right? You couldn't drive your car and not see a billboard about cigarettes and cancer. And yet we've given up this kind of public education where it really counts. And and we are in an ongoing maternal infant health crisis in this country. That's started when the country started, essentially. Yeah. So, yeah, I'm curious if there's much you can say about Lovie and what you learned working with her that has to do with the fourth trimester and the postpartum period. So after the baby.

[00:40:04] Lisa Yarger

Interestingly, Levy didn't do as much as one might think postpartum. So of course, she she was there for hours after the birth. And I got to experience this firsthand with this one birth that I attended with her. She was 75 years old when she delivered that baby, by the way. So, you know, the things you would expect with washing the baby, cleaning up the the mother, making sure that she her bleeding had stopped dealing with the placenta. I think we were there 2 to 3 hours after the birth, and she was very confident that all was well. But I knew she was going to visit her later, but it wasn't in the next few days. Actually, she was a big believer, especially when she was working with the Mennonites who had lots of children and had become quite experienced with knowing their own bodies, signals and ways and what was normal and what was not. She relied a lot on the women's own abilities to say, Hey, something isn't right or No, everything's fine. She was in telephone contact with many women, but wasn't necessarily doing a lot of postpartum visits. Also, she covered quite a large geographical territory where she would be driving up to an hour or something, and in her seventies she wasn't going out very often for the postpartum visit. So she you know, when she was working in public health, she there was a standard thing that is a public health nurse. She would go and make follow up visits, but she was sort of she was doing the deliveries as with her midwife cap on. And then she would do the the follow up visits as a public health nurse. So that's what's interesting about her. She she really didn't want to put extra strain on the women, too. She wouldn't ask them to come to her. She knew they all often had smaller children in the home.

[00:41:50] Esther Gallagher

Plenty going on.

[00:41:51] Lisa Yarger

Plenty going on. And she wanted them to take care of themselves with with the woman that that I write about in the book, Joy. Joy lived in a home with two stories, and she really emphasized to her and she had three children already small. She said, you know, you don't go running up and down those stairs after this baby is born. You need to rest. And I think she said it would take her six weeks for your system to get back to normal. And your your uterus is big and it's floppy and you don't want to cause problems. Yeah, so stay downstairs. I don't know if Joy did that or not, but that was her advice.

[00:42:23] Esther Gallagher

Yeah, yeah, yeah. Did a lot of women.

[00:42:26] Lisa Yarger

Breastfeed, do you think? Oh, yes, I think all of them. I mean, yes, I think I think almost, almost everyone did, unless they had some problems. But she never told me about anyone who did. I think it was just just part of the the mentality in the homebirth package. It's what people did.

[00:42:41] Esther Gallagher

It was few people did. Did the women of these communities, were they able to offer support to their neighbours during times like this?

[00:42:51] Lisa Yarger

That's a good question. I should think in the Mennonite community that that was absolutely the case. Again, I didn't have so much contact with them and also the community that Joy was a part of. Yes, I think so as well. In the the black communities that Lovie was delivering in, I think there was an extended family community that was always there. There was a sister and aunt or a mother or grandmother who was always at the birth, just about to to pitch in or who was there helping with the younger children or who would take the younger children during the birth. I didn't want to say one more thing about the traditional midwives. Not only did the black communities lose their their midwives, they they lost their lay health advocates. They lost their tie to the health department, their local tie to the health department. These were the women who said, you need to get your babies vaccinated. These were the women who said, you know, come on in and get your babies checked out. You get checked out. These were the women who were the connection between the trusted community based connection between their neighbours and the health department. And there's a wonderful article by actually by the anthropologist who was the one who told me about Lovie in the first place, Holly MATTHEWS. She's at East Carolina University. A wonderful article called Killing the Medical Self-help Tradition. And then there's a subtitle which I'd have to look up, but it was about how the state of North Carolina eradicated these traditional black midwives, along with all of the traditional knowledge and all of these connections that could have been useful. And then later came and said, Hey, you know what? We need to come up with some community based liaisons to help because like you had them and you, you, you, you mess it.

[00:44:38] Esther Gallagher

Up. So, yeah, I mean, and we think about all of the the ways that they may have been doing that, including herbalism and nutrition and and exercise and just just knowing that that we've had to kind of circle back around and figure out and find, yeah.

[00:45:01] Lisa Yarger

It's different when an outsider who's white and a different class background also comes into the community and says, You need to be eating this way, you need to be exercising this way, you need to be doing this. Who is who is going to be listened to? You know, these these women were deeply trusted. They were part of the community. They were connected, and they were relatives of the people there. And this is who they decided they didn't want, delivering babies and taking on these roles. So it's a huge loss.

[00:45:32] Esther Gallagher

Yeah, I think, you know, certainly in my community, my broader community here in the Bay Area, we've so fortunately have black midwives and nurse midwives and obstetricians. And, you know, there's a more there is a little teeny bit more diversity. But also, you know, women in the communities who, you know, who've garnered some of the knowledge and advocacy skills for their community. And I really look forward to supporting and helping that grow however I can. You know, I think so far it's been offering them a place to come on the podcast, come on, and you guys tell us all about it. And there's there's just some wonderful stuff that's been you know, it's not like I just I just found out about it, right? It's been here. But, you know, bringing it forward, I think, and and helping the communities grow around these things is just vital right now and as it has been. So, yeah, Lisa, this has been very exciting. What a wonderful book. I love that you've told it from the standpoint of your relationship with this person. I remember I one of my degrees is in anthropology as well. And I remember reading Guest of The Chic, which is kind of standard operating material for newbie anthropology students and how, you know, this woman who is just along for the ride with her husband in somewhere in Arabia. Right. Just had to hang out with the ladies, the harem, essentially, and got to learn what she got to learn. In relationship. She wasn't an anthropologist, but she wrote an amazing anthropology of this form. Right. And so I just I love this kind of material whenever I get my hands on it. I'm so thrilled that you wrote it. And this book isn't brand new, right? When did you write the book?

[00:47:46] Lisa Yarger

So I don't even know if I said the title of my book is Lovie The Story of a Southern Midwife and an Unlikely Friendship. And it's published by the University of North Carolina Press in conjunction with the Center for Documentary Studies at Duke University. And it came out in cloth in 2016, and it's just been released in paper. Woo hoo! This year in 2019. And I can tell your listeners also, if they want to know more about the book or about me, you can go to WW Lisa Yorker.com. There's information about Lovey. There's a few extracts from the book. There's some book club questions on there for anybody who chooses it as a book club book and. Yeah, yeah.

[00:48:32] Esther Gallagher

That's fantastic. Wonderful. Okay. Well, we're going to say goodbye. Thank you again, Lisa, for coming over to my little thank you kitchen and sitting with us. And I think we all look forward to a first or second reading of your book.

[00:48:54] Lisa Yarger

Thanks.

[00:48:54] Esther Gallagher

And listeners, as I said at the beginning of the show, don't be shy about finding your way to our Facebook page and subscribing and telling all your friends about the podcast.

[00:49:07] Sarah Trott

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