

Book Review

Affilia: Feminist Inquiry in Social Work
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Cramer, R. A. (2021). *Birthing a movement: Midwives, law, and the politics of reproductive care*. Stanford University Press. 288 pp. \$30.00 (paperback). ISBN: 9781503614499.

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DOI: 10.1177/08861099221119460

Birthing a movement: Midwives, law, and the politics of reproductive care by Dr. Renée Ann Cramer is the culmination of over a decade of research on the efforts of nonnurse midwives to legally provide out-of-hospital birth services. In many states, nonnurse midwives (henceforth, midwives) are subject to criminal persecution for attending home births or births at independent centers; in some states, midwives can face felony charges if caught “practicing medicine without a license.” In other states, there is no regulatory framework around midwives, leaving them in the gray area between legal lines, creating uncertainty and anxiety in their practice. Advocates argue that midwifery-led birth care in out-of-hospital settings is important because hospital births have legacies of subjecting people who give birth to obstetric violence, cascades of unnecessary interventions, and disruptions to the physiological birth process. People seek midwifery care at home for many reasons, often deeply personal to them and their families, so midwives work to support people who give birth by empowering their choice. Even in a contentious legal environment, midwives are motivated by a sense of duty to support women in birth, perhaps from their own experience or by a spiritual calling. It is this passion that drives many of the midwives detailed in Dr. Cramer’s book to fight for legal protections, certification, and legitimacy for their work.

Dr. Cramer is a sociolegal researcher who was born in South Dakota, a place often featured in the book. It is clear from the text that Dr. Cramer is connected both personally and professionally through collaboration with the midwives she writes about. Dr. Cramer talks about how her position as a mom, caring for her young baby throughout her research with the midwives, and her own experiences with birth shape her understanding of the legal landscape she studies. The author also acknowledges her role as a White woman and the reality that most midwives are White women and how this professional demographic is positioned in the context of reproductive health disparities that disproportionately impact Black and Indigenous women. Her perspective as an academic, combined with her lived experience, creates a flowing narrative that enlightens the reader on the personal and political realities of midwifery in the United States.


Although now many agree that the formalization of midwifery is in the best interest of the profession, this consensus was not always present among birth advocates. Midwives have long worked to apply and preserve generations of women’s knowledge about physiological birth, and they often learned from experience alone. Many feared that formalizing the profession through credentialing and regulation would obstruct the passage of this sacred knowledge through an overemphasis on didactic education for birth. Further, many midwives pride themselves on operating outside

of “the system” and reject being legislated into the fold of state oversight. Yet, midwives in states where out-of-hospital birth made them vulnerable to criminal persecution had much to gain from decriminalization of their work. The varied perspectives of midwives created a debate about the best way to protect the profession going forward; some wanted to stay as far away from regulation as possible, while others fought for regulatory bodies that would provide credentials to increase protections for midwives. To complicate the situation further, each state had different legal and professional frameworks wherein midwives had to carve out space for their safe practice. Together, in conferences such as The Big Push, midwives worked on building consensus about regulation; they sought advice from lawyers and lobbyists and tried their hands at lawmaking processes.

Dr. Cramer shares examples of midwife advocates and their legislative supporters—some that end in success, others that are still working in their states. Through each example, the reader sees a person with little prior experience in legislation work build relationships, capitalize on home birth supporters in their audiences, and resiliently pursue reform for their profession. Midwives often find success when they can utilize their community-building skills to effect change. In this way, the strengths of midwives are like the strengths of social workers. As a social work scholar, I found many parallels between the advocacy efforts by midwives described in the book and our field’s social justice advocacy. Working to build consensus, using that consensus to rally behind a cause important to our communities, and resiliently pursuing policy change constitute the threads of a complicated narrative for many causes within social work. Therefore, *Birthing a movement* has much to offer the macrolevel social worker.

Further, the book raises questions of racial and gender inequity in birthing spaces that are crucial to understanding for members of professions such as midwifery and social work that value social justice. Dr. Cramer discusses the role that midwives play in promoting safe birth for people disproportionately harmed by mainstream obstetric care in hospital settings, particularly Black women. So often, we reduce issues of reproductive health to the binary pro-life, pro-choice debate, but this book elucidates the complexity of what it means to uphold justice in reproductive settings. Some midwives provide abortion support services, while others are religiously opposed to abortion, and yet they act in unison to protect women’s rights to choose where they give birth. Social workers often need to act with nuance in situations where there is not total alignment of values, but where important work needs to be done. This book provides an excellent case study about finding common ground and working together to pursue change that benefits the larger community.

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