While these diseases affect many women, they often are not recognized or diagnosed, either by the suffering women or by professionals. Many women cannot clearly identify what is bothering them and they often do not know where to seek help so they can get the attention they require. This book provides descriptions that will aid in this identification. In fact, there is no single portrait of an alcoholic woman; there are many. Because of its many manifestations, alcoholism often is difficult to identify by others and by alcoholic women themselves. Even with the identification, asking for and finding help usually is a lonely and difficult task. The same challenges confront women who are clinically depressed.

Peets uses the stories of others, as well as her own personal story of her mother and family. An important aspect of this book is the connection the author draws between her mother's alcoholism and depression and her own life. Across the book, Peets offers as examples the many preventive steps against alcoholism and depression that she has taken and will continue to take throughout her life.

I congratulate Christine Peets for her honesty and courage. Writing *With Humor and Hope* clearly was cathartic for the author and the book will assist readers who hope to interrupt the multigenerational effects of substance abuse and depression in their own lives. Peets includes a selective bibliography and a useful list of international resources.

**Midwifery and Childbirth in America**

Rooks, Judith Pence, S. Charles, and M. D. Mahan.

**Reviewed by Ruth Nemzoff**

*Midwifery and Childbirth in America* is not a book to give your pregnant daughter to read in her spare moments. It is too comprehensive, well researched, and detailed. But it is an appropriate gift for anyone who may be planning to attend nursing or medical school. Rooks has written a comprehensive, balanced, and eminently readable book about midwifery and childbirth in America. The book provides a complete history of the accreditation, licensure, and education of nurse midwives and direct entry midwives. It also provides data on the use of midwives. Most interesting is Rooks's review of studies that have assessed the quality, safety, and effectiveness of midwifery in the United States. She notes that surprisingly few studies compare the effectiveness of specific interventions used by midwives and obstetricians.
This book gives a clear explanation of the differences between the philosophies of midwives and physicians. While midwives see birth as a natural process needing little intervention, physicians view birth as potentially dangerous. Despite the sometimes uncooperative relations between midwives and medical doctors, Rooks explains the profound impact midwives have had on medical practitioners. The influence of midwives has led to the cessation of some medical practices that potentially caused harm to birthing mothers, such as shaving pubic hair and giving enemas to labouring women.

Although she recognizes the role of obstetricians in complicated births, Rooks is convinced that midwifery provides safe, effective childbirth assistance. She notes, for example, that normal births attended by midwives result in fewer cesarean sections, fewer episiotomies and other expensive interventions. To ensure appropriate care for birthing women, Rooks suggests that obstetricians and midwives alike assess all birth interventions.

Various laws and the need for insurance coverage, as well as the dwindling number of births per thousand in America, provide disincentives for allowing midwives to practice in the United States. Physician supervision of midwives is required and hospital births are advantaged. As a result, it has been difficult for midwifery to gain a foothold in the United States, despite the data from Europe, Canada, Australia, New Zealand, and Japan that strengthens the case for the use of midwives as safe birth attendants.

**Birth by Design:**
**Pregnancy, Maternity Care, and Midwifery in North America and Europe**

Devries, Raymond, Cecilia Benoit, Edwin R. Van Teijlingen, and Sirpa Wrede, eds.

**Reviewed by Amy Mullin**

*Birth by Design* provides well-researched, cross-cultural comparisons of maternity care practices in nine European and North American countries, with a heavy emphasis on Canada, the United Kingdom, the Netherlands, and the United States. While the countries involved differ in the ways they fund healthcare, all are highly developed, technologically sophisticated countries. Most medical specialties in these countries are marked by technical uniformity, but the countries involved are markedly different in their approaches to maternity care. They differ in the extent to which they see pregnancy as a medical
Midwifery is the health science and health profession that deals with pregnancy, childbirth, and the postpartum period (including care of the newborn), in addition to the sexual and reproductive health of women throughout their lives. In many countries, midwifery is a medical profession (special for its independent and direct specialized education; should not be confused with the medical specialty, which depends on a previous general training). A professional in midwifery is known as a midwife. Midwives continue to practice in Europe, Africa, Latin America, and other places, continuing on the tradition of care that has been with us for generations. Nancy Sullivan tells us that "Today, in much of the world, professional midwives are responsible for attending women in labor and birth. In fact, the countries with the best pregnancy outcomes, midwives are the primary providers of care to pregnant women."

Feldhusen, Adrian E., Article entitled The History of Midwifery and Childbirth in America: A Time Line, Available online at: http://www.midwiferytoday.com/articles/timeline.asp, accessed November 17, 2006. Midwifery and childbirth in America. Item Preview. This is a Cape Town event to remember Midwife Susan King. Muizenburg Beach was one of Sue's favourite places in Cape Town so it seems a fitting place to gather and celebrate her life. FRI, 13 OCT 2017. Memorial for Sue King.
Midwives' beliefs that childbirth is normal and inherently within the domain of female competence may have prevented women from seeking formal training, especially from men. Few women were literate, many could not afford schools, and the Puritan philosophy did not encourage education for women. 1766: First provincial medical society was organized in New Jersey. Dr. William Shippen began a course in anatomy and midwifery in Philadelphia. Few women came as students, but men came. 1812: The War of 1812 was thought of by Americans as a second war of independence. In Colonial America, women in the home routinely provided most medical care. Women were also prominent as lay practitioners. After the War of 1812, medical schools began to proliferate. How is pregnancy and childbirth in American women? First, it should be noted that pregnant women conducted in the United States not to familiar high and uncomfortable chair and on the couch with a special footrest. On examination, the doctor commented on his actions and tells in detail about what and how a pregnant woman passes. Like us, expectant mothers weigh, measure the pressure, the volume of the abdomen, take the necessary tests and listen to the heartbeat of the fetus. For the whole pregnancy a woman goes ultrasound three times, the last just before childbirth. 17 week take a blood test Midwife? Midwives and nurses who are certified to assist in the prenatal care and labor and delivery of infants. CPM: Certified Professional Midwives is trained in midwifery and meets practice standards of the North American Registry of Midwives. CNM: Certified Nurse-Midwives are trained and certified in nursing and midwifery. They possess at least a bachelor's degree and are certified by the American College of Nurse Midwives. Benefits of Having a Midwife Midwifery is as old as childbearing. Indeed, midwives historically were women who were mothers themselves and who became midwives when they attended the births of. Midwives assisting a birth while astrologers consult sky charts; woodcut relief print from Jakob Rueff's De conceptu et generatione hominis (1554; The Expert Midwife). National Library of Medicine, Bethesda, Maryland. The universality of childbirth makes the practice of midwifery a cultural touchstone, as seen in historic textual and pictorial references to midwives attending births. Midwives in a community occupied many positions along a spectrum of social acceptability, from the well respected to the marginalized.
Midwives understand and protect the normal physiology of childbirth and provide safe, satisfying and supportive care to women and their babies. Maureen P. Corry, MPH, Executive Director, Childbirth Connections. Ob-gyns working collaboratively with midwives are a way to address the gap between the supply of ob-gyns and the demand for women’s health care services. Richard N. Waldman, MD, FACOG, Former President, American College of Obstetricians and Gynecologists. Midwifery and Childbirth in America. Philadelphia, PA: Temple University Press; 1997. 19. Gamm L, Castillo G, Pittman S. Access to quality health services in rural areas primary care: a literature review. http://www.srph.tamhsc.edu/centers/rhp2010/03Volume2accessprimarycare.pdf. Effects of Midwifery Care on Costs and Other Special Contributions. Midwifery in Europe, Canada, Australia, New Zealand, and Japan. The Current Situation and Recommendations for the Future References Index. J. Rooks. Published 1997. Midwifery is as old as childbearing. Indeed, midwives historically were women who were mothers themselves and who became midwives when they attended the births of. Midwives assisting a birth while astrologers consult sky charts; woodcut relief print from Jakob Rueff’s De conceptu et generatione hominis (1554; The Expert Midwife). National Library of Medicine, Bethesda, Maryland. The universality of childbirth makes the practice of midwifery a cultural touchstone, as seen in historic textual and pictorial references to midwives attending births. Midwives in a community occupied many positions along a spectrum of social acceptability, from the well respected to the marginalized.