**ALL MY BABIES: A MIDWIFE’S OWN STORY**

**A CRITICAL EXAMINATION OF MEDIA, RACE, AND GRANNY MIDWIVES**

by

**Alysia M. Tucker**

BS in Science, Gannon University, 2011

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This essay is submitted

by

Alysia M. Tucker

on

April 27, 2018

and approved by

Essay Advisor:

Thistle I. Elias, DrPH, MPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistant Professor

Behavioral and Community Health Sciences

Graduate School of Public Health

University of Pittsburgh

Essay Reader:

Dara D. Mendez, PhD, MPH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistant Professor

Epidemiology

Graduate School of Public Health

University of Pittsburgh

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Thistle I. Elias, DrPH

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**ABSTRACT**

In the 1900s Black midwives, referred to as granny midwives, dominated the midwifery field in the United States. Over the last century their numbers drastically declined. In 2014, less than ten percent of new midwifery students entering the field were Black women. Factors attributing to the rapid reduction of Black midwives were national regulatory policies such as required licensure to practice and mandated supervision from physicians. These were promoted through public health campaigns in media and literature. The focus of this paper is to utilize critical discourse analysis (CDA) to highlight the role public discourse had in perpetuating racial biases toward Black midwives in the early 1900s, contributing to the lack of Black midwives seen today.

This paper is an analysis of an internationally acclaimed public health training film, *All My Babies: A Midwife’s Own Story*. The objectives of this research are to: 1.) explore how the political climate and national policies shaped the discourse of the film, 2.) identify reoccurring concepts, 3.) analyze how the discourse of the film maintained or challenged the existing social structure, and 4.) provide recommendations for future public health discourse.

The process for selecting the film was based on its international influence, distribution nationally, and the opportunity to analyze verbal and non-verbal discourse. The process for identifying concepts within the film was modeled from Norman Fairclough and Thomas Huckin’s framework for CDA.

**Public health significance of this research**:  It is critical to communicate public health information equitably – accurately and fairly - to prevent furthering health inequities by gender and ethnicity.The benefit to using a CDA approach is that it explores the distribution of power and how it is maintained or challenged through public health discourse.  This paper will use CDA to identify power with respect to racism in discourse that is easily overlooked. Once we recognize underpinnings of racial ideologies in our work, we can create media that promotes social justice through equitable representation.

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# Introduction

In the early 1900’s approximately sixty percent of all births in the South, for women of all races, were attended by Black midwives, who were affectionately referred to as ‘granny midwives’(1-3). Granny midwives held matriarchal roles within their communities, as healers and spiritual leaders, providing maternal and child health services for families (1-6).

The American Medical Association campaigned to pass the Sheppard-Towner Act of 1921, this legislation drastically changed how all midwives practiced. The Sheppard-Towner Act was the first federal grant program created to address the high infant and maternal mortality rates in the United States (7-12).

States that received this funding created policies that required midwives to obtain licensure to practice. They also enforced state sanctioned classes taught by physicians and hired public health nurses to supervise midwives (3, 7-13) This is considered by many researchers to be the first government funded social service initiative (7-12, 14). Policies created under the Sheppard-Towner Act caused barriers for White and Black midwives, but they most negatively affected Black midwives, so much so, by the 1980’s the apprenticed ‘granny midwife’ role had practically been eliminated (1-3, 6, 15, 16).

The long-term repercussions of state policies created because of the Sheppard-Towner Act can be seen today, by the low percentages of African American women entering the midwifery field. In 2014, Black women represented only 10 percent of new midwifery students (17). Today, over ninety percent of certified nurse midwives are White (18).

This paper will address how social injustices and national policies of the time influenced the production of the training film created for Black midwives called *All My Babies: A Midwife’s Own Story,* released in 1952 and produced by the Georgia Department of Public Health, the Association of American Medical Colleges, and Columbia University. The producers documented the work of granny midwife, Miss Mary Coley, as she provided midwifery services to pregnant women. *All My Babies* offers a visual representation of the use of public health communication for mass consumption. At the time of its release the film was circulated to medical and nursing schools, police and health departments (19). *All My Babies* was shared with health agencies internationally, from Thailand to Sweden (19). The film is considered highly acclaimed and radical for it’s time for its portrayal of a Black midwife as the main character and the incorporation of a majority Black cast (19). In 2002 it was selected for the National Film Registry by the Library of Congress.[[1]](#footnote-1)

This paper applies critical discourse analysis (CDA) to explain how the film maintained racial ideologies that had been created to eliminate and devalue the role of granny midwives in the early 1900s. CDA is the principal that text, both oral and written, must be analyzed in context of societal constructs that exist at the time it was created and shared (21, 22). CDA has been used in the nursing and education fields to analyze policies and curriculums and will be applied here to understand a film primarily used in the field public health. The analysis of *All My Babies* demonstrates the applicability of using CDA for examining public health communication in media and encouraging researchers to create materials that challenge the status quo and avoid perpetuating racial stereotypes.

## Positionality Statement

Critical Race Theorist Derrick Bell describes, “It seems fair to say that most critical race theorists are committed to a program of scholarly resistance, and most hope scholarly resistance will lay the groundwork for wide-scale resistance” (23) I was inspired to examine this idea of academic resistance through an analysis of *All My Babies.* The discourse of the film reinforced false stereotypes about Black midwives that had since been debunked, for example, that their services were the primary factor contributing to the infant mortality rates of the early 1900s. For this paper, resistance is accomplished through an analysis of public health discourse, to explain how national policies perpetuated racism through media.

I identify as a Black woman and public health professional working in Maternal and Child Health. Through my anti-racism training and experience as a doula, or labor and delivery coach for pregnant women, I have experienced microaggressions and racial discrimination during interactions with medical staff. I have also witnessed mothers and their families treated poorly and their needs ignored by healthcare providers.

These experiences have helped to shape my lens to look more critically at how racism impacts the world around me, both professionally and academically. I was intrigued by the rich history of Black midwives, and at the same time, dismayed after learning how racism and patriarchy contributed to their decline. During my analysis of the film, I struggled internally with articulating the visceral reaction I felt after viewing a particular scene which will be described in detail under Visual Cues. This scene caused me to reflect on race in America, specifically, the racial constructs of White and Black and what they symbolize within our society. These reflections along with my experience have shaped the lens by which I analyzed *All My Babies.*

# Background

Midwifery in the United States can be traced back to the arrival of African slaves during the 17th century and the migration of European settlers (24, 25). In the South, plantation owners relied heavily on the services of granny midwives who attended births for slaves and White women in the community (2, 3, 24).

Granny midwives were matriarchs and gatekeepers of the community who spent years studying under apprenticeship of elder midwives, oftentimes a family member (1-3, 6, 26). Oral traditions of healing and medical care were passed down through generations of Black midwives (6). It was believed that becoming a midwife was a calling ordained by God, for that reason they were respected as spiritual leaders within their community (3, 5, 6, 16, 25). Their role included, but was not limited to, childbirth education prior to delivery, emotional counseling, and postpartum care for women (1-3, 26-29).

Granny midwives incorporated traditional medical and spiritual practices, such as using medicinal herbs to induce labor or placing a knife under the mattress which was believed to decrease labor pains (6, 26). Following the delivery, a granny midwife would stay with the mother for up to two weeks or more, to help her adjust to motherhood and heal. Healing included cultural rituals and medical practices, as well as, postpartum care, like preparing meals, attending to light house work, and addressing medical concerns (1-3, 6).

At the turn of the twentieth century, public health practitioners found that infant and maternal mortality rates in the United States were higher than in European countries, at 99.9 compared to 58.1 per 1,000 live births (30). Researchers and physicians contributed these rates to poor maternal health care provided by granny midwives, describing granny midwives as “illiterate, low-grade, ignorant, and unclean” (1, 2, 6, 9, 10, 16, 26, 31, 32). Obstetricians, like Dr. J. Whitledge Williams, argued that midwives were incapable of providing the best care for women because they were unable to manage pain or the length of labor, lacked access to anesthesia to maintain the comfort of patients, used outdated medical tools, and lacked knowledge of sterilization and cleanliness (1-3, 6, 24, 26, 30).

However, data collected between 1927 and 1930 reveal that despite efforts to delegitimize the practices of granny midwives, their methods resulted in better health outcomes when compared to physicians’ (33-36). For example, a literature review from the Journal of Midwifery and Women’s Health concluded that between 1927 and 1930, 62 percent of African American births in Alabama, Kentucky, and Virginia were attended by Black midwives, and their maternal mortality rate was 51 per 100,000 live births (35, 36). Physicians managed only 38 percent of all Black births in those states and their maternal mortality rate was doubled, at 111 per 100,000 live births (P<.0005)(35, 36)

The American Medical Association used their political power to construct a national campaign reinforcing this false narrative regarding midwives, and specifically granny midwives (24, 37, 38). They considered midwifery unsanitary, and midwifery practiced by Black women, as unethical, witchcraft, and dangerous (1, 2, 10, 15, 39). The literature affirms that the action of public health officials and the AMA intentionally sought to reduce the number of Black midwives practicing in the United States (2, 15, 16, 27, 37, 40).

At the same time, States had received government funding to create programming for prenatal, infant, and maternal care through the passing of the 1921 Sheppard-Towner Act and were given the authority to use the funds to create programs and policies aimed at reducing health disparities in their jurisdictions (8-12). The AMA’s national campaign influenced the decision for States to use the Sheppard-Towner funds to reform the field of midwifery to address the high mortality (8-13). As some authors suggest, the Children’s Bureau “won support for federal maternity and infancy aid in the south by focusing on the "midwife problem" rather than on the economic and social causes of poor health”(41). The literature explains that contrary to public opinion at this time, midwives were educated, knowledgeable in midwifery, utilized sanitary practices, and, most importantly, had better health outcomes than physicians (1, 2, 30, 39).

Black midwives were most prominent in the South in the early 1900s, much of the literature I reviewed focused on states such as North Carolina, Alabama, Texas, Georgia, South Carolina, and Mississippi (1, 4, 15, 16, 24, 25, 28, 29, 35, 37-40, 42-46). There lacked consistency in national statistics on the overall number of midwives. At this time, the percentage of midwives nationally was tracked based on birth records. The national data shows that the number of midwife-attended births declined from 60 percent in the early 1900s to nearly 15 percent by 1930(30). This steep decline of midwife-attended births, by Black midwives, between the 1920’s and 1930’s is a trend also observed in Georgia and Mississippi (4, 28, 37-39).

From the literature I reviewed, data from North Carolina provided information on the decline of the total number of midwives.. By the end of the 1930’s the midwife population had declined by almost half (from 9,000 to 4,266 midwives) (39). Despite the decrease of midwives, in North Carolina’s rural communities, midwives still attended 80 per cent of Black births and 20 per cent of White births (39). In North Carolina, by 1950, there remained fifty licensed midwives; the data provided does not disaggregate by race (39).

The data from North Carolina was consistent with the national birth statistics (39). The decline in midwives in North Carolina, was likely occurring in other southern states as well, because all midwives, Black and White, were affected by the new policies enacted(30, 34). But the rate in decline would have been dependent on each state independently and how they utilized federal funds (9-14, 47).

In *The Health and Social Functions of Black Midwives on the Texas Brazos Bottom, 1920-1985*, one of the requirements that stemmed from the Sheppard-Towner Act required midwives to attend trainings facilitated by physicians(5). The purpose of these trainings was to reduce the autonomy granny midwives had over their patients care(1, 2, 13). Because of new policies, they were forced to discontinue their traditional and cultural practices and begin referring all patients to physicians. There are different reflections on how this impacted the status of granny midwives(8-14, 41). One author claims “going to class and meeting with high status white professionals on a student-teacher basis strengthened the midwife’s status in the black community” (5). However, other literature explains that the status of granny midwives in the community had no correlation to their relationship with white physicians (1, 2, 39). Texas state policies are one example of many systematic maltreatment of black midwives by State governments (4, 26, 38-40, 46).

In conclusion, the AMA leveraged the passing of the Sheppard-Towner Act to influence States to use the federal funds to create policies that reduce midwifery (1-3, 24, 26, 29). In doing so, the policies and programs created, disproportionality affected granny midwives and the medical care they had practiced for over hundreds of years (2, 3, 10, 11, 41).

# Methods

This paper is divided into two main sections, with corresponding methods: (1) a review of the literature on the history of granny midwives and the effects of the passing of the Sheppard-Towner Act of 1921 that placed limitations on how granny midwives provided care and (2) the use of CDA to analyze the discourse of the film *All My Babies: A Midwife’s Own Story*. I will first describe the methods used to analyze *All My Babies*.

A review of *All My Babies: A Midwife’s Own Story (1952*) will explore how social injustices and national policies of the time influenced the production of the film, through a critical discourse analysis. Critical discourse analysis (CDA) theorizes that identifying inequities in discourse and discursive practices can result in more equitable representations in the future (21, 22, 48-51). CDA was used to analyze the impact of racism on the discourse of the film.

Information gathered for the literature review was collected through the University of Pittsburgh’s online library (PittCatt+), Google search engine, and Google Scholar. EBSCO Host and JSTOR were databases. Variations of the keywords: *granny midwives, midwives, granny midwives and racism, African America midwives, Black midwives, midwifery US, and the Sheppard-Towner Act of 1921 (*See Appendix 1). The process for including articles followed the following criteria (1) literature describing the role of granny midwives in the United States, (2) literature that outlined the Sheppard-Towner Act, and (3) literature written in the last ten years.

The film, *All My Babies*, was discovered as a result of an initial literature search. I then reviewed discourse analysis to determine a framework for analyzing the film. After reviewing the literature, the articles that were selected referenced Norman Fairclough’s critical discourse analysis framework (22, 48, 50). His CDA approach specifically analyzed power structures within society and how these structures are translated through discourse, therefore informing my decision to conduct a critical discourse analysis (21, 22, 48, 52).

The following section will outline the theories and processes used to guide the analysis of *All My Babies.*

## Critical Discourse Analysis

Critical discourse analysis (CDA) is an approach that will be used to address how the film’s narrative maintained or challenged the social structure that contributes to the racial inequalities experienced by granny midwives practicing during the early 1900s. Critical discourse analysis reveals that even the most seemingly progressive discourse is indicative of the cultural and social climate of that time (21, 22, 50, 53). CDA is a framework that seeks to understand whether discourse maintains or challenges social norms that are believed to be intrinsic within society (22, 48). Social norms can be defined as classism, sexism, xenophobia, and/or racism.

Social theorists and CDA experts, Thomas Huckins and Norman Fairclough, contend that language is highly influenced by the social and cultural contexts from which it was developed (21, 22, 48, 50, 52, 53). In other words, according to Fairclough, “CDA frequently detects the linguistic means used by the privileged to stabilize or even intensify inequities in society” (22, 52)

Furthermore, CDA studies how language challenges the concept of ‘dominance’ within society (51). Teun A. van Dijk defines ‘dominance’ as “the exercise of social power…that results in social inequality, including political, cultural, class, ethnic, racial and gender inequality” (51).

Although created for text, Huckin’s and others have adapted CDA for film analysis (50, 51, 53, 54).

The purpose of this paper is to discuss how the discourse of the film maintained racist stereotypes about granny midwives that existed during the time of the film’s release. I will be using Dr. Camara Jone’s [[2]](#footnote-2)definition of racism “a system of structuring opportunity and assigning value based on the social interpretation of how one looks” (55). This system, as Dr. Jones describes, unfairly disadvantages individuals while unfairly providing advantages for others. These advantages result in the communal ability to oversee access to resources and economic wealth. Collectively advantaged individuals benefit from unearned privilege, resulting in power within the system.

Power is definition as the “possession of control, authority, or influence over others”(56). ‘Social structure’ will be used throughout this paper and is defined as the distribution of power within a social hierarchy. In the United States, ‘power’, is maintained by the dominant culture, those of European decent, who have access to distribute or deny economic wealth and social capital, based on the concept of race. Historically, race has been used to justify the ill treatment of people of African descent (23, 57-60). This can manifest through intrapersonal relationships, but also within systems and organizations, as will be described in the analysis of the film.

How power is distributed, or the lack thereof, as Fairclough explains, influences how discourse is created and disseminated. CDA is described as “the process of analyzing language used by those who are responsible for the existence of inequalities**”** (21, 22, 52). A consequence of operating within a racist social structure is that those in power will continue to maintain narratives that keep them in power(21, 48). In the case of the film, *All My Babies*, those in power during this time were exclusively White male physicians who operated within larger institutions such as the American Medical Association and held decision-making positions within public health organizations. The producers of the film, also mostly White, controlled the discourse of the film and were intentional in maintaining the social hierarchy; white male physicians were portrayed as the ultimate authority and Black midwives as their subordinates(19).

### Analysis Process

For the purposes of this paper, verbal and non-verbal communication are described as ‘*discourse’.* Deciding which discourse would be selected for review was accomplished through a literature review outlining the history of granny midwives in the United States and the impact of the Sheppard-Towner Act. Data reviewed during the literature review included the film, *All My Babies,* which was intended to provide additional historical content. Upon review, I found that the film visually described much of what was included in the literature about granny midwives and the policies that hindered their work.

The process for analyzing the film were adapted from Norman Fairclough’s three-dimension CDA analytical framework. The first step of CDA was choosing a ‘social wrong’ to be analyzed, in this case racism. This was followed by identifying linguistic features in the dialogue, analyzing verbal and non-verbal interactions, evaluating the placement of characters, and determining the intended audience (21, 22, 48).

The first time the film was viewed in full without any interruptions. The second time the film was viewed, I wrote notes during and after, documenting general observations. The notes contained direct quotes and the time stamp, to reference scenes that needed further analysis. Background music, scene transitions, word choice, phrasing, and character placement were noted. These observations were categorized using terminology applied in CDA, based on Huckins (50). The four terms were chosen because they could be applied to both verbal and non-verbal discourse.

*Insinuation*: is used to move the audience to choose one side or another and occurs when a statement or action has multiple meanings so that if challenged, the creator can claim the less controversial of the two.

*Omission* are described as elements intentionally left out of the discourse.

*Visual Cues* is a review of character placement, body language, and voice inflictions that can provide alternative interpretations.

*Labels* provide insight for the audience on the social status and power of a character.

The second step reviewed discursive practices. *Discursive practices* examine the relationship between social constructs and discourse and asks the subsequent question; how this piece will be produced or consumed (21, 22, 48). The third step, also referred to as the ‘call to action’, included the analysis of how the discourse was influenced by social hierarchy and how the discourse maintained the social structure or challenged it, and recommendations for future literature.

# Results

## Film Overview

*All My Babies: A Midwife’s Own Story*, a short non-fiction film, was produced and sponsored by the Georgia Department of Public Health, the Association of American Medical Colleges, and Columbia University, as a training tool for Black midwives practicing in the South in 1952 (19, 61). The film is currently housed in the United States Library of Congress and was selected for induction onto the National Film Registry in 2002 as "culturally, historically, and artistically significant work”(19). At the time of its’ production, the number of Black midwives nationally was declining(4, 40). However, due to segregation and the lack of access to health care, Black midwives still provided maternal care for Black women living in rural communities (3, 5, 16, 40).

I will give a brief description of the main scenes of the film and then provide details from the analysis. *All My Babies* was an instructional guide for midwives demonstrating procedures for caring for patients (19). Mary Francis Hill Coley (Miss Mary), a granny midwife who delivered over 1,000 babies in rural Georgia, co-narrates the film as it documents the midwifery services she provides for two Black women, referred to in the film as Ida Flemings and Maybelle (no last name).

The Georgia Department of Public Health and the Association of American Medical Colleges worked with George Stoney to create the script for the film (19). Stoney hired an actor to play the role of Maybelle (19). Ida Fleming, Dr. Andrew, Nurse Penny and the Health Officer played themselves (19). Dr. Andrew, Nurse Penny, and the Health Officer are the only White cast members.

*All My Babies* is fifty-four minutes in length. The film opens with a statement from the Georgia Department of Public Health describing the purpose of the film. The first few minutes of the film are dedicated to developing Miss Mary and Ida’s relationship. Miss Mary accompanied Ida to her prenatal appointment at a local health clinic. While there, she described the role of the medical staff to assess for potential risks that could influence whether the patient continued with the midwife or received primary care from the physician.

Ten minutes into the film, the Health Officer makes his first and only appearance. At the health clinic, the Health Officer reprimanded a room filled with Black midwives. He explained that an infant in the care of a midwife had died and attributed this due to unsanitary practices of the midwife. Following his presentation, the midwives, particularly Miss Mary, are shown practicing various procedures with oversight from Nurse Penny.

We meet Maybelle in the next scene. She and her husband arrived unannounced to Miss Mary’s home to request her services. At this we learn about Maybelle’s history of past miscarriages. Compared to Ida, Maybelle and her family are living in extreme impoverished conditions - cardboard boxes line the interior walls for insulation and her house is located outside of the small community, isolating her from people and resources.

The next scene Miss Mary is back at the health clinic, this time for Maybelle’s prenatal appointment. During the examination Dr. Andrew tells Maybelle that she suffered from ‘poor nutrition’ and states this could impact her pregnancy. At the end of the appointment Nurse Penny counseled Maybelle and handed her educational material. The scene ends with Maybelle home alone and noticeably distraught from the visit. As the scene fades, Maybelle looks through her box of parenting pamphlets and drops the educational booklet to the floor, as she begins to sob quietly.

At this point, the storyline transitions back to Ida, who is now in active labor. Miss Mary arrived at her home and assisted with the delivery of Ida’s baby. The film transitions back to Maybelle who has gone into pre-term labor and delivers her baby prematurely, this is the climax of the film. Nurse Penny arrives with an incubator to help regulate the premature infant’s temperature. At the end both, Maybelle and her newborn have a full recovery. The film concludes with Miss Mary embracing a toddler who she had previously helped to deliver as she exclaims, “I am proud of *all my babies*”.

The next sections will identify reoccurring concepts in the film, using Huckin’s CDA terminology (insinuations, omissions, visual cues, and labeling) as a guide, concluding with a discussion outlining how national policies influenced the context of the film by maintaining racist stereotypes.

## Film Review

The impact of the social structure during the film’s release influenced the narrative of the film and how it was disseminated to the broader public. Despite the producer’s intent, the film grew in popularity and was distributed nationally. Additionally, international organizations such as the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF) circulated the film for medical trainings abroad (19). Preliminary search results presented an association between the decrease in granny midwives and the state policies created as a result of the passing of the Sheppard Towner Act (1-3, 8-12) The following sections indicate what concepts emerged through critical discourse analysis of this film.

### Insinuation

The film opens with text scrolling the screen describing the purpose of the production. The context clues isolated from the text below will be explored in subsequent paragraphs:

*“in many ways, people throughout the United States are working to achieve good medical care for all mothers throughout childbearing. Until that goal can be reached, it is highly important to improve the skills of midwives who carry so much of the responsibility for saving mothers’ and babies lives in rural areas where doctors and trained nurses are scarce. This film is an educational tool to improve the services of midwives”(61)*

The statement above sets the tone for the discourse of the entire film. The text does not explicitly state that the intended audience for the training are Black midwives, however this is insinuated. First, the use of “rural areas” as coded language, describing the geographic location of families at the same time implying that the mothers’ and babies were Black (28, 37, 39). Coded language is when words mean one thing for a particular group of people but have an entirely different meaning for another. Historically, coded language is used to describe Black Americans and/or predominately Black communities throughout media and literature (62).

Additionally, in this context, ‘rural’ is also synonymous with poverty (5, 26, 46). To further explain, at this time, hospital wards were rare and primarily located in urban areas, which were catered mostly to White providers and patients (1, 12, 32). Maternity wards were built in urban areas and functioned as treatment and training centers for obstetricians and gynecologist. Due to segregation, most Black families resided in rural communities, therefore, access to hospital wards was difficult (15). Physician’s [[3]](#footnote-3) tolerated midwives in rural communities, mainly out of necessity because obstetricians lacked the capacity to provide medical care to residents in these areas (1-3, 5, 30, 34, 35)

Another strong example of insinuation, or an element having multiple meanings within the film, is the song that is played in the background throughout the entire film. The choir sings “Everything clean for the baby. Pure and clean, everything clean for the baby”(61). We hear this song in a scene in the beginning of the film as Miss Mary is preparing her medical bag. Again, at Ida’s house as Miss Mary is gathering all the supplies she will need for the delivery and making the bed, the choir can be heard in the background. As Miss Mary is washing her hands, the significance of this will be outlined in the next section. When the choir isn’t singing the words, they can be heard humming the tune. There are other lyrics that are more difficult to distinguish, however, the stanza “everything clean for the baby” is heard clearly and sung repetitively.

The producers remind their intended audience, Black midwives, of the importance of cleanliness. This is reinforced by visual cues of Miss Mary washing her hands and supplies. The insertion of the song, strategically throughout, is a reminder to maintain sanitary practices but more importantly, to insinuate the racist rhetoric of the time; that Black midwives were ‘dirty and unclean’ and thus unfit to deliver babies (1, 2).

The importance of sanitation is a reoccurring theme due to the political pressure from the AMA on midwifery care (12, 13). Despite research supporting that midwives practiced proper sanitation (16, 24). The producers intentionally scripted multiple scenes of Miss Mary scrubbing her hands and methodically washing her equipment for long periods of time. While she is washing her hands there is silence, no music and no narration. Thus, forcing the audience to pay close attention to the visual dramatization.

Yet, Dr. Andrew and Nurse Penny, both White, examined multiple pregnant women and were not shown washing their hands. There was an underlying assumption that only the midwife was unclean, therefore it was not necessary for viewers to see Dr. Andrew and Nurse Penny wash their hands. What messages does this subconsciously send to the viewer? That Dr. Andrew and Nurse Penny, were exempt from maintaining the same standard of practice that they were reinforcing for Black midwives? Sanitary practices should be adhered to by all medical professionals, therefore it can be assumed that this exemption was based on race

### Visual Cues

After the scrolling text about the purpose of the film, the next minutes are spent capturing the relationship between Miss Mary and Ida. We learn in this scene that Miss Mary had delivered Ida’s other babies and the two had built a personal relationship. As they are conversing and reminiscing on Ida’s previous births, Miss Mary is shown gathering supplies to place into her black medical bag. The black medical bag has contextual significance. After the Sheppard-Towner Act was passed, States enacted policies that required all midwives to carry a black bag with items that had been approved by the medical community(1-3, 16). In fact, this bag was to be periodically checked by the supervising physician, for banned items such as, homemade salves, herbs, and other natural remedies (4, 6). Again, demonstrating the need for physician control and over the midwife, who’s traditional practices had been sustained for centuries (6, 16, 40, 63).

The film portrayed the need for physician hegemony over Black midwives. National mandated policies required midwives to obtain approval from physicians prior to enrolling pregnant women for midwifery services. This policy can be interpreted as a form of control rather than public health prevention due to its lack of valid research. The producers reiterated fabricated claims that maternal health care would improve once midwives began reporting to physicians (1, 2, 6, 16, 40). The midwife’s patient had to be seen by the physician who would evaluate whether it was “safe’ for them to labor with the midwife (2, 30, 34, 37, 46). Miss Mary refers to this process several times throughout the film stating, “*Another lady there just beggin to be my patient, but I most know she needed the doctor!*” and “*After the doctor got through explaining all that, then the lady agreed herself, it was better to let the doctor wait on her*”.

The midwife’s reliance on physician oversight, according to the literature, had not formally occurred before the Sheppard-Towner Act legislation (1-3, 9-12, 16). We also know through literature that Black midwives, despite state policies, continued to use their own traditional medicinal practices for treating patients in a form of collective resistance (6, 40, 63). If Miss Mary had written and produced this film, what would she have included in the black bag?

The following will describe one scene that best demonstrates how messaging within the film reinforced racial hierarchy in the U.S. followed by a reflection sharing how this scene resonated with my experience with racism as a Black woman. The story unfolds with Miss Mary and Maybelle at the clinic for a prenatal appointment. They are there because Maybelle has had a history of miscarriages and pregnancy complications. While there, Nurse Penny provides educational advice on the importance of proper nutrition and how Maybelle can ‘take care of herself’. As Nurse Penny is speaking, Maybelle is observed casually leafing through an ‘educational booklet’ on the table in front of her.

Once home Maybelle sits on her bed and reaches underneath to retrieve a box of prenatal information Miss Mary had collected for her in preparation for her baby’s arrival. She picked up the educational booklet she had received earlier that day from the doctor’s office and quickly turned through the pages, as Miss Mary narrates in the background, “*It’s hard to know just what a person got on their minds sometimes*”. Maybelle drops the booklet to the floor, collapses onto the bed, and begins to sob. The camera zooms in on the dropped booklet on the floor. What appears to be the back cover of the booklet, is facing upward with an image of a White mother smiling and holding her baby. The scene ends with Maybelle laying on the bed crying in distress.

The most important part of this scene is the fact Maybelle does not see the picture of the smiling White family. The booklet falls to the ground causing it to flip to the back cover and land on the floor. By this time, we see Maybelle’s feet dangling on the side of the bed. The image was intended for the viewer.

The insertion of the photo was deliberately inserted and intended for the audience of Black midwives. With that in mind, the image dehumanizes the suffering of Maybelle, when what she needed most is empathy. What perceptions did the producers and writers have about Black women and Black motherhood in comparison to White women and White motherhood? Were they displaying ‘empathy’ by providing the audience with an image that symbolized hope? Sending the racialized message that if Maybelle, could make some changes in her life, she too would be happy like the White woman in the picture. Here, Whiteness was symbolic of health and happiness and thus the measure for which Maybelle should strive. Maybelle’s own pain and circumstances were completely disregarded.

### Labeling

According to Huckins, titles are labels that indicate status and power within the social construct (50, 53). The medical providers portrayed in the film, apart from Miss Mary, had a professional title before their name indicating their status and rank. The difference in who was acknowledged by a professional title represents the unequal distribution of power within the obstetrics field (21, 22). The film was produced pre-Civil Rights Era (1954), and during this time hospitals and schools were segregated. The producers attempted to portray the relationship between the physician, nurse, and Miss Mary as amicable and cooperative. However, I observed racial nuances that provided a different interpretation of their relationship, for example the Health Officer’s dialogue during a meeting with the midwives.

He begins the discussion exploring reasons a baby, in a midwife’s care, died prematurely. The summary of his narration was a lesson for Black midwives on the importance of sterilization. It is a visually provocative scene, and one worth noting, as the Health Officer, a White male physician, talks at a crowd of all Black midwives, depicting the physician’s role as an authority in power in comparison to midwives

The next scene shows a group of Black midwives, who look over the age of 40, meeting with the House Officer.

*“Two days ago, a baby delivered by a midwife died, when it ought to have lived, as your House Officer, it was my duty to find out why that baby died. My examination showed that his cord got infected. And you all know what that means, something wasn’t clean. Maybe the midwife didn’t boil her scissors long enough, or it could have been the dressing that she used wasn’t sterile. Or it might have been she got in a hurry and didn’t wash her hands well. Now you midwives in this county have built up a wonderful reputation, you work hard, and I know how difficult it is to keep things clean in some of the homes where you must go. But your records show that you can keep clean and when something like this happens, it’s a warning to all of us, doctors, nurses, and as well as to you midwives, it shows us how very easily we* ***can slip back when we get careless” (61)***

‘Slipping back’ is a direct reference to the traditional and cultural care provided by Black midwives, passed down through generations of granny midwives (6). One primary criticism from White medical providers that influenced the formation of policies regulating how Black midwives provided care, was the notion that cultural and traditional practices were not sanitary and caused negative health outcomes (5, 13, 16, 24). Even though there was no data to support the traditional practices of Black midwives caused harm or increased the incidences of mortality (30, 34, 35). Black midwives were regarded as nuisances due to their resistance to conform (1-3).

Immediately following this scene Miss Mary is heard saying “I’ve been doing the same thing ‘bout 18 years. But I still know I can slip if I don’t keep checking myself. These new girls just starting out have got an advantage because they’re learning the right way”(61). The irony in this statement is that throughout the history of the midwifery practice, the craft was taught by elder midwives who are revered and respected. If Miss Mary’s words were to be taken literally, it would insinuate a level of devaluing of former midwifery training. Which, until the dominant culture deemed it unsafe, had been the primary source of labor and delivery care (2, 6, 15, 16, 27, 37, 38, 40, 63). The literature also points to publications stating that physicians preferred younger Black midwives to granny midwives, because they were more easily controlled (16, 26, 39). Again, this provides another strong example of the dominant cultures voice being elevated, despite the title of the film, “A Midwife’s Own Story”.

### Omission

Throughout the entire film immigrant and White midwives are not mentioned or shown. Both ‘Black and/or granny’ are omitted from the title and description. Would prefacing midwife with Black or granny, have changed the purpose of the film? The use of a racial description would have been acceptable during the 1950s, why did the authors omit any racial categorization? Interestingly, according to Erik Barnouw, a U.S. historian of film and radio who worked closely with Stoney on the production of the film, “Miss Mary’s picture on the front [of the brochure], was very carefully written to make clear that the medical profession was not endorsing the existence of midwives, who were considered a temporary and unfortunate necessity”(19).

Referring back to the idea of power and how power is distributed. Although White women also had to cope with the trauma of navigating a patriarchal society, they were still more valued than Black women. Black women, due to their status in society may have posed less of a threat to the patriarchal system, in comparison to White women, because they were less likely to have access to the resources needed to mobilize to gain political power at the time. Therefore, the Georgia Department of Public Health had less to lose by creating a film centered around Black women. Including White women, may have been perceived that medical providers were in favor of supporting midwifery.

# Discussion

On average, 4 million infants are born in the United States each year. In comparison to other industrialized countries, the United States has the highest infant mortality at 6.1 per 1,000 live births for example, compared to Finland’s 2.3 per 1,000 live births (62). In 2015, the Centers for Disease Control and Prevention (CDC) reported preterm birth, low birth weight, and maternal pregnancy complications as the top leading causes of infant deaths (64). Disaggregating the data by race, the CDC’s Office for Minority Health and Health Equity indicate that the infant mortality rate for Black babies is nearly double that of Non-Hispanic Whites (10.9 per 1,000: 4.9 per 1,000) (64). In addition to the high infant mortality rates among Black babies, the maternal mortality rate for Black women is four times that of White Non-Hispanic women. According to the Office for Minority Health, the maternal mortality rate in the United States has increased by 26.6% from 2000 to 2014.

Contemporary research in the field of obstetrics has supported the benefits of midwifery and holistic medicine as interventions that yield improved maternal and infant health outcomes. According to the American College of Nurse-Midwives (ACNM) the benefits of receiving midwifery care range from decreased rate of cesarean sections, decreased risk of preterm birth, and higher satisfaction with the quality of care, all contributing to the overall decrease in infant mortality rates (17). The National Center for Health Statistics (NCHS) and the CDC have found that infant mortality was 19 percent lower for births attended by certified nurse midwives (CNM) in comparison to physician attended births (64). At one point in the United States, the majority of babies born in the South were delivered by Black midwives, these mothers received a combination of holistic treatment with obstetric care, until over time the granny midwives were systematically excluded from the field (15).

There are many factors that influenced the decline of granny midwives in the United State, one example was the State-wide regulatory policies created as a result of the Sheppard-Towner Act. During this time the AMA participated in creating racially biased literature that inaccurately described the knowledge, skills, and health outcomes of midwives, in particular Black midwives(1, 2, 16).

My analysis has illustrated that the narrative the filmmakers created, reinforced racist stereotypes about Black midwives, dehumanized the suffering of a Black woman, and emphasized the racial and gender hierarchy within the medical field. The scenes detailed in previous sections demonstrated how discourse mirrors the racial climate and national policies of the time This film is one example of how racism displayed through media, like, the use of coded language to refer to Black people and the non-verbal cues that emphasized public health regulation that was only enforced for Black midwives.

*All My Babies,* neglects to elevate the experiences and expertise of Black midwives, therefore maintaining the perspective of those in power. For example, the producers dismissed the cultural and traditional practices of Black midwives, connotating these practices as negative and archaic. This section will provide additional insight on how the film maintained racist stereotypes and recommendations for future research.

## Social Structure Maintained

As previously mentioned, essential to CDA is the recognition that the dominant culture, will control the narrative to maintain status, access, and power. It is important to note, although the film is narrated by a Black woman, the content was written and produced primarily by White men [[4]](#footnote-4)(19). Therefore, the perspectives incorporated within the film were through the lens of those navigating society with privilege. This is consistent with Teun van Dijk’s understanding of racism and discourse; “majority group members often speak and write about minorities, and thus persuasively formulate and communicate personal and socially shared opinions, attitudes, and ideologies”(65). It can be argued, then, that the ideologies and concepts expressed may not have accurately reflected the viewpoint of Black midwives.

To further unpack how racism was maintained in *All My Babies*, we can learn further by incorporating tenants of critical race theory (CRT), which originated within legal studies as an iterative process for challenging systemic racism through the critique of judicial doctrine(60). CRT is an approach that challenges the social hierarchy through an antiracism framework (60). There are four major tenants of CRT, they are, racialization, race consciousness, social isolation, and ‘centering in the margins’(60) For the purposes of this discussion, I propose examining *‘centering in the margins’* which is defined as “focusing on the perspectives of socially marginalized groups, rather than those of people belonging to dominant race or culture” (57, 60).

A CRT approach allows for creativity in delivery, which can include storytelling, reflection, allegory, and counter-narratives. Furthermore, CRT affirms that racism naturally occurs in society and is integral to social practices and institutions (59, 60). Therefore, I believed it was important to draw from CRT’s ‘centering in the margin’ and share a midwife’s personal account of navigating the medical field as a Black woman through a counter-narrative. Counter-narratives are one way to center the experiences of voices Black people and people of color, who’s stories are often overlooked(60).

Critical race theorist, Chandra Ford, explains “storytelling personalizes the experiences of minorities reducing the social distance between majority researchers and minority communities”(60). More specially she describes counter-storytelling as a method “to reveal how white privilege operates within an ideological framework to reinforce and support unequal societal relations between whites and people of color” (60). Although the producers of All My Babies, portrayed the relationship between a granny midwife and the medical community as cooperative, below is a counter-narrative from granny midwife, Onnie Lee Logan from her autobiography*, Motherwit: An Alabama midwife’s story*:

*“There hasn’t been but one midwife for the last fo or five years and that’s me... They outlawed midwifery some time ago. I couldn’t tell you exactly why they did that, but they told me,…they said they wasn’t gonna license any mo midwives.*

*They was not gonna license anymo midwives after the ones they already had faded out, retired, or died.*

*This was the first year that they didn’t give me a permit. They was going to retire me after this year. No warnin befo That’s what made me so furious about it. The nurses that worked in the field behind me, you know for my babies, they knew all the time…*

*So when I called down there to repo’t in a baby…Mrs. Pete answered the phone and I told her I just wanted to repo’t some patients that I had. She said, “Onnie, are you still taking patients? I said, “Why not, Mrs. Pete? Nobody told me I couldn’t”. All at the same time I was thinking what I had heard.*

*So she said, “Well wait a minute. Let me talk to Mrs. Camp. Mrs. Camp said, “Onnie, you hadn’t got a letter from Dr. Manley?”. He’s the overall chairman of the Boa’d a Health situation. “No, ma’am, Mrs. Camp, I hadn’t got a letter from Dr. Manley. In fact, I hadn’t heard from you in a long time about anything.”. “They didn’t tell you last year when you taken yo physical exam?” “No, ma’am, nobody told me about that.” “Well I tell you, I talked to Dr. Manley. I have to see why Dr. Manley hadn’t sent you a letter cause, Onnie, all the midwives in Alabama aren’t gonna get permits this year.”…I said, “Well all right. That’s quite all right with me if that’s the way they want to do it but I hate to be left like some Indian that didn’t know anything about it as well as I’ve don’t through the Boa’d a Health”.*

*All a my good work that I’ve done. Didn’t I deserve better than that?”(43)*

Onnie Lee Logan, born in 1910, descended from a long legacy of granny midwives, both her mother and grandmother attended births. In this passage she shares her frustration with the Board of Health and the lack of communication. Onnie’s story is important, because as described by Dijk, racism should be understood through ‘everyday accounts of discrimination expressed by minorities’, through the sharing of their own lived experience (65).

Stories like Onnies provide a counter-narrative to the dominant narrative, viewed in the film, that the relationship between the medical community and Black midwives was mutually beneficial. Her story demonstrates how granny midwives were pushed out of the profession. The reduction in midwives (both Black and White) was encouraged by the medical community because it led to an increase in the use of obstetricians and gynecologist, therefore increasing economic gains (10, 24)

In an article, *Articulating Black Feminist Health Science Studies,* authors Moya Bailey and Whitney Peoples state that, “Granny midwives…saw inherent value in Black fertility, reproduction, and futurity at a time when the dominant value of Black women’s reproduction was decided by its relationship to white supremacist capitalist growth”(66). Their words resonate true, in the case of the film, *All My Babies*, as well as in Onnie’s account. Although, Onnie does not specifically mention race, the historical context of the time, illustrate that the systematic phasing out of midwives disproportionately affected Black women (1-3, 16).

Onnie’s personal narrative and the portrayal of granny midwives in *All My Babies,* demonstrate how Black midwives were undervalued by the medical community in the early 1900’s.

## Call to action

The analysis of *All My Babies*, illustrates that although the film is highly acclaimed, there are significant problems as outlined throughout this paper. The film focused on the experience of a Black woman, who had limited input on the content (19). As public health practitioners and researchers, we are challenged to be mindful of how our communication methods can do harm to Black communities by reinforcing negative stereotypes. Understanding the social constructs in which we all operate can lend to the creation of work that is equitable.

Additional research should investigate creating methods for a CDA/CRT analysis. There is much overlap between CDA and CRT such as, the idea of redistributing power through literature and research. CDA provides a solid foundation for understanding linguistics while CRT uses its core tenants to create opportunities for people of color to express their lived experience, elevating narratives that counter the status quo. CDA and CRT used together can test this concept by creating and analyzing discourse that challenges social injustices and hierarches that continue to oppress.

As Fairclough points out, those within the dominant culture, who have power, will maintain a narrative that keeps them in power. This cycle will inevitably continue as CRT argues, racism is woven into the fabric of society(60). The objective of utilizing a of CDA approach is to recognize, as Fairclough states, that “language-as-discourse is both a form of action through which people can change the world and a form of action which is socially and historically situated” (Fairclough, 2013). Applying critical discourse analysis and critical race theory, researchers and practitioners can begin strategizing new ways for creating, producing, and publishing equitable discourse.

# Conclusion

Overall, CDA explored how the discourse of the film, *All My Babies*, maintained racial stereotypes about granny midwives that existed at the time of the film’s release. Demonstrating that representation of minorities in discourse alone is insufficient, because even with a cast of majority Black women, there remained racially discriminatory messaging.

The application of CDA is critical to the advancement of the public health field. Incorporating a CDA approach requires a critique of systems through the analysis of discourse and illustrates how social and political norms within society influence literature and public health research. Additionally, future implications suggest there may be value in utilizing a CDA and CRT approach in public health research. CRT elevates the perspective of those most inflicted by racism. Both processes are aimed at challenging systems and promoting social justice through literature. In the words of Norman Fairclough, “We must keep rethinking how we research, how and where we publish, and how we write”(52).

**APPENDIX: LITERATURE SEARCH**

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1. The National Film Registry is a “list of films deemed ‘culturally, historically or aesthetically significant’ that are earmarked for preservation by the Library of Congress. These films are not selected as the 'best' American films of all time, but rather as works of enduring importance to American culture. They reflect who we are as a people and as a nation” 20. Congress, L.o. *National Film Preservation Board: Frequently Asked Questions*. [cited 2018 April 23]; Available from: https://www.loc.gov/programs/national-film-preservation-board/film-registry/frequently-asked-questions/. [↑](#footnote-ref-1)
2. Dr. Camara Jones is the former president of the American Association of Public Health 55. Jones, C.P., *Confronting institutionalized racism.* Phylon (1960-), 2002: p. 7-22. [↑](#footnote-ref-2)
3. Dr. J. Whitridge Williams, “the Pioneer of Academic Obstetrics” and Professor of Obstetrics at John Hopkins, published an article in 1912 in the Journal of the American Medical Association titled “*Medical Education and the Midwife Problem in the United States*”. In the article, Dr. Williams provides guidance to professors on how to train physicians in obstetrics. He is critical of the training thus far, remarking that current obstetricians are ill prepared for medical emergencies and may end up doing as much “harm as the much-maligned midwives” 32. Williams, J., *Medical education and the midwife problem in the united states.* Journal of the American Medical Association, 1912. **LVIII**(1): p. 1-7.. [↑](#footnote-ref-3)
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