Appendix:

On Researching Midwifery

Data for this study were gathered from a variety of sources—including historical documents, interviews, and observation—over a three-and-a-half-year period from 1978 to 1981. Research sites included the halls of state capital buildings and hospitals; the offices of doctors, midwives, and bureaucrats; the homes of midwives, doctors, and consumers; and informal settings such as automobiles, airplanes, restaurants, and various libraries.

*Historical Data Sources*

Qualitative studies on current phenomena have been notoriously disinclined to consider historical data. Most qualitative research has been undertaken by sociologists with an allegiance to the symbolic interactionist perspective. That is, they are interested in how individuals create, exchange, and sustain social definitions, and therefore they tend to focus only on the immediate context of a given interaction. Past interactions and historical processes that affect social interaction are often neglected in this approach.

My own research required a consideration of historical influences. The history of midwifery and the rise of medical science are crucial to understanding current midwife legislation.

Data on midwives were obtained from a variety of secondary sources. The recent concern with the role of women in society spawned several histories of midwifery. Along with more general
works (for example, Litoff, 1978), there are studies that focus on
the plight of women as health workers (Ehrenreich and English,
1973) and on the changing experience of women as patients (Rich,
1976). Historical studies that deal more generally with medicine
were another source. Data on midwifery were gleaned from histo­
ries of the medical profession (Stevens, 1971; Starr, 1982) as well as
from accounts of medical practice in a given locale (Peterson,
1947). A final source of secondary data was the mass media. Mid­
wifery makes "good copy," so that articles from newspapers and
magazines and tapes of radio and television broadcasts provided
valuable information on issues related to midwives.

I obtained useful primary historical data from archives and pri­
ivate documents; in addition, state departments of health provided
statistics regarding the number of midwives and the distribution of
births. Archives and legislative libraries in the various states pro­
vided useful background information on specific pieces of legisla­
tion and case law. Included here were items such as early drafts of
bills, analyses of legislation by the staffs of legislative committees,
and records of cases heard in state courts. Private documents were
obtained from individuals and organizations who played key legisla­
tive roles. I found state departments of health, legislators, state
medical associations, and midwife organizations extraordinarily
helpful in allowing me access to personal correspondence, intra­
staff memos, never-published press releases, and notes from per­
sonal files.

A final source of historical data—periodicals issued by specific
organizations—is a mixture of primary and secondary data. When a
magazine published by a state medical association includes an arti­
cle on lay midwives, that article is a secondary data source because
it gives information through the eyes and interpretation of its au­
thor, but it is also a primary data source because the publisher
deemed it relevant for the audience of the periodical. Hence it re­
veals something about his or her motives and the organization's po­
sition on the issue. I have used several articles that are informative
in their own right, but might be seen as propaganda because of their inclusion in a periodical or newsletter of a midwife association or medical organization. The same holds true for various pieces of information found in an organization's files. For instance, the "midwifery" file at one state medical association contained newspaper clippings regarding mishaps at midwife-attended births. The clippings gave me valuable secondary information about the incidents, but were also a source of primary information about legislative strategy and attitudes towards midwifery.

**Interviews**

Interviews proved the best means of gathering certain kinds of information. For instance, legislators and lobbyists provided information related to licensing bills and legislative maneuvering not available from any other source. Similarly, interviews with midwives, consumers, and physicians supplied me with data on events I was unable to witness.

I interviewed a wide range of people, including midwives, consumers, physicians, hospital administrators, legislators, lobbyists, legislative aides, and bureaucrats. Because of the duration of the research and my involvement in other projects, it is impossible to come up with an accurate count of the interviews relevant to this study. There were well over one hundred, as well as hundreds of less formal discussions. In fact, it is difficult to separate the formal from the informal. Do two to three pages of notes from a discussion with a client waiting to see a midwife count as a formal interview? Does one page from an interview with a physician reluctant to speak about midwives? How about a two-sentence summary of a discussion with a woman on an airplane whose daughter had a home birth?

I have also used information from interviews conducted for another study. During the course of this research I received a small grant to study alternative birth centers. For that study I visited ABCs at twenty-five hospitals, interviewing consumers, administra-
tors, physicians, and midwives. It is my impression that qualitative researchers often inflate the number of "interviews" by including the most casual of conversations. This improves the appearance of their methodology, but rather than yield to inflationary pressure, I will leave my numbers imprecise.

The more casual interviews were a consequence of "hanging out" with midwives and working in a few bureaucratic positions (I will describe these in the following section). The structured interviews were conducted with a schedule that guided the conversation but allowed open-ended responses. The schedules evolved out of my earlier research in California; as new issues were discovered, they were added to the schedule, and old ones discarded or revised. Depending on circumstance, interviews were recorded electronically or by hand. The results were transcribed or summarized, making them available for future analysis.

Observation
A third data-gathering technique employed in this study was observation. At times this entailed participant observation; in other instances I was simply a researcher-observer. I was a participant observer when I assisted in the deliveries of my three children, when I assisted at a friend's home birth, and when I participated as an advisor and consultant to public agencies. My eldest daughter was born in the hospital with the assistance of a certified nurse-midwife, and my son and younger daughter were born at home with the assistance of lay midwives. These experiences provided valuable insights into the nature of midwife-assisted birth.

Other first-hand information emerged as a consequence of my employment at government agencies interested in midwifery. These appointments included membership on the perinatal subcommittee of the Golden Empire Health Systems Agency, which is located in Sacramento; membership on the steering committee of the Midwifery Advisory Council, which was designed to provide advice on legislation to the California Department of Consumer Af-
fairs; and a consultant position with the same state agency. The agency, while technically prohibited from lobbying, was a strong proponent of licensure, and during my tenure there I observed their strategies to secure passage for a licensure bill.

Quite early I decided against assuming the guise of a midwife or an apprentice midwife, even though such a strategy was the only way I could directly observe the conduct of midwives during births. At one point a group of midwives did ask me to consider apprenticing with them. Although jobs for Ph.D. sociologists are hard to come by, and although it would have been interesting to become one of very few male lay midwives, I did not feel I could be honest in my apprenticeship. Had I accepted the invitation, it would have been more for the chance to gather data than out of desire to become a midwife.

The ethical issues associated with disguised research have been discussed by sociologists (Davis, 1961; Lofland, 1961; Roth, 1962; Erikson, 1967) in an unsatisfactory attempt to arrive at some universally applicable principle. Roth (1962) suggests that because the field researcher is often uncertain where his work will lead, it is impossible to separate secret from nonsecret research. Using Roth's ideas as a springboard, Erikson (1967) concludes that it is unethical for social scientists to deliberately misrepresent themselves or the nature of their research. In the end, the decision to adopt or reject disguised observation must be made by the individual researcher in the context of the intended research. In my case, I felt that the experience of my children's births coupled with intensive questioning of midwives and their clients made any such deception unnecessary.

I did considerable observation in my role as researcher. Schatzman and Strauss (1973: 59–63) note that there are several levels at which observation can occur, ranging from "watching from outside" to "participation with a hidden identity." Much of my observing falls in the middle of this continuum, an area which they label "limited interaction." I made my role as a researcher clear at the
outset, whereupon I observed midwives in their interactions with clients, attended both childbirth education classes and midwife training sessions, and generally observed the routine activities of midwives.

I recorded data with techniques explicated by Douglas (1976), Schatzman and Strauss (1973), and Lofland (1971). The method involved recording detailed field notes as well as theoretical insights that emerge during observation. Field notes were transcribed or summarized to make them compatible with data from interviews.

The Ends of Research
Why do research? The most cynical response to this question links the pursuit of research with self-interest. Successful research helps to secure employment, tenure, grants, prestige, and might even earn the researcher some pocket money in royalties. Whether they are employed by academic institutions, the government, or private business, sociologists gain prestige from the articles and books that grow out of their research. A somewhat less cynical observer might suggest that researchers derive a more benign personal satisfaction from their work, namely the pure enjoyment of research and discovery. While the motivation is still personal, it is not quite as crass. An idealist would argue that the researcher's aims are altruistic, motivated by the desire to help others and to improve the human condition by promoting a better understanding of the world around us. In reality the motives of any one researcher are some combination of the above. Although few researchers would confess to self-interest as their primary motivation, a certain amount of self-interest is needed to keep one going when the hours grow long and the work tedious.

This mix of motivations suggests the importance of values in the practice of research. The meaning researchers find in their work is related to their values. For the self-interested, research is a means of accomplishing personal goals. For the ideologue, research is a way of promoting ideology. Thus, the Marxist sees class struggle reflected
in all of society's institutions, and the more conservative functionalist sees society as a smoothly operating machine. Historically, the social sciences downplayed (ignored, some would say) the effect of values on research, claiming that researchers could leave their values behind when they were working. Within the last few decades, sociologists and other social scientists recognized that values and people are inseparable and now encourage researchers to identify their values, so readers can evaluate reported results in the context of the researcher's value system.

Earlier in this book I suggested that I had "unconventional senti-mentalities." The unconventional sentimentality that leads me to desire a future for midwifery is not a value itself but the outcome of a larger value system based in a Christian world view. I believe that it is my responsibility to promote love and justice among people. Reflecting my belief, I have tried to identify injustice in the provision of medical services to encourage a more equitable system of health care. Of course, I would enjoy the rewards that accompany a successful book, but my main hope is that my effort helps to give us a medical system that offers true health care.