

**Ashley Sedlak**  
**HIS 5579-Dr. McCray**  
**Interview Transcription #3- Jan Verhaeghe**  
**Interview Conducted December 5, 2010, 10:15 a.m. over the phone.**  
**Time- 1:03:08.**

Ashley Sedlak: Hi this is Ashley Sedlak, it is December the 5<sup>th</sup> 2010 and today I am talking with Jan...and Jan how do you pronounce your last name?

Jan Verhaeghe: Ver-Hayg.

AS: Verhaeghe, I'm talking with Jan Verghaeghe of New Dawn Midwifery and Jan if it's all right with you without further ado we'll just begin this interview?

JV: I'm fine.

AS: Okay. Well, the first question that I'm going to ask is, what is your birth date?

JV: June 2<sup>nd</sup>, 1938.

AS: All right, and where were you born?

JV: Anderson, South Carolina.

AS: Okay, and have you ever lived anywhere else other than South Carolina and North Carolina?

JV: No, no I have not.

AS: When did you come to live in the Asheville area?

JV: 1980.

AS: 1980. Any reason why you moved to the area?

JV: My husband and I started a business in Mills River. We were raising exotic hoofstock and had a petting zoo and family recreational area. Before that I had been a teacher, and we had two very young children, he had an older family and I did too. And we moved up here with our two babies, really. They were one and a half and two and a half when we moved to Mills River, near Asheville, near Brevard and Hendersonville.

AS: Oh that's neat. All right, well, where was your father born?

JV: Anderson.

AS: Anderson. And did he stay there his entire life?

JV: He did. Except for a stint in the Army in World War II.

AS: Oh, wow. And what was your father's occupation?

JV: He was a farmer.

AS: Okay. And your mother, where was she born?

JV: She was born in Seneca, South Carolina.

AS: Okay, and, did she work outside the home, was she involved with nursing or health care at all?

JV: No. In no way.

AS: In no way. Any siblings?

JV: I had one brother he died when we were in our twenties in an automobile accident.

AS: Oh goodness...all right, and...let's see, when did you decide, what did you do, did you go to school at all? When did you decide to get into midwifery?

JV: Well, it was the birth of my two younger children, and it wasn't immediate. I felt very resentful of the babies I'd had in the '60s. I, was, it was the age of Scopolamine and Demerol, Twilight Sleep. I felt I had no control over the situation. I felt that I was pregnant for nine months and then I went into a deep sleep and woke up and adopted a baby. It was just like, that. There was no bonding, there was no anything. And the first baby was born with forceps, and it was a pretty hard recovery, so I had felt this deep resentment about that whole part of my life, the births of those three children. I try very hard to compensate. I didn't know the word "bonding" at that time, but I knew that something was missing, something had gone wrong. I breast fed them, and in raising a family, and then I met the uhm, Mark, the father of my second family, and we both knew, I was 38, and we both knew, he was older, in his 40s, we wanted another family, we wanted babies together. So, we decided to have, we got married and had the first one and I started working around for a midwife and, there, I really didn't know the difference between a nurse-midwife and a direct-entry midwife. Now, I was a teacher, I had been teaching at community college, language arts and English and that sort of thing and in our business in North Carolina I was sort of the PR person, I was the photographer and I wrote articles, and, you know, helped with all those animals and had these two little toddlers that, after they were born we were on vacation and I was wondering what, I wasn't really happy working in the business, wondered what I wanted to do, I thought about returning to writing full-time, I thought about teaching again, neither of those seemed to fit, and then something just said, "midwife". I couldn't believe it. I mean, this was just like most bizarre thing. I had no background for it, I had the last baby at home

with a lay-midwife in South Carolina, but, it was like some sort of dream, but it persisted and it was a true calling and I followed that. Went back to school at AB Tech, graduated from there ABN as an RN, after a while I was doing home health and home birth, having a small home birth practice. Decided that I had to, I wanted more. I had to learn more I had to do more. I didn't want to be illegal anymore, I wanted to be able to help more than I was able to help at that point because, the scope is fairly limited. I mean, if somebody gets a complication you really, you just almost have to turn them over, or maybe not deal with it, and that wasn't good. Anyway, I finished, I had finished that, I went to the C-net program and then finished a Masters' in Nursing at Case Western.

AS: Okay.

JV: Does that cover education? I have a Masters' in Education from the University of South Carolina and my Baccalaureate degree's from Clemson with a major in English.

AS: Oh wow, (laughs), quite a few degrees.

JV: (laughs)

AS: I guess, kind of going back a little ways, what, you said that you did a program at AB Tech?

JV: Uh-huh.

AS: What was your training like there? You started with home health and home birthing? What was the training program like at AB Tech?

JV: It was extremely difficult and an excellent program. They had at that time, and I think it's remained high, one of the highest graduation rates, I shouldn't say that, percentage of graduates passing the state boards. A very rigorous, demanding program and I used to complain a lot that I'm a poet, not a scientist! What am I doing in all these classes? And that I was a midwife and I didn't want to be a nurse and one of my instructors said, "Jan, pregnant ladies have gallbladders too", 'cause I was complaining specifically about that, and you might know in my first job as a CNM it seemed that I had a case of gallstones once a month for about six months, so, to prove the point. But it was a very demanding program and I've never, ever regretted doing it.

AS: Mm, that's wonderful. What did you like most, you said it was an enjoyable experience, what did you like most about it?

JV: I think the learning. The anatomy and physiology course particularly, just studying the various diseases and how they manifest, and you know, learning how I might, really diagnose them as a midwife, because my whole purpose was just midwifery, so I really did everything to midwifery that I learned in nursing.

AS: Okay, and about what time was this, what year did you start going to AB Tech?

JV: I started in 1984. My second marriage was breaking up, I took a year out to get divorced, and I had to take some non-nursing courses, ironically, one I had taught in community college, public speaking, I had to take the course. But, yeah, AB Tech let me get away with a, a taped speech and an outline and attending one or two classes. So, but I was pretty busy with two young children and this long divorce, and so I took time out, went back to school in '86 and graduated in '87.

AS: Okay, and I asked you before what you liked most, what did you like least about the training, learning experience?

JV: I think there was a lot of busy work in the program then, a lot of it. I would spend 20 hours a weekend developing care plans, it just seemed ridiculous. I think now they have all that, course it was in books then, now it's online, so people don't have to do, for instance the first thing you do is wash your hands rationale, and all that seemed just bizarrely unnecessary. Maybe it was for a less mature student, but someone my age I could get it the first reading, that's not, let's go on to more interesting things (laughs). Some of it was a bit boring and tedious.

AS: Right.

JV: But for the most part it was very helpful, and I hear women who aspire to be midwives today, say "Oh, but I don't wanna be a nurse" as if that's just the worst thing in the world, and I think they're imagining the Nurse Ratched, *One Flew Over the Cuckoo's Nest* or something, and nursing is not like that. It's a fascinating subject and since pregnancy deals with every part of the body, all the systems are altered by pregnancy, I find it very, very helpful to have that background.

AS: Well, I think that's wonderful. Did you have, are there any outstanding or memorable experiences that you had during school?

JV: Oh yes. I had many, but when we got to the labor and delivery part...In nursing school you go through each area, each part of physiology, we had some stints in Cardiac some in respiratory and some, different aspects, and we had labor and delivery and at the end of the morning all the students would return to class and I would always hide behind the door and I would befriend some nurse to let me stay over and that's how I learned to check cervixes, that's how I learned a lot about birth was just being there, being a bad student and not going back to class and hanging out at the hospital and learning everything I could about labor and delivery from that aspect. Because I was already a lay-midwife, I already had my little home birth practice and so I was learning a lot though about complications and routine and a lot of, putting a little finer point, shall we say, on my education as a lay-midwife which had been all self-study and conferences. And any kind of study group, we had a big study group in Hendersonville, when I, I came back from vacation was when I received that "call", you can put that in quotes, uhm, I just miraculously ran into all these pregnant ladies in a study group of lay-midwives and I just gobbled it all up. My appetite for that was just voracious, learning every single thing

I could, reading every book, and at that time there were not so many books out there for the community on midwifery and I read all of them, I read them as they came out and I acquired them. Now there's so many on the market that I, it's almost impossible to do that unless you do nothing but that. So, that was, that was where I was on all that. So, one of the most memorable things was the kindness of those instructors to ignore me (laughs) my breaking the rules, and the nurses to teach me so much there at Mission Hospital where we were doing our stint in labor and delivery.

AS: That's wonderful.

JV: Mmhmm.

AS: That they had that, just, interest in helping you out there.

JV: I was pretty persistent. (laughs)

AS: (laughs) You have to be sometimes.

JV: You do, you really do to get what you want.

AS: I guess, this is going back away from your training at AB Tech, but what year did you begin your small lay-midwifery practice?

JV: Well, you know that calling came in 1980 in December and I had a, several months to try to accept it, but in '81 by the spring I was in a study group that was meeting at least once a month, just doing a lot of reading on my own. I met my partner in birth, my midwifery partner in March of that year...I was attending births. I did my first, uhm, catch, you know, the baby's birthed into my hands, in June of that year. So, in 1981, I was, I was way too inexperienced...from that, I'm sorry, let me go back. We studied in '81 and I started delivering babies in '82. Way too inexperienced, not nearly enough, but, though it turned out well. So in '82 I actually caught my first baby and attending births, in '81 I was studying with a study group.

AS: Oh, that's wonderful. Yeah, one of my, one of my questions was actually, do you remember your very first delivery? And....

JV: Well of course. I do indeed.

AS: How was that experience for you?

JV: Well, it was pretty amazing. The woman who was sort of the teacher, we were apprenticing, had not been to that many births herself, but she was very smart, very highly motivated, we all worked together really well. I think I had maybe attended five births by this time, this was in June of '82. And she said, "Jan, I think this one is yours", and, so I was totally startled, but ready to do it, and so it was a beautiful homebirth, no complications whatsoever and that baby, I hear from him all the time, I see him on

Facebook, I'm in touch with his mom, his father died a few years ago. But, I remember it very well.

AS: Oh, that's wonderful. Uhm, I guess, were you working with, with your small practice were you working completely independently or were you, like interacting with other nurses, midwives, were you working with...

JV: We were not, we always had medical backup. This woman that was teaching us thought that was very important, so we had agreements with doctors we asked them, "we're not asking you to condone this, but we're asking you to help take care of this mother and baby" and we would send them to, the doc, whatever they required, which was usually physical and labs, and a history, they had a chart on them, and maybe one or two other visits. And we would try to go with them to their prenatal, so we had several doctors that we could do this with and then if we had a problem they would meet them at the hospital and they had a chart, so they were fine with it, and we told them, "document that you're not approving of this, but you would be willing to help them if they come into the hospital if they have a problem during the pregnancy", so we never lacked for medical backup. Nursing, no I had no interaction with nurses at that point, other midwives, lay-midwives, yes. And, another nurse-midwife in the community at that time, Beth Korb, was not very happy with me, we later became friends, so she was my preceptor in midwifery school, but she was pretty unhappy with me being out there as a lay-midwife. But, still, I, like so many young women today, that didn't bother me in the least, I was just going to do it, and I did it.

AS: (laughs) I know in, you're aware of in 1983 the North Carolina Nursing Practice Session laws that really had a lot of impact on midwifery...

JV: Well, it did and it didn't. You know, I'd lobbied down there in '82, '82 and '83, to get some legislation passed, what they did was sacrifice the lay-midwives, North Carolina had always had them, they killed off the old midwives and when they came in to get their licenses renewed they they're sorry, you can't do that anymore. And they had no recourse. But, there were women, there were two women in Asheville who were going to challenge that law, and at about that time the 1983 law, the midwifery law was passed, that made only nurse-midwives legal.

AS: Mmhmm. How, in, like you were practicing as a lay-midwife before that, how did that law affect you? If at all?

JV: You know, I didn't consider myself legal before because we didn't have a license. I think all of us looked over our shoulders a little bit, we also had the feeling that if nothing bad happened we were probably okay. And my partner and I both made the decision early on that we would not fear arrest. That if something bad was going on we would go to the hospital and present ourselves and say we're the midwives, this is what's happening. In the sense that it, it, we were very aware that we were illegal, we were very aware that we could be arrested, and perhaps put in jail, we were aware of all that and

yet, (laughs), we didn't question whether or not we should do it, we just did it. Even with that awareness.

AS: Wow. Were, did you ever have any, and feel free to answer this or not, did you ever have any close calls or moments where you thought that there may be complications at all?

JV: Oh, you always have some complications, and there was one bad hemorrhage. We were out, actually, we were in Henderson...no we were in Buncombe County and I guess it was the first really serious complication that we had, and this woman just bled profusely, and my partner came in as I was trying to get the placenta and stop the bleeding and she told me to call 911 and I said, "yes". And so they were there in about seven minutes and by that time we had the bleeding controlled and she never bled anymore, but we insisted they take her to the hospital for observation, but nothing was ever done about it, we were cleared up front, we came right over to the hospital and told the doctors what had happened, they weren't too excited about it, they didn't think she'd lost enough blood to be, well, she wasn't symptomatic, but in our minds it was way too much blood, so that was one that stands out in mind. We had some shoulder dystocias that were pretty difficult to manage, my partner was extremely good at getting shoulders out and I learned a lot from her as she seemed to have some sort of intuitive sense about that. But, I learned myself, I guess you could never say, "I know how to do it" you can say "I know how to try to do it" and I just pray a lot while I'm doing it. (laughs).

AS: Within, you've practiced mainly within North Carolina?

JV: Yes.

AS: Any other states at all?

JV: No.

AS: Just North Carolina. Um, within North Carolina, where have you found yourself delivering babies, is it just anywhere in the Western part of the state, or have you moved outside of the western part of the state at all?

JV: Just Western North Carolina. We've actually limited New Dawn to within 45 minutes of the office. And of course they have to be within 30 minutes of a hospital providing OB, which pretty, pretty narrows it down. Some of the, we've had some families over in Hot Springs that we've turned down for first babies, we actually have broken our own little rule, we've done some babies over there for second time, third time folks that we knew had a history of delivering fast, and so we felt pretty good about them. But pretty much within 45 minutes of Asheville, now. Now, one time we were going as far as Franklin, out there, out west. I don't think we went any farther south than say, Tuxedo, that area down south of Hendersonville, and just generally this area. We've been over to Marion and Morganton, delivered some babies in Morganton. I think that gets it in all directions doesn't it? (laughs). Candler of course, out that way.

AS: Right.

JV: We've gone to Waynesville, I'd say to Clyde, but one time we went as far as Franklin, but we had to narrow that one down. That, where we did one birth we were a little worried, we were borderline 30 minutes from CJ Harris cause Franklin Hospital did not at that time, offer OB and I don't think they do now.

AS: Oh wow, I didn't know that.

JV: They did for a while, but I understand they're not doing it now. I could be wrong about that. So there are some underserved areas in North Carolina. West of here where there's not so much population and they've had a hard time maybe keeping OB, CJ Harris is, I think, the farthest west that there is maternity service, until you get, I don't know much beyond that.

AS: Hmm. Yeah, midwifery is always, in my mind, I've always imagined it as, you know, the granny midwives of the past, in the 19, 1800s and the nineteen-teens and 20s, the idea of the rural homebirths, like, being unable for a physician to get there in time and it was a family member or a neighbor helping them birth the baby. And, do you find that a lot of this, I know in more modern times, but maybe when you were first starting in the 1980s was a lot of it more rural, the more rural women who were wanting to?

JV: Oh yeah. Oh, well, it's interesting how the population has changed somewhat over the years as midwifery has become better known. I think our first clients were probably, like, two groups, main, and now there were of course exceptions, there were some very religious folks that really, they felt this was woman's work. Most of the doctors at that time were men, they wanted a non-interventive birth, they believed in the ability of their bodies to deliver babies, added an infant trust in the creator, so those folks came to lay-midwives. And then we had some of the back to the earth folks who wanted to live a simple life and, they came to us and all of these were very, very rural. I forded streams, and I've gone up mountains I didn't think my car was going to make it in, and I've gone through snowstorms from all around, coming back from Franklin one night we were driving up over Balsam Mountain in about four inches of snow, and we were out in Hot Springs one night and came back in a blinding snowstorm after that baby was born, so we've trekked over these mountains to lots and lots of births in very rural, but we've done some urban births as well. I did one in a big apartment complex in downtown Asheville, the couple managed the whole complex there and we had a baby there, so we've gone from one extreme to the, and we've done them in mansions, you know, and we've done them in very humble, probably nothing more than a cabin in, out in the woods. So we've attended a lot of different births. And then of course, money shouldn't be an object, but it has been an object. Now, North Carolina Medicaid for pregnant women is very generous. However, there was a time when there was nothing but Medicaid for the very poorest people, and then private health insurance changed, or insurance to an employer. There are a lot of people, and are today, people who don't qualify for Medicaid, who may not quite qualify for Medicaid for pregnant women, but

who don't make enough money to buy private insurance and who are either artists, or artisans, or independent, like a lot of carpenters for instance, a lot of people that do contract work and when times are rough they don't, they wouldn't have any insurance. They still don't today. So, they would go to a midwife rather than, it's going to be a lot less expensive to have a midwife and to have a homebirth than to go through the doctor and go into the hospital.

AS: I know...

JV: We could save this country a *lot* of money if we promoted and protected childbirth.

AS: That's, I agree. (laughs)

JV: (laughs)

AS: That's...definite. Going off of that, how many, what percentage, do you know the percentage or can you give me kind of a ballpark figure within North Carolina, the percentage of home births versus hospital births?

JV: It's minute across the country. I think only 10% of births are attended by midwives, period. I don't know what the numbers are in North Carolina, it's pretty low. Maybe one percent. Of all the women that come to us I'd say about 50% come through the door saying, "I want a homebirth" or "I'm interested in...", but when they find out that, see, we have to charge them money for having two, we believe in having two people at every birth, and keeping our kits up to date, and paying mileage for the home visits and all, we charge a thousand dollars on top of what any insurance pays, on top of our regular fee. So, that deters some people. I hate that, but we can't afford to lose money on it, so I had to look at this from a business point of view as well as, you know, all the rest of it. So, there's about 50%, then I would say it settles in to about 20-25%, some will risk out because of physical things, cause we don't wanna do a homebirth for somebody with a risk factor that we know could, could have a problem, or potentially have a problem. We're fairly strict about that because we found Mission Hospital to be very supportive of midwifery and we are able to do so many wonderful things there that nobody would believe midwives could do, but I have no complaints about Mission, and so it's not like we're going into a horrible situation and to try to protect the woman from that, that's not true at all, so if we think there's a risk factor we're real up front, we say we have our criteria and we won't be able to do you at home, but we can offer you a really, really nice birth in the hospital. So, it's not the same, but it's very good, and so we do that. And we, we do from 4 to 6 a month, and we're averaging about 17 to 20 births a month now.

AS: Oh, wow! That was actually a question I had. During when you were a lay-midwife before you went back to AB Tech, do you have an average on how many births you were involved with over the course of a month or a year?

JV: Well, I would say two to four a month. It varied, sometimes it'd be six, sometimes it'd be two, sometimes it'd be none, but I don't think we ever had more than six in a month because that was very intensive. We did everything out of our homes or out of our cars. We went to the clients' homes to do the, their care, prenatal care. Or sometimes we'd have a big prenatal day at our house and we'd have all the moms would come, and maybe we'd have our midwifery study group, we'd have a big potluck and we'd check bellies all day, and, you know, it was a wonderful thing. I love love loved doing that. So that was part of the midwifery scene in the '80s.

AS: Are there any memorable experiences you shared with a mother and the family, during that time?

JV: I'm sorry, what? At that time? Uhm, well, if anything stands out it was such a wonderful atmosphere, we were all learning, we were all so avid about learning this, it was like an art, but with many many, well, I guess like many arts, many skills involved and we were all avid to learn and we shared a lot of knowledge, and we enjoyed the women, their children so much. And those women still come to see me or contact me ever so often, and those children are old now! (laughs) So I have great memories of that, and great memories of going to births all over these mountains, doing those prenats in their homes and, or having them all come to my house for a prenatal day, that was just great fun. Cooking a big pot of soup, sometimes we'd get a teenager to watch over all of the little children, go play out in the sandbox with the toys and things in my yard, so that was just a, just a wonderful time.

AS: That's great. Let's see, I guess, one question that I was interested in knowing is just, to you, how has midwifery, practicing nurse-midwifery, how do you believe that that is different from nurses who are, the training I guess, from the nurses who are trained in other fields? Trauma nurses, nurses who work with hospital births, how is practice at New Dawn different or varied from that?

JV: Well, I think one of the things we offer, I'm sure we're not the only people around the country, we're the only ones I know of right away, is, I learned and my staff, with the exception of one woman who is older, and very mature and very experienced in the hospital and has the heart for it, but, my other two people, one was a homebirth midwife in Minnesota for 14 years, her history is somewhat similar to mine although she's much younger, and the other one was just new from the very beginning, she only wanted to do out of hospital births, now she's happily doing them at Mission right now and homebirths. But to come from that background, and for me personally, to be trained as a lay-midwife and having those experiences at home was totally normal, pretty low-risk, women was invaluable in trusting birth, and being able to, you know, to see that it's normal. And, the range of normal is pretty wide, and to see when someone's going outside that range and to try and take moves to bring that back within the range of normal. So I got that with lay-midwifery and I wouldn't take anything for that. That, that's another one of those things that may be controversial for some people, but I, I found it just wonderful to have that aspect, and if I had my way in this world, I would have all would-be midwives have to have a stint in lay-midwifery, homebirth, with a

midwife before they ever went to even nursing school or midwifery school, probably midwifery school, to have to go through that, to have to go to someone's home, to sit quietly while they labor or support them, whatever needs to be, just rubbing a back or just staying in the next room and checking heart sounds periodically, just supporting the family, whatever, to see normal births, natural births unfold before your eyes, that has been invaluable.

AS: I'm sure. How have, over the years, doctors' practices, are you closely involved with doctors more so now than before?

JV: Oh of course, we, by North Carolina state law we have to have a doctor's licensing to be in the hospital, we have to have one sponsor us, so more closely than we did, but the, either the world has changed, our clientele has certainly changed from the one that we used to have, but we have, you know, bigger things, questions we have to ask doctors. Either by our protocol, we may know what to do, but we still need to consult, and document that we're consulting. You know, I can say, "her blood pressure's going up, we've already run her liver labs, here's what we're getting, here's our plan, do you have anything to add to that?" You know. He might say, "Well, I think she needs to come over here for a fluid check," or whatever, you know, usually we've thought through the plan and know what to present, but then if we have to call them into the hospital, we work very closely with them, rarely call a doctor in except to do a c-section and the midwives usually assist, not always, with the section, so, we work very closely with doctors now.

AS: Have you found that doctors are for the most part, you said Mission was wonderful about it, but have you found that doctors are very accepting, or very willing to help?

JV: Well, I haven't had any trouble getting physician backup. We had one doctor at Park Ridge, we were delivering babies at Park Ridge for nine years, and then our obstetrician resigned, so, and Park Ridge would not, they owned the OB practices there, and the doctors were paid with salaries, so they had no incentive to build their practice, or take on any more work, and they could just see us as a nuisance and more times getting up at night, so they refused us, I guess it's part of the job, you have to do it. So we came to Mission and I asked an obstetrician I knew, whose wife was actually a nurse-midwife and who had done homebirths with us, to back us and he said, "well, of course," and so we were with that group for, three and a half years. And then he moved away and various things happened in that practice, so we had to find someone else, and we now have a solo practitioner. And, you know, I've always worried will I be able to find someone, when we were out of Park Ridge and I had 60 days to find someone, it was quite a worry, but we did and then when this practice began to change so radically, I was worried about, oh would there be anyone else? And I found someone else, so I think if we're meant to be we'll find the right person. Now, the doctors themselves, obstetricians, may or may not be that supportive. I have found them to be very, friendly enough in the hospital. I don't think there's any hostility toward us, of course we work to make, to be friendly, we work with nursing. There are probably, I don't know, 50 or more nurses in labor and delivery, that you know, they work, some of them work full-time some of them

work part-time, but there's a group of those that like natural birth. And they will choose to come with us when they're deciding what cases they'll take and change shift, and that's been very wonderful. And the MAHEC faculty, I'm friendly with a lot of the doctors that are faculty there, and they've always said, "If you need any help, just call me, you know, if a doctor isn't getting there on time, or you have a question and you don't wanna call, just let me know," which has been great.

AS: That is good.

JV: So, there's acceptance, and I've been told, I have no way of knowing if it's true, I've been told that we've changed the character of labor and delivery at Mission just by New Dawn being there.

AS: Wow, that's great.

JV: I'd love to think we have, but I don't know. We came in there and the nurses were like, "Where have you been? We've thought you should be here for years and we're so glad to have you!" and you know, we do a water birth, and they're like, "Well, you know, the other midwives were doing water births too," I have to say the MAHEC midwives, and we were having to walk or squat or whatever they needed to do, but, so many people think it's the hospital, it's not the hospital, it's the providers that want the intervention, it's because they can't be there because of managed care and they have to do so much more volume. We keep our overhead low, our salaries are much lower, our overhead to run New Dawn, which is in an old Asheville house is a lot less than being in the medical centers so we're able to provide continuous support for the women.

AS: That's great. When, you'd mentioned before that you finished your, you'd become an RN from Buncombe, from AB Tech, correct?

JV: Right, mmhmm!

AS: And when did you do, like your, become a CNM?

JV: I entered the C-Net program in 1991, and I graduated in '94. Took me longer than a lot of people. I was in the aftermath of that divorce, my mother died during all that, and I was in competition with the residents at Mission to get the number of births that we had to have, we had to have so many births, I can't remember how many it was now, maybe 40, births, deliveries that we had to do under our preceptor, and so the residents have to get their numbers too, so it took a *long* time to get those numbers and I did some of that at Pardee, with the nurse-midwives there, and most of it, the bulk of it, at Mission.

AS: Okay.

JV: And at the MAHEC clinic with Beth Korb as my preceptor. Beth was also my preceptor at Park Ridge.

AS: Okay. And I know you began New Dawn in 1997.

JV: Correct, mmhmm.

AS: What did you do between becoming a CNM, over the few years between '94 and '97, what was....

JV: Well, I was going to try to have a homebirth practice in Asheville and I saw within a few months I was busy enough that I wasn't able to make a living and I wasn't, I was a single mom at this point and I surely wasn't going to be able to pay back those loans, so I got a job in Lenoir at Caldwell Memorial Hospital doing just hospital births and I thought, "well, I'll do this for a while." Kitty Ernst, do you know Kitty's name? She's big in midwifery world, and started the National Association of Childbearing Centers, and I tried to start a birth center in Asheville in 1994, and when I found out the state has no law licensing birth centers and the insurance companies at that time, nor Medicaid, would reimburse unlicensed birth centers, there was just no way to do it. But all the studies show that people are going to go where it's paid for and when I did a business plan, ran the numbers on what it would take to run one I just had to give up the idea. So, I got this job in Lenoir, and Kitty Ernst had said, "Jan"...

(Interview interrupted due to connection problems, 38:10 time signature. Interview resumed from here once issue was worked out).

JV: I mean to start one then, so I did get a job and worked for two years, and I wanted to do that again here, but, I could see what a formidable task it would be, and just, it was overwhelming. It's enough to start a practice by itself and to borrow the money to get that going, and, so that's what happened. But, we're able to provide home and hospital which is a wonderful combination.

AS: Oh, that's great. In, when you got that started in 1997, did you have anyone who was helping you out, or supporting...

JV: Yes. Nancy Koerber who is a CPM, and I started New Dawn together.

AS: Okay.

JV: She was assisting at home births and managing the office part of it, billing and that sort of thing.

AS: All right, and how do you find that that affected you, starting in 1997 and it's 2010, over the past 12, 13 years...how has that, you know, how have you felt about that? How has it changed, how has it evolved over the past several years?

JV: Mmhmm. How I feel about it, is I'm very proud and pleased. It's been really, really hard at times. There's been times when midwives would come and go, they would leave, they were unhappy with us, or they were going to have a baby, oh, one thing after another

and I would be, wouldn't have found anybody who could come or would have found them and their credentialing wasn't completed or their licensing wasn't completed or it was something else, and sometimes it was just agonizing and sometimes I was on call 24/7. But, somebody asked me not too long ago, would you do it over? Yes, I would do it over. It's a source of great satisfaction, fulfillment, and some degree of pride. But that I, and me, not me, but me, Nancy and all the other midwives that have worked with us and for us were able to provide this service and do what we've done. So, yes. It's changed in that women have changed. I think there's so much fear in this country around birth. I think the whole litigation issue with doctors has made it more difficult, and women will openly mention the possibility of lawsuit if something goes wrong, which is, can't help but affect us to some degree. You know, if a woman's talking about, "I think something's wrong", even though your intuition and all the signs say there's nothing wrong, you know you gotta act on that. You have to, if you can't convince her, you have to even sort of second-guess yourself. So, there, there's, we've definitely been affected by all of that. I think that women, it's un, it's unpopular to have pain and most women don't see the value of pain. And indeed in medicine there's a whole new turn of, don't ever withhold pain medicine, if you can safely give it. Give pain assessments, also the pain medicine, so that's carried over into midwifery so that now, I suppose the majority of people across the country are probably getting epidurals. I know they certainly are in the hospital, and we never, two or five years ago we never had anyone even mention epidurals. It was just something we didn't do, unless it was a last resort, we figured we were heading toward a c-section and let's give this a try. Also, epidurals have changed. They're not, I don't think they're as dangerous, they're not, they're not as numbing as they were, I've been able to get a woman on her hands and knees with an epidural, there's no such thing as a "walking epidural", they call it that, but I don't think you're about to let someone try to walk. So, those things have all come together to make for more epidurals, I think more c-sections, our c-section rate ranges between 10 and 11 percent, which is really low for the country. I wish it were half that. But each time I analyze a c-section, we sit down and look at the things that led up to it, I don't see how we could have prevented it or done anything different, you know. When a woman gets a c-section with New Dawn, unless the baby crashes or she's breached, or some of those other things, she knows she's tried everything. They're usually ready for them long before we say, "I'm going to have to call the doctor". (laughs) But, so that's how it's changed. It's a whole mixture of things, you know, all of that together. The climate, what women want in birth, the whole medical field has changed, we're so affected by the litigation that it's all come together to make for a very medicalized birthing scene for most American women whether or not they choose it.

AS: Mm. Have you, kind of going off that, over the past 12, 13 years at New Dawn, have you just found that your clientele, they're the people that were more interested in the, they want the home births, they're, they want something a little more personalized than kind of the, the sterile environment that hospitals provide?

JV: Oh yes. That's always one of the reasons that people give. We ask people when they come to interview, we offer a no-obligation, free interview. We really urge people to have that before they sign up with us. And if they say they want a home birth or

they're interested, "Why? What makes you think you want a homebirth?" And I will often say, "If something goes wrong at home, your family and friends are going to say, 'Don't you wish you'd been in the hospital?' Whereas if you're in the hospital they're going to say, 'I'm sure they did everything they could,'" I think that someone that can be talked out of a homebirth should be. It takes a lot of commitment in today's atmosphere. But, that's just one of the things they give that, control, you know, the environment, who'll be at the birth. Although, at Mission, we never had anyone except our other nurse unless we had a complication and have to have a team then. It's not like you have students come in, we're a private practice, so only if we agree is there ever a student, and only if the mom says it's okay. Sometimes AB Tech asks us if students can observe a birth, and I remember how I was, so I never try to talk a mom into it. I say, "if you can, you know, they have to learn somewhere, you're doing very well and they'll stay quiet, stand in the corner," we'll agree to it. But for the most part, it's all those reasons to be at home. Also, some women know if they're at home they don't want, they're not gonna want to transport unless we say it's an emergency. And there's no epidural, there's no pain medicine, there's only comfort measure, and doing it. So, for them, there's that challenge and that reasoning.

AS: I guess...You've had such a varied and wonderful life in the world of midwifery...

JV: I have!

AS: ...Just since the 1980s. How has, just all the changes over the years from when you first got involved with it, to working with New Dawn today, how has that just affected you and influenced, has it made you even more passionate about it, I guess?

JV: I think so. I think it's harder for me to stay up 36, 48 hours without sleeping (laughs), no more than a cat nap here and there. But I think it's made me more passionate, more committed, more. I hope that New Dawn will outlive me. I want to see it go forward, I think it's important we offer this alternative to women. Even within the hospital we are an alternative. Certainly homebirth, I feel very passionate about homebirth, that we be able to offer that. So, I will work as hard as I can, and I'm in favor of the CPM Bill. If we, if we get that passed, then we might reconfigure New Dawn so we can have a team of CPMs that do homebirths with a nurse-midwife kind of backing them up if they need to transport in or they need someone to come out, take a look, or you know, want some ideas passed, we might have that. So, yes. I feel very committed to this.

AS: Are you involved with any pro-midwifery organizations, such as the North Carolina Midwives Alliance or the Friends...

JV: Well, I am a member of the North Carolina chapter of ACNM, I have been a member of the Alliance off and on. They're not at all active at this end of the state. My partner was a leading person in that for years and years and years, and she kind of got burnt out. Most of the activity seemed to be happening in the Raleigh area, and I thought, surrounding that area. So, it's just been impossible for me to go to meetings, I probably

don't even get notices of them anymore. You know, running a practice is not, it's very demanding, so I don't have a lot of spare time to trek over to Raleigh for a meeting. So, I pretty much dropped that. I did a speech before the Women's Union, a group of women across the state are listening to women in the community to establish priorities to lobby for. And I did a speech in favor of the CPM law, oh, two or three weeks ago here in town, and would be willing to do more. Russ Fawcett, the lobbyist for that group, doesn't have much confidence in the CNMs speaking on behalf of CPMs, but I, and he actually asked me to not do it and let Sonya do it, and I said, "No, I think it's important that I do it". The hospital had asked me to do it because they were sponsoring the event. And I wanted that world to know that I support it. So, I did do the speech.

AS: Oh, that's great! How was that experience for you?

JV: Oh, it was fine! I mean, I feel closely bound with CPMs, and probably would have gone that route, that was just, it wasn't even available when I went to midwifery school. And I was heavily influenced by (name omitted from transcript) cause I spent a couple weeks out there with her, I wanted to write her biography, another thing I do is write, a little bit of writing, and I really wanted to write her biography, she agreed to it, and then changed her mind later. But, I spent time with her, I've done conferences there, you know, I'd consider us friends, although I certainly don't see much of her these days. But I've been very much in favor of what they do, it just simply wasn't available. And then after it came in I just, I was too busy, it seemed not so important to get it done and it's, it's not cheap, so I had to look at all of that the other night, just haven't done it. But I'm very much in favor of that.

AS: That's great. Let's see, I had a question and I started jotting it down and got halfway through it. I guess, with these legislations that they're wanting, that they're trying to, want to pass to allow CPMs to practice in the state of North Carolina do you feel that there's been a lot of headway made over the past several years as you've been working with New Dawn and practicing in North Carolina?

JV: I do, I believe it's going to be passed, if not in the coming session then pretty quickly. You know, watching this thing evolve since 1983, I think that the time has come, who knows? I was at an OBGYN meeting last year and one of their speakers said it's not gonna happen. The American Medical Association is not gonna let it happen. I don't know how long they can stop it, you know? We have, there's some members of legislation that, legislature, that have sworn never to let it happen, but I think there's, I think that that may be changing. I think it's going to happen. I'm sure hoping so.

AS: Well, I, I may be a little rusty on the subject, but I know in Virginia and Tennessee and other states surrounding North Carolina they allow CPMs.

JV: Sure! Absolutely!

AS: How does that effect your feelings or midwives' feelings in North Carolina that these other states around are allowing it, but North Carolina's still...

JV: It just makes us feel there there's some, that we have some real enemies in Raleigh. They just don't understand because they're, there's one doctor, and I can't even think of his name now that's been on the committee that would let the legislation out of committee and he's like sworn over my dead body, now, as I recall he may be a pediatrician who thinks, he says he's seen a lot of things, and I'm sure he has, but I don't know if they've been transports from homebirths or bad outcomes in homebirths, but he's sort of taken a stance and dug his heels in. And then again, around here and across the, I asked the Friends of Midwives, we're trying to get legislators on the side of the bill all across the state, and eventually that's going to happen. And, you know, it's so interesting that they, they don't want it but we look, point to states where they have legalized CPMs or licensed midwives, either one, and mothers and babies aren't dying in droves. They're not bad statistics, they're excellent statistics. So they have not a leg to stand on. It's just, territorial. Where someone has just taken their stand and don't dare wanna change their minds. So that, over time, will erode with more effort from everyone.

AS: You mentioned, this is going further back in the interview, how people were looking at childbirth as a woman's domain and going against male obstetricians at the time. Have you found that there are any men who are very involved with, are there any male midwives that you know of at all, or men who are involved with this?

JV: I met a couple of male nurse-midwives, I haven't met any lay-midwives or direct-entry midwives or licensed midwives, I think they're out there I just haven't met them. But I met, I remember one I met in Boston many years ago at a nurse-midw...no it was at a MANA conference, Midwives Alliance of North America, which is sort of the grandmother organization that CPMs, that follows CPMs, but he had been a nurse in the Air Force and they offered the training so he took it, and I thought, (laughs) not a good enough reason. But then I was at a party, some years ago, right after starting New Dawn, here, it was in Madison County, and this nurse-midwife had come up from Atlanta, he was friends with the people having the party and he was a nurse-midwife. And I asked him, "How did you become one?" and he said he was a labor and delivery, oh, no he was a nursing crew, where they pull you to whatever floor needs a nurse and he found he loved labor and delivery, he had a real connection with women, and he, I was told he later married a CNM but he was married to a CNM at that time, and she was actually on call and couldn't come up to the party. And, out of that, he went to midwifery school and graduated. I think there's maybe two percent nurse-midwives are males? So, I think they're out there, and I don't wanna be a sexist, I don't wanna say this, but I sort of do feel that it's woman's work. (laughs).

AS: (laughs) I can understand that, and a lot of people, that feeling it's always strange to think of male nurses at all, much less like a male nurse-midwife.

JV: Mmhmm. But, I'm sure it's funny, for years, well, I had male obstetricians for my first births and it wouldn't have, I don't know that I would have gone to a woman, it was just the conditioning of the time. I was growing up in the 50s and the patriarchal aspect of all of that, authoritative, authoritarian, you know. It, none of us realized how much

women were, in reality, demeaned, in very subtle ways by the culture. So, I wonder if I would have even gone to a female had one been available? I don't know. But certainly today, we have a lot of women who come to us and they'll say, "well, you know if we need a doctor, we want to have Dr. Corriard", who is male. He's very gentle, a very sweet man and he wants to meet all our clients so we want to schedule you a meeting over there, and you know, make up your mind. I don't think anybody has left because he's a doctor at all, because he's a male. So I think, women are more accepting of everything.

AS: That's great. What about new mothers and fathers? Going to the patient, the mother. Have their expectations within midwifery changed since you started practicing?

JV: I would say so, in that they expect us to be smarter (laughs), sharper. They are very, most of our clients, are very, very well informed. They are all over the internet. I tease them and say, "I'm gonna get a law passed that bars pregnant women from the internet (laughs) for the duration of the pregnancy and maybe when the babies are little". So, they're very savvy, and they will bring me reams of documentation, or email me sites to go to, different things you know. And they all, I'm afraid they all expect perfect experience in birthing baby, and that, that puts a lot of pressure on all of us, to, to deliver that. Some people hold me responsible, that's the beauty of home birth, though, is, we stress upon them, "we are professionals, we are going to do everything in our power to have a safe birth for you and the baby and to have as good an experience as we possibly can give you. We want this to be an empowering, wonderful moment for you, but we can't guarantee that, and it is your birth. Finally, the decisions are yours and the decision to have a home birth is yours. We'll do everything we can." In spite of that, I think people have the tendency to want, to hold us responsible for it. Although, well, we haven't had any bad aspects of that, I'll say. But I think that's out there. Sometimes we have people that come in, I dealt with a woman yesterday, or Friday, on the phone, who, she's 33, has no respect, she's expecting her fourth baby. She's come to us for about 10, probably early second-trimester and she wants a level-two ultrasound which is with a specialist. Well, usually, we don't do that. We just send them over to our doctor or maybe to the hospital to do an ultrasound, please, no disrespect, but there's nothing we need to look out for. But she's balking at that. Now this is somebody who's had homebirths, she's expecting her fourth baby, who is thirty-three years old, has no risk factors. Not diabetic, not hypertension, not anything, but she wants a level two ultrasound because she thinks a level one ultrasound may not see everything. And I told her, "well, two may not see everything", but it'll be better than a level one. And she's really, demanding, that we get her an appointment with the regional OBGYN specialist. I don't know if they'll see her, they may or they may not. They have four MSNs for all seventeen counties in Western North Carolina, so they would be well within their rights to turn her down. They'll see anybody that has a complication or a reason, or they're going to be thirty-five years old when they deliver, advanced paternal age, anything else certainly is no problem. But, and they probably will agree to this if she, if we persist with it. But that's one of those things that I've seen... evolution.

AS: Mm.

JV: Oh, you're there (laughs).

AS: Changes, changes over time. Oh, wow. I could talk to you for hours (laughs).

JV: (laughs) I bet we could!

AS: About your experiences, this is just amazing, but, you know I understand that you're very busy and...

JV: Well, I know you have to do your, you have to have a time limit on this too, so, maybe you'll edit out the "hums" and the "uhs" (laughs)

AS: (laughs)

JV: But, yeah, I could go on and on about it. Of course it's a subject dear to my heart. I've been doing it now, twenty-eight, soon to be twenty-nine years and I, it's, just become a life commitment, it's become my path, it's time for me to step aside and let younger women do it. I'm seventy-two, I really don't need to be chasing around these mountains in a snowstorm like it's blowing right now, we have one home birth that is due. I don't need to be staying up 36, 48 hours, like I've done in the past with , you know, a double strength pot of coffee, it's snowing, and I'm good for five more hours! You know?

AS: (laughs)

JV: I've done that so many times and I've got a great team, the three midwives I have are just wonderful, so it's time for me to step aside. But I've always thought I would never leave it completely. I would write about it, speak about it, you know, I'm honored that you wanted an interview, I'm so happy to have the opportunity to talk about it, so this has been great.

AS: Oh, it's been wonderful and I can promise you that this is for this one project but as my thesis develops over the next year and a half in my program, you will probably be hearing from me.

JV: That would be just fine, we have to work at finding the right moment, but, I'm hoping, the third midwife that I have is just beginning, it's agonizingly slow to get them credentialed and everything. And we believe in long orientation programs especially since her experience has been out of hospital except during her midwifery training. So, I hope by then to have her in place and not have to be looking at any calls and have some other things settled down.

AS: You're still, you said you were on call this upcoming week, you're still very involved.

JV: Oh, I am! I got called out Thanksgiving Day (laughs) with company coming in and everything, and one midwife had been up all night, she was at the hospital, she was calling in another midwife, you know, for her call, and going home, but she worked in the office all day Wednesday, had gone into the hospital Wednesday night, it was Thursday morning and gotten a call from a home birther, and it was somebody they were all really like, “aw, do we have to do her? She wasn’t the most fun person in the world. Kind of demanding,” and I had said, “yes, she’s a good candidate and I want her to be able to do this as far as”, so lo and behold, they called me, like, “ok! If she’s going to have a home birth you’re going to have to do it”, so I said, “sure” and I called my assistant and we went out to her house and, you know, so my last birth was Thanksgiving. And in all probability I have some births this week coming.

AS: That’s wonderful. I’m sure that it’s, it’s equal parts excitement and anticipation and...

JV: Mmhmm, exhaustion. (laughs)

AS: (laughs) and exhaustion.

JV: But it’s so exhilarating still, I get, great strength from doing it.

AS: That’s wonderful. You said you were getting to the point where you’re ready to step aside, but do you feel that this will be something that if you get a call you, you will go to it if you, if the need be?

JV: Well, I don’t know that I will always go. I probably will try to facilitate making it available. Luckily, all of my midwives are all equally committed as I am to the practice and to providing this, so I don’t think I’ll have to do too much. But, you know, I, it’s hard to say, Ashley, I probably will. But, you know, I make jokes about being all bent over with a cane. I have amazing health and energy for my age, but the day will come when I, when I’ll say, (impersonates elderly sounding voice), “Well, I’ll be, I’ll be there in a little while” (laughs), “I’m coming!” you know, when I’m in my 80’s, but I really hope that I’m just writing and speaking about it then.

AS: Oh, that’s wonderful. Well, Jan it has just been an absolute pleasure, I’m so glad that...

JV: Well, thank you, Ashley. I’m flattered, I’m really flattered to get to talk about it!

AS: (laughs)

JV: Thank you for asking me.

AS: Oh, you’re welcome, and like I said I will be in touch. I will keep you updated as my thesis and my research progresses and, you’ll probably be a very valuable, well, you’re a very valuable person to me. You already are, but...

JV: Well, thank you, I appreciate that. You let me know what I can do for you.

AS: All right, well, thank you so much again, I hope you have a wonderful afternoon, evening, enjoy this snow.

JV: You too, and good luck with your work.

AS: Thank you so much, and if you need anything feel free to, you've got my number now, feel free to call me, e-mail me, I look forward to hearing from you.

JV: I will. Thank you Ashley, good luck.

AS: Thank you, Jan.

**End of Transcription.**