Ina May Gaskin (1940– ) [1]

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On 8 March 1940, Gaskin was born to Ruth Stinson and Talford Middleton in Marshalltown, Iowa. Gaskin was her parents’ second child, with an older brother and two younger sisters. Her grandmother ran an orphanage, so Gaskin grew up on farms and was surrounded by children at a young age. Her mother taught home economics, and her father was a farmer first but later became a salesman. Gaskin’s brother died in a gun accident when he was fifteen. In an interview, Gaskin said the accident taught her compassion and the importance of grieving after the loss of a loved one. Gaskin attended Marshalltown High School in Marshalltown, Iowa.

After graduating from high school in 1958, Gaskin studied English at Iowa State University in Ames, Iowa. In 1959, she married Michael Kelley, though they later divorced in the 1970s. A year after graduating in 1962 with her Bachelor of Arts in English, Gaskin became a member of the Peace Corps and taught English in Malaysia for the next two years. Gaskin came back to the US and in 1967 obtained her Master of Arts degree in English from Northern Illinois University in DeKalb, Illinois. After Gaskin’s graduation, she and Kelley had a daughter named Sydney in the late 1960s. According to Gaskin, the experience of delivering her first child fueled her desire to find a better way to give birth. Gaskin further explained that during the birth of her first child, physicians gave her anesthesia without her consent and used forceps to pull her infant’s head out of her uterus[3]. That was a practice Gaskin disagreed with due to the fact that forceps, which are sharp tong-like instruments, could either cause injury to a woman’s vagina[4] or urinary tract, or could result in injuries to the infant’s skull or face.

In 1968, while living in San Francisco, California, Gaskin and her first husband Kelley went to hear several lectures by Stephen Gaskin, a lecturer at San Francisco State College in San Francisco, California. In his lectures, called Monday Night Class, he presented his spiritual insights, such as his thoughts on religion and morality. Gaskin and her first husband Kelley, along with Stephen Gaskin and his wife, began what Gaskin called a four-marriage, with the four of them having intimate, spouse-like relationships with each other. After Stephen’s audience grew, he went on the road to promote his message of spiritual exploration on a lecture tour. Gaskin, now in her second pregnancy[5], along with some of his other followers, joined him. The group travelled in school buses and caravans.

According to Gaskin in her book Spiritual Midwifery, in 1970 while she was on the road during the lecture tour, she realized that the women would need to give birth with both only the guidance of the other women on the tour. She states that the group felt they would be unable to afford for each woman to give birth at a hospital, and they were looking for a way to give birth the way they wanted, which meant without unnecessary interventions. In the late 1970s, it was becoming more common for women to receive an epidural injection, which reduced her pain during labor. It was also common for women to be separated from their infant after birth due to healthcare providers monitoring the infant’s heartbeat. However, according to Gaskin, some women wanted to be able to give birth inside of a hospital without the interventions. Additionally, they wanted to be able to have their husbands present at the birth, which was not common due to many physicians, in hospitals, wanting to keep the husbands away from the medical procedures, according to Judith Walzer Leavitt, a professor and author, in her article about the role of men in delivery rooms.

The first birth on the lecture tour was in a parking lot at Northwestern University[6] in Evanston, Illinois. When one of the women went into labor, Gaskin was one of the few women who had already given birth, so she volunteered to assist in the delivery. She continued to assist women with their births on the lecture tour, acting as the main midwife, despite having no formal education on the topic. After the third infant was delivered in 1971, she then gave birth to her own child. Gaskin asked her first husband, Kelley, to teach Gaskin and one of her assistants, Margaret Nolting, how to deal with possible complications during labor. That included what to do if the umbilical cord[7] was wrapped around the infant’s neck. When a fetus[8] has an umbilical cord[7] wrapped around its neck it can lead to serious injury, such as lack of blood flow to the fetus[9], or death. Nine births later, on the lecture tour, Gaskin went into labor prematurely, and the infant, most likely due to his small size and difficulty breathing, according to Gaskin in Spiritual Midwifery. There was a total of eleven births on the tour, with Gaskin’s being the only one to end in the infant’s death.

At the end of his lecture tour in 1971, Stephen Gaskin and his followers decided to settle to Summertown, Tennessee, to form a commune that they called the Farm. During Gaskin’s time at the Farm, she focused on midwifery practices, while her and other women on the Farm became the caretakers of the community. The primary education of Gaskin and her assistant midwives was informal. At first, they each read publications written for physicians. Some of those publications included Physician’s Desk Reference, a resource to prescription drugs available within the US, and Merck Manual of Diagnosis and Therapy, a medical reference textbook. Later in 1971, they met a local physician, John Orlando Williams Jr., who had assisted nearby Amish communities and was familiar with homebirths, meaning births that occur outside of the hospital and often with no medication. With William’s advice, Gaskin and her assistant midwives led a midwifery center at the Farm that served the community’s members and nearby residents. The Farm Midwifery Center had low intervention and mortality rates despite caring for women with complicated births. Such cases included women delivering twins, women delivering after five or more births, and women delivering breech births, when the infant’s buttocks are delivered before the head. In 1976, Gaskin married Stephen and took his last name, after divorcing Kelley some time before. Together, they had three children named Eva, Samuel, and Paul.

While on a trip to Guatemala in 1976 to help earthquake victims, Gaskin learned of a technique that indigenous women used to help prevent and resolve shoulder dystocia, a condition in which a part of an infant’s body is delivered during birth, but the rest of the body is stuck inside the birth canal. Once Gaskin returned to the Farm, she began to use the technique from Guatemala successfully. She taught the technique to others as well as published various articles about her findings. In the US, that technique became known as the Gaskin maneuver, or the all-fours maneuver. It is a technique where the laboring woman kneels down onto her hands and knees. The Gaskin maneuver is one of the first obstetrical procedures to be named after a midwife. The Gaskin Maneuver is a safe, effective, and fast way to reduce shoulder dystocia in laboring women by widening the pelvis and the birth canal through the woman’s position and a small amount of pressure on the fetus’s head. The low-intervention method does not require the use of an episiotomy, surgical cutting of the opening of the vagina[10], or a cesarean section, which delivers the infant by cutting through the wall of a woman’s abdomen. The use of the technique among women in both hospital and home births has resulted in decreased rates of protracted labors, which are abnormally slow labors, as well as a decreased number of routine episiotomies, and better survival rates in breech and twin births.

In 1982, Gaskin and other midwives founded a professional membership organization[11] called Midwives Alliance of North America, or MANA, with focuses on furthering the practice of midwifery by increasing survival rates for women and infants. Gaskin served as president of MANA from 1996 to 2002. The formation of MANA led to the creation of the Midwifery Education and Accreditation Council, or MEAC, and North American Registry of Midwives, or NARM, which created a competency-based certification for US midwives. Prior to the formation of those groups, there was not a similar certification available for midwives in the US. Because of that, it was difficult to know and accurately access a midwife’s qualifications. The certification process expanded the legal practice of midwifery to twenty-seven states by granting the title of certified professional midwife, or CPM, based on competency and not requiring a nursing degree.

Gaskin is the author of many works, some of which include Spiritual Midwifery, Ina May’s Guide to Childbirth, Birth Matters: A Midwife’s Manifesta, and Birth Gazette. Published in 1975, Spiritual Midwifery is a book that contains a compilation of women’s birth stories on the Farm and information about midwifery care. Gaskin’s work, Ina May’s Guide to Childbirth, was published in 2003 and gives information about how to give birth without technological intervention. In Gaskin’s 2009 publication, titled Ina May’s Guide to Breastfeeding, she provides advice and stories about how and why breastfeeding is beneficial to women and infants. Furthermore, Gaskin’s work, titled Birth Matters: A Midwife’s Manifesta was published in 2011. In Birth Matters: A Midwife’s Manifesta, Gaskin asserts motherhood as a women’s right issue by enabling women to trust themselves and value the experience of giving birth as fundamentally human. Gaskin also published a quarterly book that contains a compilation of women’s birth stories on the Farm and information about midwifery care. Gaskin’s work, granting the title of certified professional midwife, or CPM, based on competency and not requiring a nursing degree.

Sources

Ina May Gaskin is a certified professional midwife, or CPM, in the US during the late twentieth and early twenty-first centuries. She worked at the Farm Midwifery Center in Summertown, Tennessee, a center well known for its low rates of intervention, which contributed to low rates of maternal and fetal mortality. One technique Gaskin used when assisting women with delivery helped resolve a complication called shoulder dystocia, which is when a part of the infant’s body is delivered, but the rest of the body is stuck in the birth canal. Her work served as an example for midwives and obstetricians, physicians who specialize in a woman’s reproductive system, childbirth, and pregnancy, to use a low-intervention approach without medication or a cesarean section. Through her work in developing different birthing techniques, Gaskin provided women with alternative ways to deliver infants without the need for hospitals, medication, or surgical intervention, even in the case of complicated births.