MIDWIFERY IN THE MOUNTAINS: LISA GOLDSTEIN'S CARE OF APPALACHIAN WOMEN AND THEIR FAMILIES IN WESTERN NORTH CAROLINA

Abstract

Social and professional friction concerning female health workers has existed for centuries, particularly for issues concerning birth. Debate about the proper roles and responsibilities for lay midwives, certified midwives, certified nurse midwives and OB-GYN physicians is intense and ongoing. The laws and policies in most health care institutions in the United States today favor the authority of physicians over all the other health care professionals. Consumer choice and professional boundaries of all types of midwives have been restricted due primarily to the influence of organized physicians, hospital administrators and insurance companies. The United States lags far behind other industrialized countries in birth outcomes and other maternal-fetal health statistics. Not surprisingly, the higher-ranking countries utilize midwives effectively in their health care systems. Expanding the roles and availability of nurse-midwives may well improve the quality of care for women with normal pregnancies—resulting in better health outcomes throughout the country. To better understand the role midwives play, particularly in rural and underserved areas, this study was focused on the life and experiences of Lisa Goldstein, who has 53 years of experience as both a lay midwife and certified nurse midwife.

Objectives

From a sociological perspective of medical professions, the unequal relationships between occupational groups and resulting struggle over practicing rights has revolved around an issue of power—both politically and financially. In recent decades the male-dominated, power-centric view of medicine has been challenged—allowing room for more alternative forms of medicine and more female health care professionals. Perhaps the most convincing voice comes from activists and consumers who recognize a need for change in both systematic organization and health care policy (Benoit, 2005, p. 725). As a vocation intrinsically rooted in the ethos of public health, midwifery has always approached birth as a normal life event that can be transformative for the entire family rather than a critical and isolated incident. Their methods have been far more successful at supporting the woman's psychosocial as well as physiological needs (Edwards, 1986, p. 49). American medical policies, however, have diminished the role of midwives and confined them to being under the watchful eye of physicians. While the transition from lay midwives to certified nurse-midwives may have established consistency in the quality of care, it eliminated a tradition of childbirth that was both beneficial and intimate. As healthcare consumers, it is important to understand the value of midwives as experts at normal pregnancy and birth—supporting their role as capable and safe practitioners in the United States. This study of a North Carolina midwife, Lisa Goldstein, seeks to expose the problems with the current legal restrictions on midwives and provide evidence for how they may be better utilized in the future.

Review of Literature

Midwifery has a long history in western North Carolina. From the time European settlers began infiltrating the area, the role of lay midwives became important in all communities. In fact in the absence of physicians, "midwives were often the sole source of health care; as such, many were highly respected members of their communities" (Rooks, 1997, p. 17). North Carolina counties began tracking lay midwives in 1917 by having them register through their local Health Departments and imposing a fine on anyone that was caught practicing without a license (Osgood, 1966, p. 772). The tracking system, however, was not strictly enforced and by the 1970s few midwives maintained their registration. Through the 1981 *Act Relating to Professional Nursing*, a set of board examiners was appointed to handle licensing issues—including clinical investigations. The Board of Examiners continues to regulate the licensing process for practicing nurses throughout the state (General, 1981, p. 70).

In 1983, the North Carolina General Assembly passed House Bill 814 to ban the practice of lay midwives in North Carolina. Although the original bill outlawed any lay midwifery, a petition started by Lisa Goldstein and presented to the General Assembly by the Yancey county representative allowed for an amendment, which read, "Any person who on October 1, 1983, had been a practicing midwife in North Carolina for more than 10 years may continue to assist at childbirth without approval under this Article" (General, 1983, p. 4). This amendment allowed Goldstein and other midwives who had been practicing more than ten years to be "grandmothered" into the system. All other midwives, however, were required to become certified nurse-midwives through an accredited program.

Prior to industrialization in Appalachia, health conditions were deplorable, and midwifery advocators like Mary Breckenridge who founded the Frontier Nursing Service saw the need to formally train and educate midwives (Osgood, 1966, p. 765). By training these women, she could help standardize the level the care in the region and most likely increase the quality. By establishing such a system, however, Breckenridge opened the doors to the biomedical societies that sought to limit midwives' practicing rights—ultimately resulting in physician oversight and fewer home births. (Osgood, 1966, p. 769). According to an article published in the *Public Health Reports* that studied the effectiveness of health care training programs for underserved areas, the barriers to practice included "restrictive practice laws of prescribing and dispensing privileges, low salaries, lack of adequate reimbursement for services, lack of physician acceptance, lack of hospital privileges, institutional restrictions, professional infighting, lack of community knowledge…" (Fowkes, 1994, p. 680). The challenging work environment that many midwives endured was certainly not universal, but the American Medical Association (AMA) and other political institutions kept tight control over midwives' practicing rights—prosecuting any violators to the fullest extent.

The legal changes towards nurse-midwifery were not unfounded. The American College of Nurse-Midwives (ACNM) had developed "clear, exclusive definitions to implement quality control systems, to deepen nurse-midwifery's toe-hold in the mainstreams of health care, and to negotiate an agreement with the American College of Obstetricians and Gynecologists" (Rooks, 1997, p. 67). The ACNM laid down strong standards for nurse-midwives and instituted disciplinary procedures to punish infractions of its rules. It was much easier for politicians to support a replacement

system that was founded in both biomedicine and disciplinary action, as those two qualifications are norms in the United States.

Pressure from the American Medical Association, along with support from the pharmaceutical industry and medical supply companies, was a key proponent behind the legal restrictions of non-biomedical practice like lay midwifery, and since a replacement (nurse-midwifery) was available, the decision to outlaw law midwifery was rampant across most of the United States. Unfortunately, lawmakers at the time did not fully acknowledge the limitations being placed on new nurse-midwives—forcing them to remain in hospitals or private practices as obstetrical nurses. Consequently, the system did not actually replace lay midwifery but rather eliminated it. As Eakins (1986) explains in *The American Way of Birth*, nurse-midwives were "[no longer able] to officiate at home births—which [were] frowned on by their medical superiors—although some rebellious free spirits in the ranks [continued] to do so, often at some risk to their professional status" (p. 181). One such rebellious free spirit is Lisa Goldstein.

Goldstein has been a key figure and active participant in midwifery support groups throughout the Southeast. Her fifty-three years of experience have made her a highly-sought after speaker for regional and even national conferences—including the Southern Midwives Regional Conference, the Carolina Association for the Advancement of Midwifery, the Birth Gazette Conference, and the Midwifery Today Conference. She has lectured at the University of North Carolina, Clemson University, Western Piedmont Community College, and other regional universities. Goldstein has also conducted workshops and continued medical education programs for hospital systems, clinics,

guilds, and training facilities throughout the Southeast. In more recent years, her lectures and presentations have focused on holistic midwifery care using herbals and homeopathics. She teaches practitioners how to use these alternative treatments safely and effectively for pregnancy, birth, postpartum care, and menopause. She also helped establish and maintain the Midwifery in the Mountains Study Group and the Homeopathic Education Network. Goldstein's professional influence reaches beyond the western North Carolina counties that she serves and has impacted the education and practice of hundreds if not thousands of practitioners. She has played a pivotal role in the history of midwifery as part of the larger health care system, and she will always be an advocate for change when the system is flawed.

Health statistics about communities and the country at large contribute to arguments for change within the health care structure. As with any system, it is important to challenge policy makers to question the efficiency and effectiveness of their regulations (Benoit, 2005, p. 723). According to the Central Intelligence Agency, the United States currently ranks 50th in infant mortality rates among 223 countries, which is not only frightening but a clear indicator that our health care funds are being misdirected in the realm of maternal and fetal health (Central, 2012). A 2011 study published in the *Journal of Community Health* showed that "health status was poorer among those in communities within Appalachian counties" (McGravey, 2011, p. 348). The results of that study revealed residents of Appalachian communities were not receiving adequate health care, even among those with health insurance. The Appalachian region's history of low income, geographic isolation, and low levels of educational attainment were considered contributors to the reduced access and

utilization of medical services (McGravey, 2011, p. 349). A study in 2004 by the Appalachian Regional Commission found that 297 (73%) of the 406 counties within the region had shortages of health professionals (Office, 2004, p. 206). Those shortages are likely to increase in coming years—making it even more imperative to better utilize nurse midwives for maternal and fetal health services, particularly in rural and underserved areas of the United States.

To best contribute to the body of knowledge about North Carolina midwives, it was important to choose an informant that was well rounded in her experiences. Consequently, Goldstein was the perfect combination of factors—including experience as a lay midwife and a nurse midwife, as well as professional political involvement. To better understand Lisa Goldstein and the life experiences that influenced her career as a midwife, I conducted an interview at her home in Celo Community.

Research Methods

Dr. Phoebe Pollitt, who is an Assistant Professor of Nursing at Appalachian State University, and I spent many hours with Lisa Goldstein on March 4, 2013, discussing selected topics about the field of midwifery, her experiences as a health care provider in western North Carolina, and her reflections on the legal restrictions of lay and nurse midwives. I used a semi-structured interview format by constructing an interview guide. Prior to the interview, I explained the purpose of the project and gained informed consent. Goldstein gave me several important pieces of literature that I was able to include in my research, such as the petition she sent out to show law makers her level of support throughout the state. After our meeting, I transcribed the interview and selected the most relevant parts for the DVD (see the included DVD). By combining my primary sources of information, including Lisa Goldstein and government policy records, with my secondary sources, I was able to develop a well-rounded perspective that incorporated input from providers, health care consumers, politicians, and advocates.

Interview with Lisa Goldstein

Goldstein was born in 1946 to a military family that regularly moved all over the world. In fact, the first birth she attended was in Naples, Italy at the age of twelve.

> My dad was in the service, and every two to three years we moved, which is good and bad. It's good in the sense that you learn to get along because you have to, and it's hard as a kid because most kids as they get older into school their friends are more important than their parents…as far as what they think and feel and stuff (L. Goldstein, personal communication, March 4, 2013).

> I was the oldest of three girls and [one] brother, and then my parents separated and got divorced. My mom remarried my stepdad and had my half sister when I was 21 [years old]…. I was the oldest kid in a family of a very violent dad and an alcoholic mother who were pretty dysfunctional. I was the mother. From the time I was seven I did all the cooking. I had to make sure my sisters had clean socks for school the next day (L. Goldstein, personal communication, March 4, 2013).

Goldstein lived with her grandparents in Washington, DC off and on throughout her childhood and learned valuable lessons from her grandmother about how to grow plants. That knowledge of plants and herbal remedies would influence her down the road to start her herbal and homeopathic business.

> My [maternal] grandparents in a lot of ways were much more my parents then my parents were. When I lived with [my grandmother in the Georgetown section of] Washington, D.C., which [was a] really nice little section and people [had] pretty little plants,…we would go walking and she would break off a little bit and come home and stick it in the ground, and it would grow. She would put her pepper and tomato seeds all together…and stick [them] in a tray to get them started early. And then when they'd be up just two little leaves (it all looked alike) she would know which one was which. She only had an eighth grade education as far as a formal education, but she had a whole lot of smarts. She had enough smarts to [marry] my grandfather who was an engineer. He was the first person to talk ship to shore on wireless radio and was involved in the early days of radio and TV. I stayed with them a lot as a kid, off and on, …visit and stay (L. Goldstein, personal communication, March 4, 2013).

Goldstein attended film school in Philadelphia, Pennsylvania where she met her husband, Gabrielle. While in Philadelphia, she assisted a family physician who was still delivering babies in the homes of his patients at the time.

> When I went to apply to the nursing school, I told you it was [like] the military. I don't know how I was going to live through that. So I went to art school instead and met my sweetie. And I found a doc who was doing home births who needed someone to be there during labor to let him know when to come because he was also doing deliveries at University of Pennsylvania Hospital. …He was an OB/GYN, but he was just amazingly open-minded, amazingly not paranoid about birth. You know, it pretty much works if you don't mess with it too much. And I think what happens is once you get taught paranoia and fear, it's very hard to remove that from your mind. …I was so grateful that I got to learn from lots of different people who did not have that paranoia, who felt that if it's a healthy woman it's going to be a healthy baby (L. Goldstein, personal communication, March 4, 2013).

After visiting friends at Penland, however, the Goldsteins knew that western North Carolina was where they were meant to live. Penland School of Crafts is a national center for craft education in Spruce Pine, North Carolina. The school offers artists' residencies, community involvement programs, workshops, and a gallery and information center.

> See friends of ours who were ceramic and glass artists moved to Penland to be resident craftsmen, and from the very first time I visited there it was like [coming home]. …No matter how upset you are about something going on in your life, there is something about being in big mountains and looking out and realizing 'I'm pretty small.' What I got going on is really not that big of deal. Get over it (L. Goldstein, personal communication, March 4, 2013).

They found out about Celo Community, which is an intentional community in Yancey County started in the 1940s, and moved there to work as house parents at the Arthur

Morgan School. The community was formed on a land trust with its own rules of taxation and land tenure—running its internal government by group consensus.

> They started Celo community, which is an amazing thing because usually when a group of people go off to do their own thing ...they get into a fight over something. It's kind of like churches. There's one every other mile because two guys got into a fight. One part broke off and said, "I'm going to go start my own church." That's what happens in communities a lot of times. Intentional communities don't usually last (20 to 30 years is about the life of them), but this has been going on since the 1940s. I think it's because a lot of them were Quakers, and I consider myself a Quaker. They don't believe anyone should tell you how to believe and believe that everyone has a capacity for what's called an inner light. That means you can meditate or pray or sit in the woods (L. Goldstein, personal communication, March 4, 2013).

Goldstein began building her midwifery business on the side until she was offered a full-time position as an obstetrical technician at Spruce Pine Hospital, which is now called Blue Ridge Regional Hospital (BRRH). BRRH is a forty-six-bed community hospital that serves Mitchell, Yancey, lower Avery and upper McDowell counties.

> I was also an OB tech for 12 years. I need to talk to you about that. That was a title that was invented for me. That was 1978 until 1990. [I was] on call 24-7 [and on] minimum wage [with] no over time and no call pay. Didn't matter, I got to help women have babies. ...It was Spruce Pine Community Hospital that's now Blue Ridge Regional Hospital. Because the doctor's offices are far away there weren't that many nurses that knew that much about OB. The nurses that covered OB also covered ER. ...ER is like crisis. If you think crisis [in OB] you're going to make it one, because fear is infectious. So I was hired by the hospital because a local doctor told them [that I worked with her and I knew when to call her. She said I never missed a birth and I knew enough about babies that I know if something is going wrong. I could handle a hemorrhage and do an exam and know what I'm feeling.] ...They wrote up the job description to cover what my [tasks] were because I wasn't a nurse (L. Goldstein, personal communication, March 4, 2013).

Goldstein continued to work at her minimum wage, no-overtime job through the 1990s until she decided to go back to school. Between her hospital position and the many

birthing assistant positions she had held over the years, Goldstein's training from midwives and physicians was incredibly diverse and cross-cultural—allowing her to develop a unique and well-rounded practicing style.

> I never wanted to be a nurse. The nurses that I knew from the 50s were too military [and] too much like the shit I had grown up with. …Luckily, everywhere I went after [age]12 there was someone in that town who was doing home births (usually doctors, an old granny midwife, or a nurse midwife) who needed someone to go there, assess the situation, stay with her, [and] take care of her. They were called in when it was time and then [I] cleaned up, which was fine…just being around birth was plenty. Then occasionally they wouldn't make it, and I'd get to catch it. …I'd think maybe they won't make it, but I always made sure to call them in time so they did make it. If there was something complicated then I was really glad they did make it. I think learning from different sources was much better, because if you learn from one person you get into their rut. You put them up on a pedestal, and they do something [to make] you realize they're human. And you're image is shattered. The way I look at it is that each of us are given a piece of the puzzle, and if we can share with each other the pieces that we have. Everyone has certain insights and certain things that they've learned, and often it's not the most educated person that you learn the most from. You learn from people that are smart at learning how to live, how to get along, and how to make things stretch (L. Goldstein, personal communication, March 4, 2013).

Up until 1980, Goldstein had been following other midwives in the state by practicing without formal training or a license. Unfortunately, the tradition of lay midwifery, with very weak connections outside the immediate community, was no match for the biomedically-based nurse-midwives who were gaining political favor in the United States.

The early 1980s brought about many emotional debates among physicians, politicians, voters, and supporters of midwifery.

> In 1983, the medical society and some drug group …got together and were trying to make it illegal to have your baby at home. It also made nurse midwives have

> to have a physician that they worked with. Just like at the time the nurse practitioners had to have a physician that they worked with (L. Goldstein, personal communication, March 4, 2013).

Goldstein's patients and many practitioners that had worked with her over the years rallied behind her in support. Lisa knew that successful resistance to the political power against her would require both professional supporters and community supporters. Her biggest medical advocate, Dr. Judith McGahey, was a family practice physician at the Moorhead Meritcare Clinic in Burnsville, North Carolina, who received her medical degree from Albert Einstein College of Medicine of Yeshiva University. Dr. McGahey wrote a letter to the General Assembly, which read:

> We as physicians in North Carolina have observed Lisa Goldstein to have been performing midwifery care in North Carolina for the past eleven (11) years in accordance with House Bill #814. We have assessed that this ante partum, intra partum and post partum care was competent and cautious. She attends homebirths on carefully screened patients, and is currently an employee of Yancey County Health Department doing prenatal care and patient teaching.

To follow up Dr. McGahey's letter, Goldstein started a petition that ultimately resulted in over 500 pages of signatures from people all over the state. The petition was very simple. It read, "we the citizens of ________ county, believe that parents have a right to freedom of choice in place of birth (hospital or home) and a right to access to health care needed to help make this decision a safe one for all." The petition covered safety, all practitioners, and choice of location.

> So I made up a petition. I thought okay here's my chance. ...Then I mailed them to people who's babies I'd done all over the state. [I got] 500 pages of signatures, and I went around to every gas station, every grocery store, stalking people [and] asking if they'd

> sign this. It covered safety [and] covered all the different practitioners. It covered choice…but didn't say midwives. I got 500 (between me sending it to people and them sending it out) pages of petitions that came in. I had legislators calling me saying 'how do you want me to vote' (L. Goldstein, personal communication, March 4, 2013).

Goldstein also had the support of Robert Hunter, who was the Yancey County representative at the time. When he addressed the General Assembly and asked the legislators who had been born at home, most of them raised their hands.

> A big piece of it also is that the representative for the house for Yancey County was a very good friend of a friend of mine… I explained to him that I had been in North Carolina helping people have babies for 10 years. I had support of physicians. So he, Robert Hunter, stood up in the legislator in 1983 and said, "We've got a little midwife up in the mountains ….How many of you boys sitting here today were born at home?" And most of them raised their hands. He wrote an amendment to the bill that grandmothered me in, and the coolest thing is it said anyone who'd been practicing midwifery for 10 years in the state of North Carolina….could continue to practice without constriction under the law. It didn't even say this law. So I could even speed! I have no restrictions under the law. I mean I'm not pushing it (L. Goldstein, personal communication, March 4, 2013).

Despite Goldstein and her supporters' attempts to reject the restrictions on lay midwifery, the law only permitted lay midwives who had been practicing for ten or more years. Goldstein became one of only a few legal non-nurse midwives in the state. After about thirty years, those midwives retired and effectively ended the history of lay midwifery in North Carolina.

Goldstein's push against the system was not met with open arms, even in her immediate community. In the early 1990s, a group of local nurses turned her into the United States Food and Drug Administration (FDA).

> Did I tell you about when I got turned into the FDA by the nursing board? I get home from work and Jessie (my youngest son) says,

> "Mom, the feds were here." One was a state FDA person and one was a national FDA person. So I call Gabrielle's brother who's a lawyer, and he says, "You have to get everything out of your house that has anything to do with your herbal business or midwifery business, or they can come tomorrow and take everything…and you may never get it back." So I spent all night going through the house and getting everything in the house that looked like it was possibly related to those things and took them to a friend's garage. Then [I] got an hour of sleep. He said they were going to call at 6 in the morning, and then they called and said, "We need to meet with you." And I said, "Well where are you?" And he said, "We are staying in Asheville." And I said, "How about you meet me at Yancey County Health Department because my husbands not home and I'd just prefer to meet you somewhere in between." And they said that will be fine. And I thought I took all that shit out of the house and didn't have to, but it's the dues you have to pay. So I met with them, and they had a complaint. They have to follow up with complaints. …They were very nice guys, and as the interview went on they were talking about how they walked around town since I wasn't home. Everyone who knew me had nice things to say (L. Goldstein, personal communication, March 4, 2013).

The FDA incident resulted in some tighter regulations on Goldstein's homeopathic business but did not limit her practicing ability. The FDA agents outlined specific guidelines she had to follow in order to produce and sell homeopathic items.

> They told me I had to let people know how to use this stuff, but I couldn't make any health claims….And I had to have ingredients listed on there, which I already did on my labels, and my name and address and a lot number, which I hadn't been doing because I didn't think about it. [I had to] keep very accurate records of what I was doing and…where I got it, which I had been doing just to keep track of [when plants bloomed]. (L. Goldstein, personal communication, March 4, 2013).

The incident did, however, crush her spirit. Goldstein realized that some people in her immediate community had reservations about her practicing rights.

> In 1990, a couple of the nurses got a weed up their ass. Excuse me, but they did. They decided I was Satanic and that I wasn't even a nurse. They turned me into the nursing board and that's where that letter came from (L. Goldstein, personal communication, March 4, 2013).

She was also forced to leave her job at Spruce Pine Hospital since her case with the FDA was under review.

> I got kicked out of the hospital for being insubordinate. I got kicked out of the hospital [after 12 years]. They put me on permanent non-voluntary leave of absence (L. Goldstein, personal communication, March 4, 2013).

A few years before the FDA incident, Goldstein analyzed her income from homebirths. She realized that she was actually loosing about $600 per year from gas and supplies before she even calculated her time.

> I have a hard time with [asking people for money]. Gabrielle is much better at then I am. When I first got legal in 1983, I realized [that] to keep my karma clean I needed to keep track of all the money I spent on supplies and my mileage. And the money I made (cause I was getting I think $350 a birth at that point) for taxes. I filed and noticed that I lost $600, and that's not even my time. Just in supplies and mileage I lost $600 doing babies. … I'm not good at it. You get really close with people, and sure they give you stuff. They give you whatever they've got and that was enough (L. Goldstein, personal communication, March 4, 2013).

Between the FDA incident and her "non-voluntary leave of absence" at the hospital, Goldstein made the decision to go back to nursing school and get her certified nurse-midwife degree. The degree would make it easier to increase her fees because with more training her time was more valuable. Like Goldstein, many women have "opted for the path of certification and licensed practice, believing that this path holds the best chance for creating an independent midwifery profession that works in partnership with childbearing women" (Gaskin, 38). Goldstein interviewed at several nursing schools but decided on the Western Piedmont Community College Nursing Program in Morganton, North Carolina.

During nursing school, Goldstein disagreed with some of the academic viewpoints of obstetrical practice—arguing that her decades of experience gave evidence for an alternative option.

> I got a B in [obstetrics] because I refused to answer the test answers the way they thought were correct, because a lot of times they were not. You know and the EMT test, the first thing you're supposed to do when a woman has had post-partum hemorrhages is to count how many pads she fills before you get her to the hospital. Not message her uterus, not check her pulse, they didn't do anything. …SO anyways, I got a B in OB (L. Goldstein, personal communication, March 4, 2013).

Her opposition, however, was balanced by an equal amount of obedience. Goldstein wanted to follow the system carefully, so she could graduate and start practicing again.

> I was trying really hard to be a good dog and not make waves. The straighter you look, the more radical you can talk. And I tried really hard, but when you do things differently from what people are trained and it works, it freaks them out (L. Goldstein, personal communication, March 4, 2013).

To pay for her education, Goldstein was granted a scholarship through the Office of Rural Health. North Carolina's Office of Rural Health and Community Care (ORHCC) collaborates with partners to protect the health of North Carolinians and provide essential human services. The scholarship acted like a loan repayment program and required that she work at a qualifying clinic in an underserved area. She set up employment at Bakersville Medical Clinic and continues to work there today.

> Bakersville [Medical Clinic] was the very first in the whole state that was a community run health center. Up until then, the doctor would open his office and hire and fire, and they were the controlling person. But here the control is in the board of directors of local people in the local community, and they have board meetings and make decisions and all that stuff. And through the years they have gotten grants from the Office of Rural Health to help them, and they have a lot of students with the docs. There are

> family practice docs, two nurse practitioners, a chiropractor, and myself (L. Goldstein, personal communication, March 4, 2013).

Up until last year, Goldstein saw patients in the clinic for both routine check-ups and obstetrics, which she gave the option of delivering at the Fern Center, Spruce Pine Hospital or at home. The Fern Center was Goldstein's privately owned facility at which she preformed exams, taught classes, and delivered babies. By working at Bakersville Medical Clinic in Mitchell County instead of the Celo Community Health Center in Yancey County, Goldstein was able to justify opening the Fern Center in Burnsville, which is the county seat of Yancey County.

> And you know that was a fantasy of having my own place. It was great…I could make them tea. Oh and earrings…they get a pair of earrings when they have a physical. Don't you think you should get something when you have to get a physical? (L. Goldstein, personal communication, March 4, 2013).

The Fern Center facility was a private home that Goldstein inherited from Granny Fern who was a local midwife and mentor to Goldstein.

> Granny Fern, her name is Fern Kingham, was a nurse midwife that worked for 25 years up in Kentucky in the same area as Frontier [Nursing Service]. …She raised like 13 foster kids while she was in Kentucky, and a couple of the families kept trying to get the kids or something. So she semi-retired and moved to Florida and basically started the Florida Public Health System. She did home births for indigent people. … And then she left her house, and that's her house…that's what the Fern Center is. Fern Kingham Memorial Center for Women's Health is too much to say, so we jut call it the Fern Center (L. Goldstein, personal communication, March 4, 2013).

The facility had a very special karma as Goldstein would say. The Fern Center had an exam room, a delivery apartment, a room for teaching childbirth classes, a playroom, and a waiting room. It was used up until last year when Goldstein stopped delivering

babies. She had struggled with the decision to enter semi-retirement but a stroke in 2012 made the decision much easier.

> I quite doing babies in August a year ago [2012]. …I had the stroke, and I'm 67. It's just hard to stay awake all night. When I would stay awake for a long time I would get that throbbing feeling that happened before I had the stroke. I got to thinking 'you know, I don't want to be a vegetable. I'd like to hang out with my grandkids'….Pulling the all nighters is just really hard. And the other thing is I felt like I didn't have anybody…I would have felt like I was abandoning everybody, but we got this wonderful new doc at Bakersville who's a family practice doc and she does OB (L. Goldstein, personal communication, March 4, 2013).

Goldstein still works at the Bakersville Medical Clinic three days a week doing women's health, but she is planning on cutting back to two days per week in August 2013.

Goldstein's influence on women and families in Western North Carolina will continue for several generations, but her legacy as an educator will leave a permanent mark on the region.

> There are things [students] should have some familiarity with because people are going to do it whether they know about it or not. They need to be able to counsel them in a useful way, and some of the nurse midwifery programs bought copies of my urban homeopathy book. I wrote it in a way so that if they have a patient with morning sickness, they can Xerox the morning sickness pages. If they're working in a facility where they're not allowed to tell people about that stuff, then they're giving the patient the information and the patient self-diagnoses and prescribes a certain remedy. And it's over the counter, it's not like it's a big deadly prescription. …I got tired of trying to say all this stuff on the phone, so I decided to write it down. Someday I'll write more (L. Goldstein, personal communication, March 4, 2013).

Her impact on the medical system, which has repeatedly tried to suppress the power and influence midwives hold, has also been significant—resulting in a legal amendment to state law and strong political advocacy on behalf of lay and nurse midwives in North Carolina.

> I think I'm a trouble maker in the sense that if something is wrong I have to create change. And medicine [and] healthcare is just getting so awful. You know it was awful in the 1970s, which is why we had our babies at home. …Your husband wasn't even allowed to be with you. Your family couldn't be with you. I had friends that handcuffed themselves together so that he could stay with you. And I think a lot of it had to do with the way women were treated (L. Goldstein, personal communication, March 4, 2013).

Steaming from her holistic and alternative methods of treatment, Goldstein's outlook on obstetrics comes from a foundation in wellness as opposed to the biomedical approach of pathology.

> The rest of healthcare is pathology….sick people. OB is not sick people. It's miracles. Now you have to be aware, because there are things that can go wrong and things you have to intervene with and all that. But it's this big secret. You don't want people to know they don't need an obstetrician. There's this big fear around birth that's 200 years from when women died in childbirth from hemorrhaging or postpartum infection or whatever. Well, people are like 'what if something goes wrong. What if something goes wrong.' We are 36th from the top in infant mortality. And all of the countries ahead of us use midwives more than us (L. Goldstein, personal communication, March 4, 2013).

A similar opinion is mirrored in many midwifery texts—explaining that "medicine focuses on the pathological potential of pregnancy and birth, [and] midwifery focuses on its normalcy and potential for health" (Rooks, 1997, p. 2). Goldstein has lots of valuable advice for practitioners, supporters, and patients—much of which she has started to record and publish. After her retirement, she hopes to continue writing about not only her remedies and recommendations but also her stories about pregnancy and birth. The amazing plethora of birthing events that Goldstein has experienced over the years could serve as a research foundation in biomedicine to increase quality maternal and fetal healthcare, especially in areas where medical care is limited due to distance, facilities, physicians, or economics.

As Goldstein stated in her comments, the United States lags far behind other industrialized countries in birth outcomes, but with "a licensed, credentialed midwifery force, properly organized and connected with birthing women, [it is possible to] return midwifery to indigenous populations" (Gaskin, 39). One of her recommendations is to utilize family practice physicians for normal pregnancies—meaning those pregnancies with lower chances for critical care births.

> They're family practice docs and care about the whole family. [They don't] just walk in, catch the baby, and walk out. …It's a different mind set (L. Goldstein, personal communication, March 4, 2013).

She also draws the connection between Hospice and obstetrical care—comparing the holistic and supportive nature of the work.

> And hospice is very similar to midwifery. It's complete attention to the person. It's ignoring time [and] space. It's witnessing non-judgmental patience and [giving] emotional, physical, and spiritual support…and then the relief (L. Goldstein, personal communication, March 4, 2013).

There is a very specific type of relationship that Goldstein establishes with her patients to ensure their comfort in the birthing process. She regularly sees the impact of emotional and spiritual support on the delivery process and has been careful to maintain her patient and selfless approach to birth throughout her career. Many midwifery texts support her approach to healthcare by clarifying that "breastfeeding, mothercraft, and the emotional, social, cultural, spiritual, and ceremonial aspects of pregnancy and childbirth are within the scope of midwifery, in addition to the physical and biological aspects of conception, pregnancy, labor, delivery, lactation, the mother's return to a nonpregnant state, and the newborn's adaptation to extrauterine life"

(Rooks, 1997, p. 5). Goldstein always advocates for a patient-centered practice in which questioning every decision is at core of every encounter.

> You always have to say am I doing this for my benefit or for the patient's benefit? Why are we doing this? What can happen if we don't do it? What's the worst that can happen? What can I live with the rest of my life? Any time you're tempted to do something for your own benefit, not the patients benefit…that's when you get into trouble. Sometimes I think [labor] slows down because [the mother] needs to rest and the baby needs to rest. Or maybe the contractions were coming too hard and too fast, and it needs to relax so the baby can get into a better position. I've just seen too many births where her water broke, her husband was trucking half way across the country, they patched through to him, he drove all night, walked in the door and her labor started. …And primarily, women don't have their babies if I'm out of town. I've missed 5 births in all of those. One of them I was away for two weeks, and she went past her due date at 3 cm [dilation]. I got to the county line, called her on the cell phone, and she was in labor in 20 minutes. I trust that most of the time birth tends to be normal and not get bought up in 'what if this happens?' (L. Goldstein, personal communication, March 4, 2013).

According to Rooks (1997) in *Midwifery and Childbirth in America*, the systematic approach of predicating which women will experience serious complications during labor and delivery is referred to as maternal risk assessment and has become a key part of practice for nurse-midwives. Their level of training does not lend itself towards high-risk or surgical deliveries, but they are truly specialists in normal labor and delivery (p. 45).

Goldstein concluded the interview by acknowledging the challenges she has faced in her career, including long hours and low wages, but as she prepares for full retirement she reflects on her experience as being extremely positive.

> You can't put heart if there's no heart. You can teach people techniques, but if you don't have the stomach for it…to get up in the middle of the night, wipe people's butt, clean up people's puke,

> wash people's blood sheets….then you will never succeed. (L. Goldstein, personal communication, March 4, 2013).

Her commitment to the field of midwifery is evident, and her passion for her patients will continue to be an example of selflessness for her colleagues in the medical community.

Conclusion

In other cultures around the world, the midwife's place is "on the threshold of life, where intense human emotions—fear, hope, longing, triumph, and incredible physical power—enable a new human being to emerge" (Kitzinger, 2011, p. 163). In the United States, however, we have continually suppressed the role of midwives and increased the power of biomedical physicians. While there may be evidence that the quality of care is more consistent among all practitioners, the numbers reveal that obstetrical care in this country is seriously lacking. Oddly enough, it was not until recently that researchers began diverting their attention from North American maternity care systems because "midwifery had been marginalized or excluded from the health division of labor and subsequently idealized as an authentic 'alternative' to medical control" (Benoit, 2005, p. 733). Many public health supporters are acknowledging that "it is a real disgrace that the United States, with one of the most advanced medical systems in the world, ranks 22nd in terms of percentage of deaths in the first year of life" (Eakins, 1986, p. 239). Despite spending more money per capita for maternity care, the United States has a higher ratio of maternal deaths then forty other countries (Gaskin, 2008, p. 9). The real key to having healthy babies and mothers is providing competent, relatively inexpensive medical care before, during and after the birth process, which is exactly what Goldstein and her supporters have been saying for years.

Advocates across the country agree that "American midwives need community support" (Rooks, 2008, p. 161). They need help to inspire and support education about normal pregnancy and the role midwives can play in the birthing experience.

Throughout Goldstein's fifty-three years of experience she has provided women and families in Western North Carolina a childbirth option that is not only affordable but safe, reliable and patient-centered. The tradition of lay midwifery is forever lost, but the reorganization of nurse-midwifery into a stand-alone medical specialty is vital. The United States is currently failing at providing affordable and consistent healthcare to noncritical pregnant women, and nurse-midwives should be considered among the best options for filling that gap.

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