

The Effects of Biomedicalization of Pregnancy, Childbirth, and Postnatal Care on Maya Midwives

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Abstract

Traditional birthing assistants (TBA) have been used to assist many women in various cultures with at-home childbirth. In Latin America, especially in traditional Maya communities, the use of TBAs has a very historical and cultural significance. Midwives, also known as *comadronas*, are said to have been called upon by divine supernatural powers to become midwives for their communities. *Comadronas* are considered to be spiritual beings who can predict pregnancies, interpret signs within births, and foresee the future of the child. However, practices surrounding pregnancy, childbirth, and postpartum care have changed due to the increase in biomedicalized care within several areas of Latin America. This study explores the circumstances that have led to an increase in the use of hospital births with biomedical practitioners and a decrease in at-home births with TBAs. The purpose of this study is to examine factors surrounding decisions to experience pregnancy, childbirth, and postpartum care in traditional versus biomedical contexts. Interviews of mothers of young children living in two Yucatec villages, Coba and Sahcab Mucuy (SM), provide data for this study. Comparisons are made between pregnancy related decisions in Coba, which has transitioned to a cash economy, and SM, which has retained a more traditional subsistence economy.

Objectives

The objectives of this study were to discover how the biomedicalization of the child birthing process has altered where Maya women give birth, who they see throughout pregnancy, childbirth, and postnatal care, and how they feel about the entire process. To reach these goals, I analyzed interviews from Coba and SM, two Yucatec villages that were conducted by Dr. Kristi Krumrine, Jessica Friedman (Geneseo, 2018), and Isabela Leech (St. John Fisher, 2018). My goal was to examine the shift from a traditional Maya pregnancy process into a more modern biomedical approach to assisting women with pregnancy. Traditionally, Maya women utilized *comadronas* who are midwives guided by spirituality and utilized for their wisdom and healing practices (Walsh 2009). In order to assist a doctor through the birthing process, midwives are required to go through extensive training, often challenging their traditional values (Kotni 2018). I am also interested in the level of satisfaction regarding the birthing process as experienced by women. I hypothesize that women often feel a sense of dissatisfaction with the care they receive during pregnancy, childbirth, and postpartum while in a hospital setting. Maya women experience discrimination, violence, and aggression within public hospitals due the staff shortages within OB/GYN units within government funded hospitals (Smith-Oka 2012; Smith-Oka 2015). Most of the government funded health facilities lack critical equipment such as medical supplies and, nearly half of the communities do not have a single biomedical provider or facility around (Kotni 2018). In addition these government funded agencies often do not condone the use of midwives during the child birthing process. Although private hospitals are safer for Maya women and allow the assistance of midwives, they are not affordable or accessible for Mayan women (Kotni 2018; Smith-Oka 2012). I also predict that most Maya women would prefer to give birth at home with *comadronas*, as it is traditionally valued, inexpensive, accessible, and the women are respected and cared for with immense amounts of physical and spiritual support.

Methods

Interviews were conducted between 2018 and 2020 in the two Yucatec villages of Coba (n=19) and Sahcab Mucuy (n=28). During these interviews, information was collected regarding where women give birth (public or private hospital), if they used a midwife, how they fed their babies (either with formula or through breastfeeding), as well as what supplements or herbs mothers ate during their pregnancy. The interviews selected for my study were part of a larger study conducted by Dr. Krumrine regarding the growth and health of Maya children. Only the selected interviews provided information surrounding prenatal, childbirth, and postnatal care. Two graphs were made on Microsoft Excel from this data. The graphs show where child births occurred in both villages. In Coba, there was information on whether or not a birth was conducted in a private or public hospital, while in SM, there was only data on whether or not a birth was done at home with a midwife or in a hospital, with no information regarding if it was in a private or public hospital. Figure 1 represents a graph comparing the use of midwives during delivery between the two Yucatec villages; while Figure 2 compares the percentage of deliveries between public and private hospital deliveries. A literature review was also conducted in order to gain information about how Maya women view the care they receive in public or private hospitals in comparison to births and care at home with a midwife.

Results

According to the data collected in Coba, most of the deliveries that were performed at a hospital, were done within private facilities. Figure 2 reveals that there were a total of 8 (42%) deliveries done in private hospitals. Some were due to problems with the birth such as one mother, where her baby's lungs were not fully developed. In addition, 4 (21%) women gave birth within public, government-funded hospitals. These women most likely did not have health insurance, as was disclosed by one of the mothers, and it is very expensive to give birth with a private doctor. Many of the Maya women in Coba, claimed that they would have preferred to do a home birth with a midwife, but there was not one available. Figure 1 shows that only 2 (10%) women in Coba gave birth with the assistance of a midwife; this was due to them either having family members that were midwives or because they knew women in other villages who were midwives. However, data within the SM sample reveals a much different pattern. Figure 1 shows that in SM, a majority of women, 85%, had home births with midwives, who were likely to be more available within the village compared to Coba where only 10% had midwives during delivery. While the data collected did not disclose information on whether the women in SM gave birth in a private or public hospital, it is likely that, due the expense, most of those births were in the public hospital. Families in SM have less cash available for such expenses. With that being said, most of the women got information for postnatal care of their infants from village clinics or doctors, not midwives. This is due to the increase in biomedicalization of pregnancy within Maya villages in the Yucatan which has changed the way women view birth as well as who they go to for medical advice.

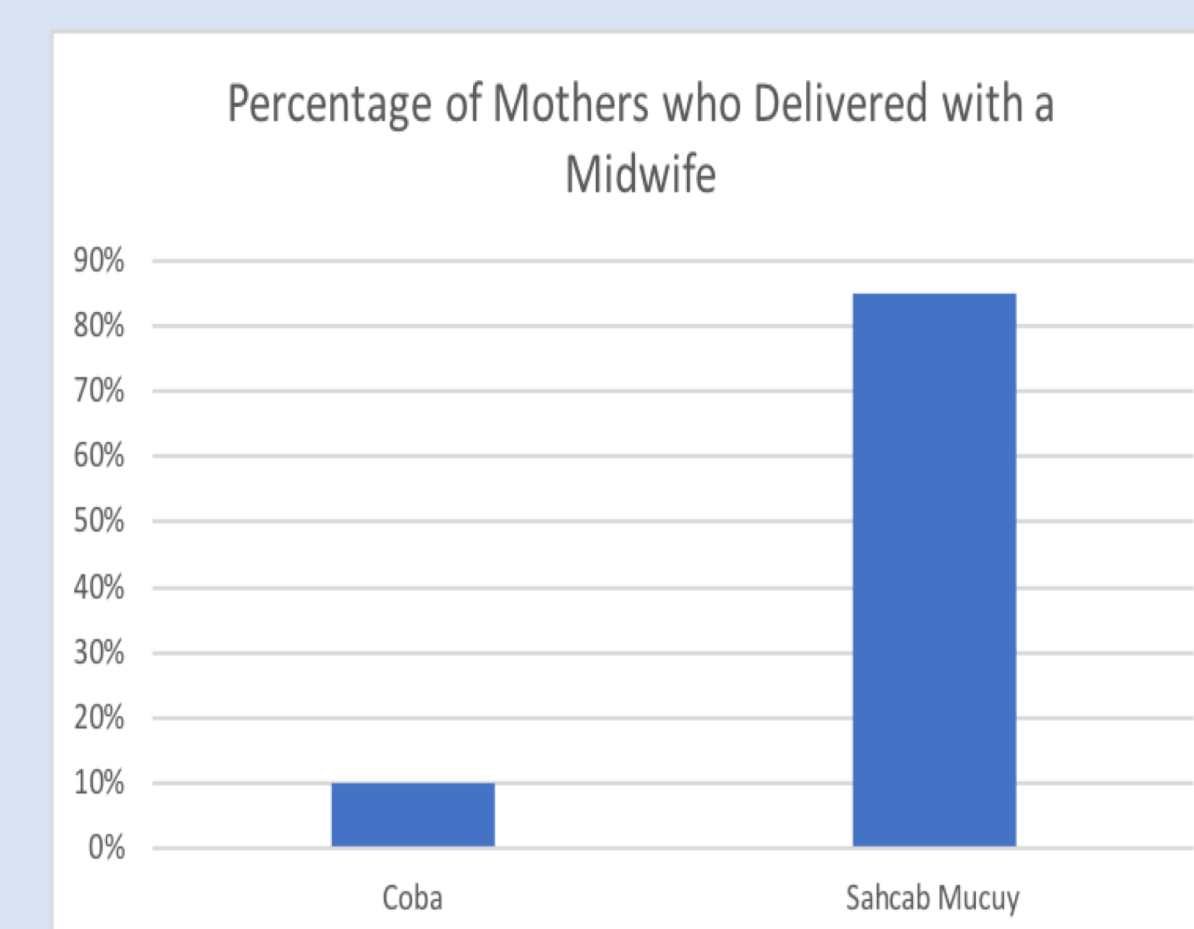


Figure 1

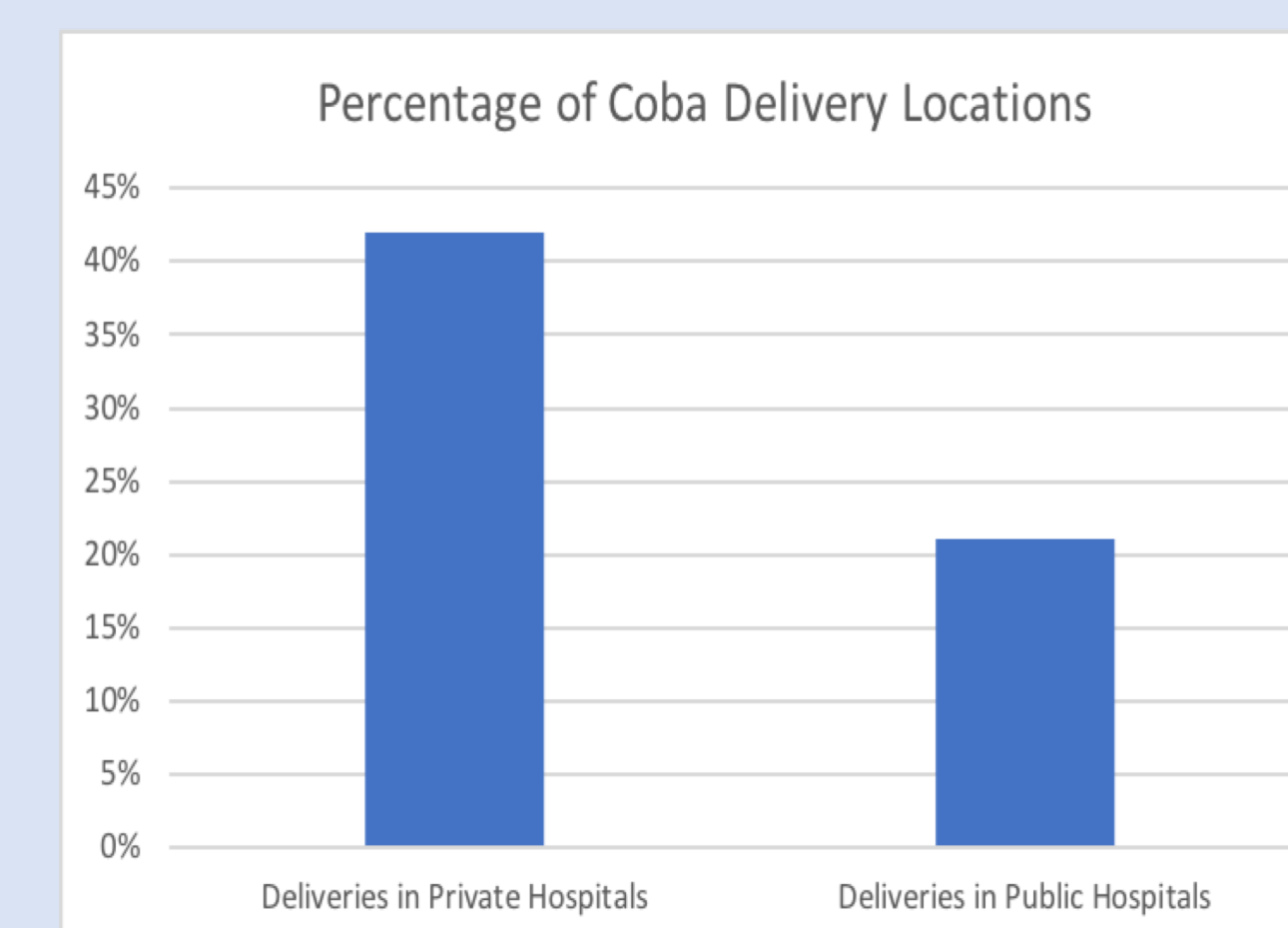


Figure 2

Conclusion

Childbirth with the assistance of midwives was much more common in SM than in Coba. This was likely due to the fact that most families in SM lack cars (necessary to go to a private clinic or hospital) and have less cash to pay for services. Even though families in Coba have similar problems, they are in a better position to pay for services. Currently there is a lack of midwives in Yucatec villages as a result of the biomedicalization of pregnancy; for more traditional villages like SM, this shift hasn't yet occurred. A common view expressed by women in Coba is that doctors in public hospitals do not care about Maya women. These hospitals are often overflowed with patients that leave practitioners overworked and overwhelmed and leave women with poor experiences. However, Maya women lack choices because many do not have the resources to go to private doctors to receive adequate care. Because of this, most women would prefer to use midwives, as that was traditionally who aided them with pregnancy, childbirth and postnatal care. However, the lack of midwives, as the result of the biomedicalization of pregnancy, has taken away the traditional aspect of pregnancy and childbirth that most Maya women expect and as experienced by their maternal ancestors.

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Acknowledgments

I would like to thank SUNY Geneseo and the Anthropology Departments for the opportunity to conduct this study. I would also like to give a special thanks to Dr. Kristi Krumrine for the assistance throughout the duration of this directed study. I am also grateful to Jessica Friedman (SUNY Geneseo, 2018), and Isabela Leech (St. John Fisher, 2018) who conducted the interviews in Coba, Mexico and Sahcab Mucuy, Mexico.

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