Midwifery in Colorado: A Case Study in the Politics of Professionalization

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ABSTRACT: This paper uses documentary evidence, interviews, and participant observation to examine the professionalizing activities of lay midwives in Colorado. It shows that professionalization for midwives is primarily a political process. In order to gain state recognition and professional autonomy, lay midwives were forced into the political arena, where they encountered resistance from economic competitors. I argue that medical dominance over childbirth practices and professional segmentation between lay midwives and certified nurse midwives were the primary reasons Colorado lay midwives failed to achieve professional status.

Introduction

Two types of midwives have received increasing attention in the United States in the past fifteen years–the certified nurse midwife (CNM), complementing the lay midwife. Though similar in their definition and management of childbirth,[1] the two differ in education, credentials, legal status, and work domain. CNMs are registered nurses who have completed an accredited midwifery program and passed a national certification exam given by the American College of Nurse Midwives (ACNM). According to a 1983 survey (Cohn et al., 1984), CNMs can practice legally in all but two jurisdictions in the U.S., but not as independent practitioners. Most CNMs work in medically directed clinics or hospitals, and their practice standards are controlled by nursing or medical boards. Those in private practice must work under the supervision of, or in consultation with, a physician (McCormick, 1983). By comparison, lay midwives have neither a national organization nor a nationally recognized certification process. Most learn their skills through individualized and eclectic means–study groups, workshops, apprenticeships–and most attend only home births (Peterson, 1983).

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Only twelve states regulate the practice of lay midwifery (Cohn et al., 1984). In the remaining states, it is either prohibited or legally ambiguous (Sallomi et al., 1981).

CNMs are divided as to whether or not they should ally themselves with lay midwives (Shah, 1982; Ventre and Leonard, 1982). Some advocate the unification of all midwives under one national organization, e.g., the Midwives' Alliance of North America (MANA). Others oppose unification, fearing an alliance with lay midwives will undermine their tenuous position in the medical profession. In turn, lay midwives accuse CNMs of being coopted by the medical profession. They argue that CNMs intervene too much during childbirth and are too willing to abdicate their professional autonomy. As DeVries (1985) has noted, the occupation of midwifery is presently bifurcated, with members of each group (CNMs and lay midwives) questioning whether the other qualifies for the label of midwife. In the midst of these internecine debates, several lay midwives have been prosecuted on criminal charges ranging from practicing medicine without a license to murder (Sallomi et al., 1981; Talbot and Zheutlin, 1981). In addition, many illegally practicing lay midwives are increasing their efforts to professionalize and legalize their practice (Sallomi et al., 1981). In doing so they are encountering resistance from both physicians and CNMs (DeVries, 1985; Sallomi et al., 1981).

This paper examines the professionalizing activities of a group of lay midwives in Colorado and their as yet unsuccessful attempts to gain legal recognition from the state. In recent years, several lay midwives in Colorado have been prosecuted for practicing medicine without a license. Hence, professionalization and legalization have become increasingly important issues among lay midwives in this state. In this paper I show that Colorado lay midwives failed to achieve professional autonomy and legal recognition because they lacked political power. As they organized and developed strategies to establish themselves as legitimate and independent childbirth practitioners, they were forced into the political arena where their efforts were thwarted by physicians and CNMs. Medical control over childbirth practices and professional segmentation between lay midwives and CNMs were the primary reasons lay midwives failed to achieve professional status and state legitimization.

Midwifery, with its bifurcation into nurse and lay midwifery, presents an interesting case for the study of professionalization. On the one hand CNMs and lay midwives can be viewed as economic and professional competitors. Both offer alternatives to traditional, medically oriented childbirth care, thereby attracting similar clients. On the other hand, CNMs and lay midwives can be viewed as two segments within the same

occupation currently competing for power to control the nature and scope of midwifery practice. While both value a family-centered and nonintervention ist practice, they differ over what constitutes an appropriate setting for childbirth and what training is necessary to qualify a person to be a birth attendant. CNMs are first and foremost nurses. They tend to believe in hospital birth and medical training. Lay midwives are committed to natural home birth and tend to believe training in nursing is irrelevant to their practice (Weitz and Sullivan, 1984).

I begin this case study with a brief presentation of the study methods, followed by a summary of the legal history of midwifery in Colorado. The analysis of the professionalizing activities of Colorado lay midwives is then followed by a discussion of midwifery policy implications and suggestions of theory development.

Method

Data for this study come from three types of sources: documents, interviews, and observations. Documentary evidence was obtained from the Colorado Midwives Association (CMA), a voluntary organization formed by lay midwives in spring 1979. These include organizational by-laws, quarterly newsletters, standards for care, a CMA brochure, a consumer packet, a statistics form, and certification guidelines. I also examined the position paper on elective home birth developed by the Colorado Perinatal Care Council (CPCC). In addition I visited the state government law library and traced legislation involving midwifery from the turn of the century until the present. Copies of recent legislative bills concerning midwifery were obtained from the Colorado Congressional Printing Office.

Between 1981 and 1984, I conducted semi-structured interviews with ten "special respondents" (Gordon, 1975).[2] These respondents were chosen because of their involvement in the professionalization of lay midwifery. They included four lay midwives actively involved in the professionalizing activities of the CMA, and three certified nurse midwives considered to be spokespersons. One CNM had organized the campaign to have certified nurse midwifery legalized in Colorado in 1979 and was the director of an alternative birth center. Another CNM was the director of the nurse midwifery training program in Colorado. Both of these women testified against legalization of lay midwifery at two Colorado legislative hearings. The third CNM I interviewed was a member of the CPCC and a well-respected CNM in private practice. She was

not opposed to licensure of lay midwifery; however, she did not testify in behalf of legalization at the legislative hearings. I also interviewed two Colorado legislators; one who sponsored two recent bills concerning the legalization of lay midwifery, and another who voted against one of the bills. In addition, I interviewed a physician who was a member of the CPCC. This person had examined, at the request of the CPCC, all the scientific literature pertaining to the relative safety of home versus hospital birth. He testified at both legislative hearings regarding his findings. All interviews were tape recorded and transcribed for analysis.

In addition, I observed and tape recorded three CMA meetings, one CPCC meeting at which a paper on the safety of elective home birth was presented and discussed, and two Colorado legislative hearings at which lay midwifery legislation was debated. Although I always presented myself as a "known scientist" (Schwartz and Jacobs, 1979:56), there were times when I acted as a participant observer. For example, at one legislative hearing I presented evidence from a cost comparison study the CMA commissioned me to do. Whether or not I was "seduced" (Lofland, 1971:99) by my involvement in these activities I cannot judge. Hopefully, because multiple sources of data were used, my biases were checked.

The Legal History of Midwifery in Colorado

As in most states, in the late 1800s and early 1900s midwifery was still legal and socially acceptable in Colorado. The laws of 1908 indicate that midwifery was treated as a profession and considered a community service. During this time, midwifery was neither defined as the practice of medicine nor regulated. Midwives practiced independently and had merely to register within the district they practiced, file a certificate for the births they attended, and maintain a registry of births. No fee was imposed. Physicians who attended births were similarly obligated.

In 1915 Colorado began to enact new laws to regulate the practice of midwifery, probably as a result of a nationally recognized "midwifery problem" (Kobrin, 1966; Wertz and Wertz, 1977) and the growing influence of the medical profession. Midwifery—attending a woman at childbirth—was included under the definition of the practice of medicine. At that time the first licensing restrictions were imposed on midwives: they could no longer practice without a license and an

examination was required of all applicants. Although midwives could still practice without the aid or supervision of a physician, they were prohibited from using drugs or instruments. Thus Colorado midwives lost control over the content of their work and were no longer professionally autonomous. As Ehrenreich and English (1973) and Litoff (1978) have noted, restrictive regulation placed midwives at a competitive disadvantage in a society that was increasingly viewing birth as an event needing pharmacological and medical intervention.

This regulatory scheme continued until 1941 at which time the Colorado Legislature revised the Medical Practice Act and phased out midwifery via a "grandmothering" clause. This clause recognized existing midwives but allowed no additional midwives to be licensed. Shortly thereafter, home births and midwives virtually disappeared in Colorado (personal interview).

In 1976 the entire section on midwifery in the Medical Practice Act and all references to licensed midwives were deleted from the statutes. The 1915 law had included midwifery within the practice of medicine, but the 1976 law restricted childbirth services to physicians. It became illegal to provide such services unless one were a licensed physician.

One year later, as a result of heavy lobbying by certified nurse midwives (personal interview), the Colorado Medical Practice Act was once again amended. The 1977 law allowed CNMs to provide maternity, labor, and delivery services, but not as independent practitioners. As in most states, their services were to be performed "pursuant to the direction, supervision, and/or protocols of an identified and personally responsible physician" (Colorado Revised Statutes, 12-36-106). Although many Colorado CNMs chafe under the restrictions and professional subordination imposed by this law (personal interview), they have not organized to alter this regulatory scheme.

In 1983, 1984, and 1985, bills to regulate the practice of *lay midwifery* were submitted to the Colorado legislature. These bills stipulated that midwifery is not the practice of medicine, that lay midwifery shall be regulated by the Department of Health, and that lay midwives need not practice under the supervision of a physician. Despite heavy lobbying by lay midwives and home birth advocates, none of these bills was passed into law. Physicians and CNMs opposed the bills on the grounds that home birth is unsafe and that the proposed licensing scheme gave lay midwives too much autonomy. (The content of the bills and the debates surrounding them are discussed in detail in a following section.)

Thus, in the late 1970s and early 1980s, two types of midwives reemerged on the Colorado birth scene and sought legal recognition. Those (CNMs) willing to practice within the context and control of the medi-

cal profession were granted legal recognition and semiprofessional status. Those (lay midwives) desiring professional autonomy and wishing to practice outside the domain and control of the medical profession were denied legal recognition and can practice only surreptitiously.

The Professionalizing Activities of Colorado Lay Midwives

In 1979 several Colorado lay midwives met in Boulder and formed a voluntary association—the Colorado Midwives Association (CMA).[3] As Sagarin (1967) has pointed out, voluntary associations among social deviants vary enormously in purpose and functions. Some exist to reform the individual deviant, e.g., Weight Watchers, Alcoholics Anonymous, while others exist to reform the prevailing social order, e.g., COYOTE, LEMAR. The CMA is clearly of the latter variety. It provides a forum for promoting alternatives to traditional, medically oriented birth practices. It also provides a vehicle for the occupational socialization, professionalization, and legalization of lay midwifery.

Initially, members used the CMA primarily as a forum for self-education (personal interview). They held triannual conferences during which lectures, films, and workshops on childbirth practices were presented by both orthodox (physicians, nurses) and unorthodox (herbalists, acupuncturists) health-related practitioners. In addition, CMA members published a quarterly newsletter featuring articles on birthing practices, editorial reviews of current OB/GYN books and films, and advertisements for birthing supplies.

Eventually the goals of the CMA broadened. In addition to self-education, members wanted to use the organization to further the cause and improve the safety of elective home births in Colorado (CMA, 1980). Furthermore, as the risk of prosecution heightened, CMA members became increasingly interested in obtaining state licensure (CMA, 1982). Gradually, the organizational structure of the CMA and the activities of its members changed to reflect these new concerns. A Speakers Bureau and a Public Education Committee were formed to educate childbirth consumers and practitioners about alternative birth methods, namely elective home birth. A Certification Committee was formed to develop standardized practice protocols and certification procedures for CMA members. And a Political Action Committee was formed to develop an appropriate licensing scheme for lay midwives in Colorado. Five years after its inception, the CMA had promulgated a plethora of documents, including a five-page document entitled "Standards of Care" and two bills "Concerning Midwifery."

Historically, professional organizations have operated to control the content of work and entrance into a profession, thereby protecting the profession from encroachment by others (Freidson, 1970). By establishing standards of care and certification procedures, members of the CMA were adhering to these historical professionalizing patterns. Not all CMA lay midwives, however, endorsed these professionalizing activities. Some felt that standardization contradicted the lay midwifery philosophy of viewing all births as unique. At meetings and in newsletters they emphasized the need for individualized childbirth services and argued that standardized practices usurp control from the mother over decision-making surrounding her birth. Others opposed certification because they thought it interferes with the mother's freedom to choose the birth attendant of her choice, leads to a separation between clients and midwives, sets up a new class of birth practitioners, and leads to unquestioning acceptance of midwives as authority figures (Frye, 1981). In lieu of practice standards, certification, and licensure as means to promoting safe home birth and lay midwifery practice, these dissenting lay midwives advocated more consumer education and more sharing of information between lay midwives.

Professional segmentation and conflict characterize the professionalizing process and lead to change within a professionalizing occupation. For example, in their study of the professionalization of optometry, Begun and Lippincott (1980:56) state, "There are a multitude of identities, values, and interests within the same profession. Such heterogeneity, or professional segmentation, is the basis for conflict and ultimately change within a profession." This relationship between conflict, segmentation, and change was illustrated in the CMA in two significant ways. First, as a result of the conflict over standardization, a clause was introduced into the CMA standards of care that reads as follows: "Exceptions to the above prohibitions and limitations may be made with the fully informed agreement and approval of the woman, her physician, and/or midwife" (Colorado Midwives Association, 1980b:5). This clause allows lay midwives to deviate from CMA practice standards without jeopardizing their membership in the organization (personal interview). Second, all bills presented before the legislature to legalize lay midwifery included clauses protecting the mother's right to have the birth attendant of her choice. Under this licensing scheme, noncertified lay midwives could practice legally in Colorado.

Despite these dissenting viewpoints, the majority of the members of the CMA supported efforts to standardize, certify, and legalize lay midwifery practice in Colorado. Public safety was considered an important reason for these professionalizing activities (personal interview). Members also hoped standardization and certification might serve to protect

lay midwives against prosecution. As one lay midwife said, "We felt if a lay midwife could demonstrate she was practicing within peer-regulated guidelines, she might be better able to defend herself in a criminal or civil law suit." This assumption was tested in April, 1982, when the first lay midwife in Colorado, Karen Cheyney, was charged with practicing medicine without a license and reckless endangerment.

Cheyney's prosecution had a profound effect on members of the CMA for several reasons. First, Cheyney was a founding mother of the organization and a well-respected lay midwife who had practiced for eight years in Colorado. Second, during the ensuing investigation of her case it became apparent that the CMA, with its voluntarily enforced standards of care and certification procedures, could not help Cheyney. And finally, as a result of this case, members of the CMA became aware that the prosecution of one lay midwife in Colorado could jeopardize all of them. During one stage in the prosecution, Cheyney was informed there would be a grand jury investigation of her case at which, under a grant of immunity, she would be forced to provide the names and addresses of all practicing midwives whom she knew, all home birth mothers whom she had delivered, and all physicians who had provided back-up care. Because of a sympathetic investigator from the District Attorney's office, whose mother had delivered at home, the grand jury was never convened and criminal charges against Cheyney were eventually dropped. However, she eventually received a permanent restraining order from the State Attorney General's Office which forced her to move to a state where she could practice legally (personal interview).

Since Cheyney's case, four other lay midwives in Colorado have been investigated or prosecuted for practicing medicine without a license. One woman was convicted of criminal charges and received two years' probation and a $500 fine. Another was prosecuted and received a permanent restraining order. Given this litigious climate, members of the CMA accelerated their efforts to get legislation passed to legalize their practice. These efforts, as well as opposition to them, are described in detail below.

Before the Legislature

On March 7, 1983, a bill "Concerning Midwifery" was submitted to the Colorado Legislature under the sponsorship of a Democratic Representative from Boulder. Specifically, House Bill #1528 stipulated that midwifery is not the practice of medicine, that parents have the

right to decide where, how, and with whom they give birth, and that midwifery shall be regulated by an Advisory Board under the Colorado Department of Health. The seven-member board would be appointed by the governor and would consist of one family practitioner or pediatrician, one obstetrician, one nurse midwife, three licensed midwives who were members of the CMA, and a member of the general public who had had a home birth with a midwife in attendance. The board would advise the State Board of Health on promulgating rules concerning qualification for certification of midwives, procedures for making application, and fees.

In his study of lay midwifery licensure in three states, DeVries (1985:29) cites Friedman's distinction between "friendly" and "hostile" licensing. Friendly licensing places the control of the practice in the hands of those to be regulated, whereas hostile licensing places control in the hands of outsiders. The composition of the advisory board, as outlined in HB#1528, suggests that licensure of lay midwives in Colorado would have been friendly had this bill been passed into law. Herein lay its defeat.

On March 23, 1983, the midwifery bill went before the House Health, Environment, Welfare and Institutions Committee. Approximately one hundred fifty lay midwives and home birth advocates jammed into the meeting. Several speakers testified. In support of legalization were a member of the Political Action Committee of the CMA, a lay midwife from New Mexico (a state which licenses lay midwives), an obstetrical nurse, and a home birth father. Speaking against the bill were physicians, nurses, and CNMs.

Both proponents and opponents of the bill used public health and safety issues to support their respective positions. Proponents of the bill argued that home birth was here to stay; that denying licensure and prosecuting lay midwives would not eliminate home birth, it would simply drive it further underground, thereby increasing the risk to infants and mothers. Opponents of the bill claimed that all births were potentially pathological; therefore, home birth could never be as safe as hospital birth.

After two hours of debate, in an apparent *coup de grace,* a representative of the Colorado Nurses Association submitted an amendment which was subsequently passed by a five-to-four vote. This amendment stipulated that licensed lay midwives work under the supervision and established protocols of a responsible physician. This is the same model under which CNMs currently practice in Colorado. While the bill was not killed at this hearing, it was rendered worthless to lay midwives in its amended form. Because the established medical community in Colorado opposes

home birth (Colorado Perinatal Care Council, 1978), few physicians are willing to jeopardize their careers by supervising home birth deliveries. Furthermore, the amended bill placed midwifery under the control of the medical profession, an "unfriendly" and therefore unacceptable licensing scheme to CMA members. House Bill #1528 was later killed in committee.

Shortly thereafter, members of the CMA Political Action Committee drafted a second bill "Concerning Midwifery." This time they tried to work out differences with various special interest groups before the bill was presented to the legislature. They met with representatives from the Colorado Nurses Association, the Colorado Chapter of Certified Nurse Midwives, and the Colorado Medical Association's Obstetrical Committee. Three areas of concern were identified by these representatives. First, they wanted to prevent unsavory people from obtaining licenses to practice midwifery. Second, they wanted midwifery licensure linked to completion of a state certified midwifery educational program. And third, they wanted some provision for physician supervision of midwifery practice (Colorado Midwives Association, 1983).

The first area of concern posed no problem for compromise and was solved by inserting a clause in the bill requiring midwifery applicants to be of "good moral turpitude."[4] The second and third areas of concern, however, were not as easily resolved. CMA members realized that requiring graduation from a certified midwifery educational program for licensure would delay licensure indefinitely and would also make it prohibitively expensive for many applicants. By way of compromise, the CMA members included a clause into the bill requiring applicants to "demonstrate specific knowledge and skills." However, this clause did not stipulate how the knowledge and skills were to be obtained. By way of further compromise on this issue of midwifery education, members of the CMA Political Action Committee changed the composition of the advisory board by replacing one lay midwife with an "educator with experience in testing and evaluating midwifery educational programs." Only one person in Colorado fit this description—a CNM who was currently in charge of the CNM training program in Colorado and a strong opponent of lay midwifery licensure.

The third area of concern was the most difficult one on which to reach an agreement. The medical practitioners all felt that physician supervision of midwives was a crucial provision in the bill. Members of the Political Action Committee agreed that physician *back-up* was necessary, but reaffirmed the CMA position that midwifery is not the practice of medicine and that a provision requiring physician supervision would render the bill useless in Colorado. Eventually a compromise was

reached. Practice standards would be developed by the Advisory Board. A licensed midwife could either work with a physician under these protocols, or, in the event she should not find a sympathetic physician with whom to work, a lay midwife could work directly under the State Board of Health.

The compromises reached still gave lay midwives considerable professional autonomy in Colorado. Although the composition of the board now included a majority of medical practitioners, lay midwives felt they would still have power to determine practice standards and certification requirements under this licensing scheme.

On January 17, 1984, the second bill "Concerning Midwifery" (House Bill # 3147) was presented before the House State Affairs Committee. Speaking in support of the bill were the president of the CMA, a home birth father, an obstetrician who addressed the comparable safety of home versus hospital birth, and this author, who presented a cost comparison of home versus hospital births. Speaking against the bill were various physicians and CNMs who argued that home birth was unsafe and that licensed lay midwives should be required to attend a state certified midwifery training program.

After seven hours of debate, a motion was passed to indefinitely postpone hearing on the bill. In effect it was killed. Given the intense and lengthy debate, this action surprised the representative who sponsored this bill. In a subsequent interview she stated, "I can't believe this bill didn't pass. I didn't even get my own party's support on it, which is unheard of at this stage in the game, especially since the bill generated so much debate. It deserved a full house debate." When asked why she thought it failed to pass the committee, she said it was because of strong lobbying by the medical profession. When I interviewed a Republican representative who opposed the bill he informed me that "the number of home births and lay midwives in Colorado just doesn't warrant such legislation."

At the time of this writing no new legislation has been passed in Colorado regarding midwifery. In 1985 another bill "Concerning Midwifery" was drafted by the CMA; however, it was not accepted for presentation before the legislature.

Discussion and Conclusions

This paper has presented a case study of one occupation's unsuccessful efforts to achieve professional autonomy and legal recognition from

the state. Two questions are relevant to this discussion: Why did Colorado lay midwives fail in their professionalizing efforts? And what generalizations can be proposed regarding professionalization?

Clearly, a formidable obstacle to the professionalizing efforts of Colorado lay midwives was the opposition they encountered in the political arena from other childbirth practitioners. At every legislative hearing, physicians and CNMs testified against licensing on the grounds that home birth and lay midwifery practice are unsafe. Their testimonies were entirely anecdotal and ignored scientific evidence demonstrating that, under certain conditions (e.g., low risk cases, adequate prenatal care and screening) home birth is as safe, if not safer, than hospital birth even when attended by lay midwives (Burnett et al., 1980; Dingley, 1979; Mehl et al., 1980; Sullivan and Beeman, 1983; White, 1977). (Only one physician testified in favor of licensing and he used these scientific data to support his position.)

The testimonies opposing licensure emphasized the potentially pathological nature of childbirth. For example, one physician stated, "You can never be sure a birth is going to be normal. I've gone into a birth thinking it was going to be a breeze and it turned into a real nightmare." A CNM stated, "If you're thirty minutes from a hospital and a woman starts to bleed, well, hey, that's twenty-seven minutes too far away." Some of these testimonies also had a distinct moral undertone. One elderly physician described his early home birth practice in Colorado and asked, "Do we really want to return to the Dark Ages?" Another physician went so far as to declare himself "the representative of the unborn who will never make it into this world as a result of home births." These debates surrounding the licensing of lay midwifery in Colorado demonstrate well the phenomenon described by Conrad and Schneider (1981) of translating political struggles over professional dominance into medical and moral language.

In addition to arguing that home birth is unsafe, physicians and CNMs argued that lay midwives are inadequately trained to attend births. One physician stated, "It takes years of medical training to recognize potential problems in childbirth." A CNM disparagingly referred to lay midwives as the "have one, see, do one" midwives. Another CNM said, "It is simply illogical to give lay midwives, who have no formal training, more professional autonomy than CNMs, who must obtain a nursing degree and one to two years advanced training in midwifery." She recommended that lay midwives undergo a training program similar to the one currently required of nurse midwives in Colorado.

This issue of training is extremely important. As mentioned earlier, Colorado lay midwives oppose formal midwifery training as a require-

ment for licensure because they feel it will delay licensure and make it prohibitively expensive for many midwives. More important, they fear such training will undermine the nonmedical and noninterventionist ideology on which lay midwifery is based. As one lay midwife stated, "We don't want to learn all the things that can go wrong at childbirth. We don't want to get that mindset that birth is dangerous, that it needs to be medically managed. If you get your training in a hospital and see births in a hospital like they (CNMs) do, that's what's going to happen" (personal interview). These fears appear well-founded. In their study of licensed lay midwifery in Arizona, Weitz and Sullivan (1984) found that exposure to medical literature and training brought about by licensing contributed to lay midwives moving toward a more medical definition of childbirth and style of practice. Thus, Colorado lay midwives are in a dilemma. Without agreeing to formalized training, they are unlikely to receive licensing from the state. With such training, they are likely to be socialized to a model of childbirth management that contradicts their present ideology and practice.

Another reason Colorado lay midwives failed to achieve professional autonomy and legal recognition from the state is their relative lack of social and political power. As measured by income, formal education, and lifestyle indicators such as clothes and speech patterns, there is more social distance between lay midwives and legislators than exists between physicians, CNMs, and legislators.[5] This places lay midwives at a disadvantage in the political arena. Furthermore, unlike their opponents, lay midwives have neither a professional lobbyist nor a national affiliation that can be used to apply political pressure in the Colorado legislature. In addition, the CMA does not contribute money to political campaigns, nor can it promise very many votes to legislators. Given these social and political disadvantages, Colorado lay midwives simply did not have the power to convince legislators they were deserving of professional autonomy and licensing.

Several generalizations regarding professionalization can be made as a result of this study. First, professionalization is a developmental process. When several lay midwives formed the CMA in 1979, they were unaware they would eventually enter the political arena and seek licensure. At that time, they were merely interested in forming an organization in which they could learn about midwifery and offer support to each other. Eventually their goals broadened and the CMA became a forum in which the historical professionalizing steps of standardization, certification, and political agitation took place. At present, there is no guarantee that these professionalizing activities will continue. Lack of political leadership, increased prosecutions, displacement of CMA mem-

bers to states where lay midwifery practice is legal and cooptation by the medical profession are a few factors that are impeding the professionalization of lay midwifery in Colorado.

Second, within any professionalizing occupation there will be segmentation and conflict, both within and between various subgroups of the occupation. This professional segmentation can serve both positive and negative functions. In the case of Colorado midwives, professional segmentation arose within the CMA membership and also between lay midwives and nurse midwives. Some CMA members opposed professionalization because they thought it would undermine lay midwifery ideology and practice. However, because these lay midwives confined their dissent to discussions within the CMA, they did not thwart the professionalizing process. Rather, their dissent served to clarify lay midwifery ideology and promote solidarity among members of the CMA. On the other hand, opposition from CNMs did thwart the professionalizing process. Although members of the Colorado Chapter of Certified Nurse Midwives are currently divided on whether to support home birth and lay midwifery practice (personal interview), several Colorado CNMs entered the political arena and lobbied against lay midwifery licensure. Despite scientific evidence to the contrary, they testified, along with physicians, that home birth and lay midwifery practice are unsafe. They also argued against granting lay midwives more professional autonomy than currently allowed nurse midwives in Colorado. Given CNMs' dissatisfaction with their own lack of professional autonomy, it is paradoxical they would oppose lay midwives' efforts to establish midwifery as an independent profession. I agree with Rothman (1984), who suggests that CNMs who oppose lay midwifery are displaying a false consciousness; that is, they are too closely identifying themselves with medicine (the historical oppressor of midwifery) rather than with lay midwives with whom they share similar ideological and professional goals. The result is the continued medical dominance of childbirth.

Finally, this study shows that professionalization and politics go hand in hand. Although lay midwives in Colorado appear to enjoy professional autonomy in that they practice solo and unsupervised, this autonomy is by "default" (Freidson, 1981:186). It is sustained not through any professional dominance lay midwives have *vis-a-vis* other childbirth practitioners, but because their practice is not easily observed or evaluated by unsympathetic others. Without state licensure, lay midwives have no true professional autonomy: they cannot provide continuous care to clients who need to be transported to a hospital, they cannot be sure adequate prenatal care or emergency medical backup will be provided, and they live in fear of being apprehended and prosecuted by the authorities.

Only through "friendly" licensing will Colorado lay midwives be able to control where, how, and with whom they practice. In order to accomplish this they must intensify their political agitation. First, they must hire a professional lobbyist. Second, they must mobilize public interest groups (e.g., NOW, Informed Home Birth) throughout the state to lobby representatives in behalf of "friendly" lay midwifery licensure. Third, they must contribute resources (e.g., time and money) to the political campaigns of legislators sympathetic to their cause. Fourth, they must support and ally themselves with a national midwifery professional organization (e.g., MANA) that can provide political leadership and credibility to their cause. And finally, they must seek unification with CNMs. Only by presenting themselves as a cohesive group are midwives in Colorado (or any other state) likely to gain professional autonomy. And only by achieving professional autonomy will midwives be able to challenge effectively the medical profession's current dominance over the definition and management of childbirth services.

Notes

1. Both certified nurse midwives and lay midwives define birth as a normal, healthy event and emphasize the use of selective pharmacological and medical intervention. They also strive to be comprehensive in their care, recognizing that a woman's emotional, social, and health educational needs are inseparable from her physiologic needs (American College of Nurse Midwives, 1983; Arms, 1975; McCormick, 1983).
2. Two of the interviews were conducted in the context of making the film, *Labor for Life*, funded by the Colorado Endowment for the Humanities. Doug Price, a fellow "humanities scholar" on the project, provided much help in the legal research.
3. At present the CMA has approximately sixty members.
4. Historically, "moral turpitude" clauses in licensing bills have been used to prevent so-called social deviants, e.g., drug addicts, ex-felons, from obtaining licensure. Lack of consensus over defining "moral turpitude" has made the enforcement of these clauses problematic.
5. At the legislative hearings, lay midwives appeared in so-called counterculture clothing, e.g., long skirts, shawls. One physician described one hearing as having a "zoo-like atmosphere" because of all the mothers and babies present. At a subsequent CMA meeting, members discussed the need to look more "professional" in their appearance.

References

Arms, S.
1975 Immaculate Deception: A Look at Women and Childbirth in America. Boston: Houghton Mifflin.

American College of Nurse-Midwives
1983 "What is a Certified Nurse-Midwife?" 1012 Fourteenth Street, N.W., Suite 801, Washington, D.C. 20005.

Begun, J. W. and R. Lippincott
1980 "The politics of professional control: The case of optometry." Pp. 55–103 in J. A. Roth (ed.), Research in the Sociology of Health Care, Volume I. Greenwich: JAI Press.
Burnett, C., J. Jones, J. Roohs, C. Tyler, and A. Miller
1980 "Home delivery and neonatal mortality in North Carolina." Journal of the American Medical Association 244:2741–2745.
Cohn, S. D., N. R. Cuddihy, N. Kraus, and S. A. Tom
1984 "Legislation and nurse-midwifery practice in the United States." Journal of Nurse-Midwifery 29:55–174.
Colorado Midwives Association
1980 Fall Newsletter. P. O. Box 1067, Boulder, Colorado 80306.
Colorado Midwives Association
1980b Standards of Care. P. O. Box 1067, Boulder, Colorado 80306.
Colorado Midwives Association
1982 Spring Newsletter. P.O. Box 1067, Boulder, Colorado 80306.
Colorado Midwives Association
1983 Fall Newsletter. P.O. Box 1067, Boulder, Colorado 80306.
Colorado Perinatal Care Council
1978 Position Paper on Elective Home Births. 4210 East 11th Avenue, Denver, Colorado 80220.
Conrad, P. and J. W. Schneider
1981 "Professionalization, monopoly, and the structure of medical practice." Pp. 155–165 in P. Conrad and R. Kern's (eds.), The Sociology of Health and Illness: Critical Perspectives. New York: St. Martin's.
DeVries, R.
1985 Regulating Birth: Midwives, Medicine, and the Law. Philadelphia: Temple University Press.
Dingley, E. F.
1979 "Birthplace and attendants: Oregon's alternative experience." Women Health 4:239–253.
Ehrenreich, B. and D. English.
1973 "Witches, Midwives, and Nurses: A History of Women Healers. New York: The Feminist Press.
Freidson, E.
1970 Professional Dominance. New York: Atherton.
Freidson, E.
1981 "Professional dominance and the ordering of health services: Some consequences." Pp. 184–197 in P. Conrad and R. Kern (eds.), The Sociology of Health and Illness: Critical perspectives. New York: St. Martin's.
Frye, A.
1981 "Certification: Another perspective." Special Delivery 5(4):1–3.
Gordon, R.
1975 Interviewing: Strategy, Technique, and Tactics. Homewood, Ill.: Dorsey Press.
Kobrin, F.
1966 "The American midwife controversy: A crisis of professionalization." Bulletin of the History of Medicine 40:350–363.
Litoff, J.,
1978 "American Midwives: 1860 to Present." New Haven: Greenwood Press.
Lofland, J.
1971 Analyzing Social Settings: A Guide to Qualitative Observation and Analysis. Belmont: Wadsworth.
McCormick, B.
1983 "Childbearing and nurse-midwives: A woman's right to choose." New York University Law Review 58:661–713.

Mehl, L., G. Peterson, N. Shaw, and D. Creevy
1980 "Complications of homebirth: An analysis of 287 consecutive home births from Santa Cruz County, California." Birth and Family Journal 2:123–135.
Peterson, K. J.
1983 "Technology as a last resort: The work of lay midwives." Social Problems 30:272–282.
Rothman, B. K.
1984 "Childbirth management and medical monopoly: Midwifery as (almost) a profession." Journal of Nurse-Midwifery 29:300–306.
Sagarin, E.
1967 "Voluntary associations among social deviants." Criminologia 5:8–122.
Sallomi, P., A. Pallow, and P. O. McMahon
1981 Midwifery and the Law. Special Edition, Mothering Magazine.
Schwartz, R. and J. Jacobs
1979 Qualitative Sociology: A Method to the Madness. New York: The Free Press.
Shah, M. A.
1982 "The unification of midwives: A time for dialogue." Journal of Nurse-Midwifery 27:1–2.
Sullivan, D. A. and R. Beeman
1983 "Four years' experience with home birth by licensed midwives in Arizona." American Journal of Public Health 73:641–645.
Ventre, F. and C. Leonard
1982 "The future of midwifery–An alliance." Journal of Nurse-Midwifery 27:23–24.
Weitz, R. and D. Sullivan
1984 "Licensed lay midwifery in Arizona." Journal of Nurse-Midwifery 29:247–256.
Wertz, R. and D. Wertz
1977 Lying in: A History of Childbirth in America. New York: The Free Press.
White, C.
1977 "Twenty five years experience with home and hospital birth." Journal of Reproductive Medicine 19:310–311.