

HOW THE PUBLIC SEES NURSE-MIDWIVES: 1978 News Coverage of Nurse-Midwifery in The Nation's Press*

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ABSTRACT

Utilizing the research method of content analysis, this study analyzes newspaper articles and photographs on the subject of nurse-midwifery that appeared in 1978. Findings point to the need for a much greater effort by nurse-midwives to communicate to the public who they are and what they do. Only through sustained grassroots efforts to secure press coverage will nurse-midwifery emerge on the public agendas of communities throughout the nation and elicit a broad-based consumer demand for nurse-midwifery services.

INTRODUCTION

It is quite well known that infant and maternal mortality rates in the United States do not compare favorably with rates in other highly industrialized nations. What is not so well known is the high-quality service offered by an alternative health care provider to the physician—the nurse-midwife. What information reaches the public about the services offered by a growing number of certified nurse-midwives? The key role of communicator is played by the nation's news media. Traditional journalistic criteria for newsworthiness include proximity, prominence, unusualness, and human interest. On all four of these cri-

teria, news about nurse-midwifery should rank high. Given this assumption, what did the nation's newspapers have to say about the topic in 1978?

The purpose of this study was to document the public image of the certified nurse-midwife as expressed in American news media in 1978. The specific questions addressed were:

What are the patterns of dissemination and audience exposure of news articles on nurse-midwifery?

What is the public being told in news reports about the positive aspects of using nurse-midwifery services?

What problems relative to the full utilization of nurse-midwives are being revealed to the public?

METHOD

The methodology employed in this study is content analysis, which is a technique for making inferences by

objectively and systematically identifying characteristics of documents or other communications.¹⁻⁶

Data Collection

Collection of news pertaining to nurse-midwifery is a part of a larger study on the image of the nurse in the mass media. A clipping service was utilized to identify and retrieve articles about nurses and nursing. This service subscribes to every daily and weekly newspaper published in the United States. Utilizing a staff of over 500 readers the clipping service identifies and clips all articles that meet the study criteria. Each clipping is identified as to name, location, circulation of the newspaper, and page placement within the publication. Although data have been collected since April, 1977 to the present, the current report is an analysis of data for the year 1978. The 1977 data essentially constitute a pilot study;

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some reference to the findings will be discussed.

According to the clipping service's own estimates, they locate approximately 80% of all articles appearing in newspapers on any given subject that they clip. In order to validate this premise, and particularly to test it for nursing articles, the project subscribed to an additional clipping service for a period of three months, instructing them to clip nursing articles according to the exact criteria given to the first agency. An agreement analysis between the two services was made for this three-month period to see how many of the same articles were found. Results showed that 73% of the articles clipped were identical for each service. In analyzing the articles that were missed by either agency, as well as the total aggregate from each separate clipping service, no significant differences were found in the variables under study.

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Research Instruments

The News Articles Analysis Tool developed, tested, and utilized in this research project is divided into sections which deal with dissemination and audience exposure, subject, image of nursing, and direction of the article. The dissemination and audience exposure section includes such variables as geographical distribution, circulation, and author. The subject section includes 14 overall subject areas plus a miscellaneous category. A decision tree of sub-categories is contained within each of these 15 overall categories.

The third section, entitled "The Image of Nursing," includes the education and sex of the nurses, the setting and focus of care, and themes identified as important to the image of the nurse.

Several variables measure the direction of the newspaper article, using Berelson's classic definition of direction as "the positive or negative treatment of the subject under study."⁷ These variables include the tone of the relationships that nurses have with various individuals and groups; statements made by persons about nursing; publicity value; professional activities (progressive or traditional); degree of role clarity of the nurse; and degree of favorableness of the headlines and the news item as a whole.

Reliability

The instrument was applied by five different coders, all of whom were registered nurses with master's degree preparation. Intrarater reliability was determined by comparing a given coder's current responses to randomly selected articles that she coded several months before. Recoding was done without access to the results of the first coding. All items in the instrument reached a minimum of 71% agreement between first and second codings for each coder. The intrarater reliability

across all coders and across all questions was 91.8%.

Intercoder reliability was determined by having all five raters code a 5% random sample of each month's articles for the year. Percent agreement among raters for each item was then calculated and showed that all items reached at least a 75% intercoder reliability score while the interrater reliability across all coders and across all items was 93.2%.

Validity

Face Validity. Once the study instruments had been developed and tested, they were submitted to a panel of three doctorally prepared nurses who were asked to evaluate the instruments in terms of whether they felt the categories and questions were appropriate for the purpose of our study and for the research questions developed. They concurred that the instrument was measuring what was intended.

Convergent validity. In this study, convergent validity refers to predicting one variable with another one within the data set. In other words, an answer for a particular variable would indicate that a high (low) percentage of the same cases should also have answers for another variable. For example, it was found that 91.8% of articles coded in the subject of labor issues were also coded as having cooperative relationships with unions. Similarly, 95% of articles coded in the subject area of political were also coded as nurses desiring, trying to attain, or gaining power, while 92.6% of articles coded as including the professional activity of interaction with patient and family were also coded as having facilitative relationships with patients and families.

External validity. Evidence of external validity of the study instruments was approached indirectly by comparing the distribution of certain variables in the project articles to the

distribution of similar variables in the United States. High correlations between project characteristics and national characteristics on several variables lend support to the validation of the results of this project for external generalization. For example, there was a strong correlation between the number of nursing articles per state in our sample and the estimated population for the same state in 1978 ($r = .80, p < .05$). Similarly, the number of registered nurses by state correlated strongly with the number of articles in the sample ($r = .71, p < .05$).

FINDINGS

Of the 3127 U.S. newspaper articles on nursing for 1978, 85 (2.7%) focused on maternity nursing. Figure 1 shows that the most frequently appearing subtopic of maternity nursing news was midwifery. Despite an N of 36 we were able to quantitatively determine differences in these news reports compared to other news articles in the sample and identify recurrent themes in the midwifery stories via qualitative review.

Patterns of Dissemination and Audience Exposure

Nurse-midwifery articles appeared most heavily in the Middle Atlantic states of New Jersey, New York, and Pennsylvania (28%); the Pacific state of California (22%); the South Atlantic states of Florida, Georgia, North Carolina, and Virginia (19%); and the East North Central states of Illinois, Indiana, Michigan, and Wisconsin (17%).

The majority of news reports on midwifery (63.8%) were published in states whose legislative statutes and official regulations give special recognition to certified nurse midwives. These are New Jersey, New York, Indiana, Florida, North Carolina, Virginia, Kentucky, Mississippi, and

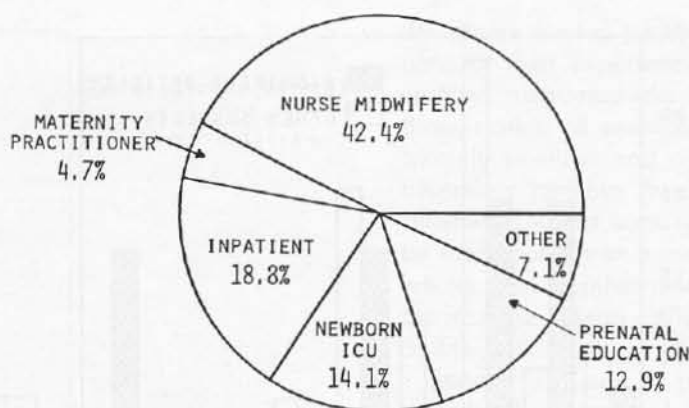


FIGURE 1
Distribution of maternity nursing articles ($N = 85$).

California. Ten articles (27.7%) appeared in states with permissive laws but no special recognition of certified nurse-midwives, such as Pennsylvania, Illinois, Missouri, Georgia, and Texas. At least one article on nurse-midwifery appeared in newspapers published in states with laws restricting the practice of certified nurse-midwives: Michigan, Kansas, and Wisconsin.

Articles on nurse-midwifery were authored by females 76% of the time as contrasted to 61.2% for all other nursing stories. Despite the fact that there are far more male reporters than females, nursing articles are usually written by females. In the study sample, only nursing subjects with a high degree of impact, such as crime and labor, tended to have more male authors than female. One can conclude that nursing is still classified as a "feminine" area, often grouped with articles addressing social news and household management, and consequently assigned to women reporters. In some cases this may be due to the fact that female reporters are more likely to take an interest in both nursing and childbirth, which cross both a traditionally female-dominated profession and a traditionally female-oriented subject.

In determining to what extent audiences were exposed to nurse-midwifery articles, two findings concerning newspaper circulation and

origin of story indicate that there was more exposure to midwifery articles than other nursing articles. The distribution of nurse-midwifery articles by newspaper circulation is dissimilar to that of other topics in the sample. Figure 2 shows that midwifery stories are overrepresented in newspapers of 5,000 to 10,000 circulation, but the most noteworthy finding is that they are published nearly three times more often than other nursing subjects in newspapers with over one million in circulation.

All news items pertaining to nursing are analyzed by distribution origin and divided into two categories: those that originate from Associated Press or United Press International and those that originate from local newspaper stories. Nurse-midwifery articles have a significantly greater proportion of wire stories than articles on other nursing topics ($X^2 = 5.8389, p < .01, N = 1454$). These two findings indicate that although nurse-midwifery articles are few, they are being projected to a large audience.

On the other hand, we found that nurse-midwifery articles had a low incidence of appearing on the front pages of newspapers. Only 5.6% of the midwifery articles were found on page one as compared to 8.9% of all other nursing stories. A story on nurse-midwifery, unless it involved criminal activity, a labor strike, or

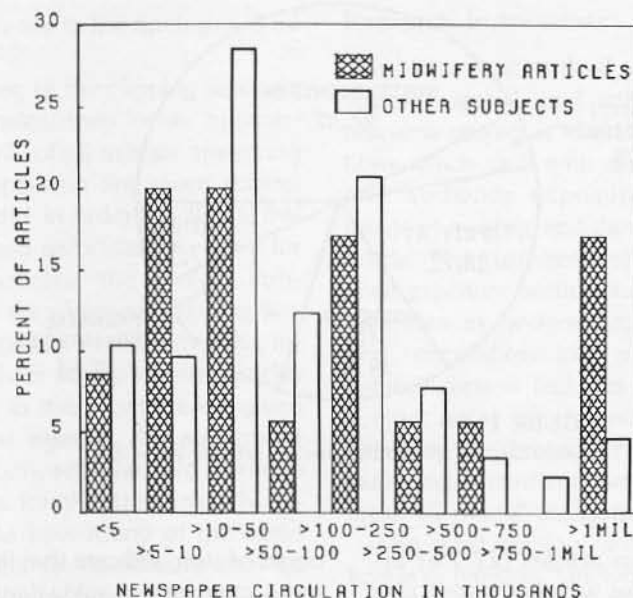


FIGURE 2

Comparison of "midwifery" to other nursing subjects by circulation in 1978 newspaper articles.

other highly intense subjects, would normally not be considered the kind of hard news which would make the front page.

Positive Public Images

Nurse-midwifery articles typically conveyed a very positive image. The element of progress is strongly emphasized in these articles as can be attested to by the headlines alone: "Midwives Gaining in Number, Stature" (Cubertino, CA, *Sunnyvale Scribe*, Mar. 22, 1978), "After Coming a Long Way, Today's Babies are Ready for Nurse-Midwife Delivery" (Ridgeford, CT, *Press*, Dec. 21, 1978), "Midwife's Status Has Come A Long Way" (Stroudsburg, PA, *Pocono Record*, Apr. 21, 1978), and "Nurse-Midwife: A New Profession Opens Up" (Ventura, CA, *Star-Free Press*, Oct. 1, 1978).

A significant association between the favorableness of news reports and the appearance of the nurse-midwife is seen. Nurse-midwifery articles are significantly more positive than all other articles (Mann-Whitney $U = 31686$, $p < .000$, $N = 3099$), all other clinical articles

(Mann-Whitney $U = 9018.5$, $p < .000$, $N = 772$) and even more positive than the other progressive clinical roles of which nurse-midwifery was a part (Mann-Whitney $U = 2765.5$, $p < .03$, $N = 226$).^{*} Similarly photographs accompanying nurse-midwifery articles are found to be significantly more positive than those included with other articles (Mann-Whitney $U = 12328$, $p < .000$, $N = 1606$), with other clinical articles (Mann-Whitney $U = 5532.5$, $p < .009$, $N = 624$), and with other progressive clinical role articles (Mann-Whitney $U = 1575.0$, $p < .02$, $N = 194$). Furthermore, headlines written by journalists are significantly more positive in midwifery

^{*} The Mann-Whitney U test can be utilized to test whether two independent groups have been drawn from the same population when the data is at least ordinal in nature. This is one of the most powerful of the nonparametric tests and is a useful alternative to the parametric t test when the assumptions for using the t test cannot be met (i.e., interval level measurement on dependant variable, two level nominal independent variable, normal sample distribution). Sidney Siegel, *Nonparametric Statistics for the Behavioral Sciences* (McGraw-Hill Book Company, New York, 1956), p. 116.

articles than stories on other nursing topics (maximum likelihood = 12.02, $p < .003$, $\Phi = .08$, $N = 2278$).^{**} And finally, nurse-midwives were shown engaging in progressive activities significantly more often in news stories than nurses in other clinical areas (maximum likelihood = 33.064, $p < .000$, $\Phi = .20$, $N = 663$).

The elements of the articles which projected favorableness are decreased infant mortality, a preventive focus of care, greater control over the birthing process and more humanized care, and lower costs.

Decreased infant mortality.

Numerous newspapers informed the public of the distinguished record of certified nurse-midwives relative to statistics on infant mortality. The Thomasville, GA *Times-Enterprise* (Apr. 12, 1978) cited the Frontier Nursing Service in Kentucky, the first professional midwifery service in the United States. After 51 yr of service in Hyden, KY, the infant mortality rate is "one of the lowest in the country." The San Clemente, CA *Sun Post* (Feb. 17, 1978) described a certified nurse-midwife who had attended more than 2,000 deliveries over 11 yr and "never lost a single one." In Mississippi, where the infant mortality rate has been notoriously high, the Canton, MS *Herald* (Aug. 31, 1978) indicated that this death rate dropped significantly when certified nurse-midwives were allowed to practice. The Monroe, LA *World* (July 30, 1978) described a new federally funded health program being instigated in Northeast Louisiana that would provide nurse-midwifery services in order to decrease the high infant mortality rate currently existing in the rural areas of the state.

The only infant death associated with a midwife reported in 1978

^{**} Φ refers to Cramer's Φ . This is a measure of the strength of association for contingency table statistics such as the maximum likelihood and χ^2 square. Theoretically, it can range from -1.0 to $+1.0$ (like the Pearson r). In actuality, it is not as powerful as the Pearson but it gives some indication of the strength of association.

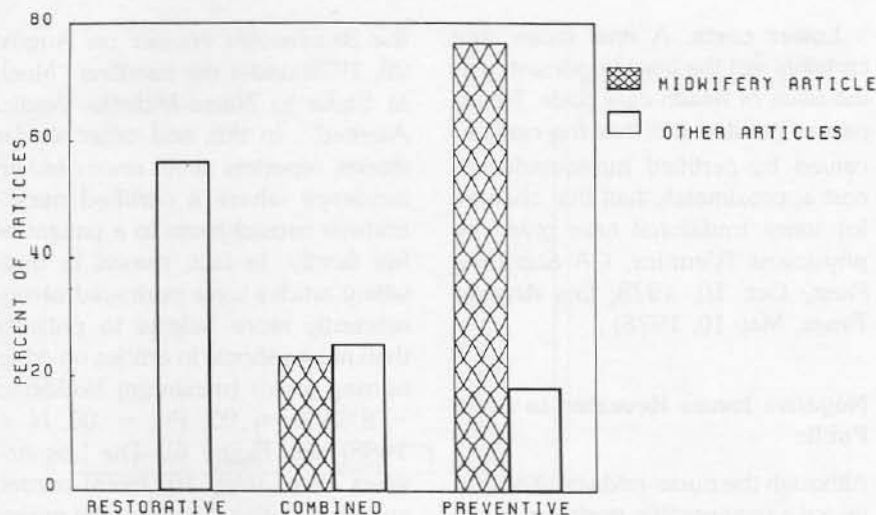


FIGURE 3

Focus of care in midwifery and other subjects in 1978 newspapers.

newspapers was in San Luis Obispo, CA, and the *San Jose Mercury-News* (Dec. 3, 1978) was quick to point out that the midwife in attendance was an unlicensed (lay) practitioner.

Preventive focus. Again and again nurse-midwives were quoted as stating that "pregnancy is not a disease." Their prevailing philosophy came through to the public as one of promotion of natural childbirth, but not insisting upon it. "We try to be flexible and provide what the patient wants within the framework that the system allows" (Ridgefield, CT *Press*, Dec. 21, 1978). There was a strong and significant association between focus of care and the appearance of midwifery as a news topic (Fig. 3). Preventive care to healthy populations appeared significantly more often in midwifery articles than other stories in the sample (maximum likelihood = 59.530, $p < .000$, $\Phi = .51$, $N = 209$).

Greater control and more humanized care. Newspapers cite numerous reasons why families are turning to the certified nurse-midwife for care. Encouraged by the Women's Movement, the public is increasingly turning a critical eye on the absolute and uncompromising com-

mand physicians have traditionally wielded over the birth experience in the United States. Women are becoming less willing to passively give up control over one of their most significant life events. They are demanding more say, less technology, and less medical interference in the birth process (Newark, NJ *Star-Ledger*, Apr. 6, 1978).

High on the list of criticized medical routines appearing in nurse-midwifery articles were: ambivalent counseling on breast feeding, withholding of information, confinement during labor with deprivation of nourishment and toilet privileges, speeding of labor via drugs and artificial rupture of membranes, dulled sensations caused by depressive drugs, electronic monitoring of the healthy fetus, forced positioning in the horizontal posture which retards labor, and routine use of the surgical knife for episiotomies and too frequent C-sections (examples include the San Diego, CA *San Diego Union*, Dec. 4, 1978; Wausau, WI *Daily Herald*, Feb. 3, 1978; Charleston, WV *Main*, Nov. 22, 1978; and Brownsville, TX *Herald*, Aug. 20, 1978).

Patient statements and reactions were documented as uniformly and overwhelmingly positive. Nine of the

36 articles quoted patients' descriptions of their experiences with the certified nurse-midwife. In each of these stories, all reactions were extremely positive and void of any neutral or negative tones. Patients' statements about nursing tended to be more positive in nurse-midwifery articles than all other news stories in the sample (Mann-Whitney $U = 342.0$, $p < .09$, $N = 109$).

Statements made by patients and their families identified several key factors that they felt contributed most to these favorable reactions. Many indicated that the certified nurse-midwife reinforced their right to remain the locus of control throughout pregnancy and never hampered their freedom to move about during labor or assume an upright posture during delivery. Patients placed high value on a relaxed atmosphere where they were encouraged to ask questions, where their ability to make decisions was not altered by drugs, and where labor progressed at a natural rate (examples include the Fredericksburg, VA *Free Lance-Star*, Sept. 2, 1978; New York City *Star*, Nov. 21,

Miss Connie Becker, a nurse-midwife at Archbold Memorial Hospital in Georgia, shown checking the heart of the 500th baby she had delivered.

SOURCE: Thomasville, GA *Times-Enterprise*, Apr. 12, 1978.



1978; Cross River, NY *Lewisboro Ledger*, Dec. 27, 1978; and Canton, MS *Herald*, Aug. 31, 1978).

The public is told that nearly one-third of all pregnant women are seeking nontraditional deliveries and that these women are turning to the certified nurse-midwife to fill this gap in health care delivery (Cubertino, CA *Sunnyvale Scribe*, Mar. 22, 1978; San Jose, CA *Mercury News*, Dec. 13, 1978). Newspapers frequently associate the certified nurse-midwife with alternative approaches to hospital delivery such as birthing centers which are located in outpatient clinics or in buildings near hospitals should emergencies arise. The Phoenix, AZ *Republic* (Nov. 13, 1978) reported that the local department of health operates a mobile van equipped with oxygen, incubator, intravenous solutions, as well as a certified nurse-midwife for care to mothers who insist on having their babies at home. The highly publicized responses of certified nurse-midwives to public demands for alternative care explains why they are portrayed by newspapers as significantly more innovative than nurses in other progressive roles (maximum likelihood = 4.24, $p < .04$, $\phi = .14$, $N = 227$).

The problem of social isolation during the birth experience was shown to be a special concern of pregnant women. Florida's *St. Petersburg Times* (Apr. 13, 1978) indicated that the biggest fear for most women is not so much the pain, but rather, the fear of being alone. Photographs in midwifery articles showed the nurse with patients and their families 64% of the time unlike other articles that showed the nurse with patients in only 30% of the photographs. Extensive counseling during the prenatal and postpartum period, continuous attendance during labor and delivery, and encouragement to family/friends to share the birth event are the characteristic trademarks of the certified nurse-midwife portrayed by the news media.

Lower costs. A final factor, but certainly not the least important, was the issue of health care costs. Newspapers pointed out that the care received by certified nurse-midwives cost approximately half that charged for more traditional care given by physicians (Ventura, CA *Star-Free Press*, Oct. 10, 1978; Los Angeles *Times*, May 10, 1978).

Negative Issues Revealed to the Public

Although the nurse-midwifery articles reveal a very positive portrayal to the public, they also portray deep confusion surrounding the scope of a nurse-midwife's practice. These major issues are physician opposition, hospital barriers, confusion with the lay midwife, association with home births, and association with care of the economically disadvantaged.

Physician opposition. The news media indicate that the most salient obstacle to the full utilization of certified nurse-midwives is opposition by the medical establishment. Nurse-physician relationships are found to be significantly more negative in nurse-midwifery articles than in the other clinical articles in the sample (maximum likelihood = 25.781, $p < .000$, $\phi = .32$, $N = 392$). Furthermore, it is surprising, given the nature of services provided by the nurse-midwife, that 52.2% of the news reports portrayed nurse-midwives in subordinate as opposed to collegial relationships to physicians. Quoted were physicians who frequently and exclusively equated nurse-midwifery with home delivery and compromised standards of safety (San Jose, CA *Mercury*, Dec. 3, 1978, and others).

The events surrounding a Brownsville, TX case constitutes a case study of the perception carried by some physicians that nurse-midwives, regardless of their merit, are a threat to their vested economic interests. One story was carried on the front page of

the *Brownsville Herald* on August 20, 1978 under the headline "Much at Stake as Nurse-Midwife Verdict Awaited". In this and other similar stories, reporters never once cited an incidence where a certified nurse-midwife caused harm to a patient or her family. In fact, nurses in midwifery articles were portrayed as significantly more helpful to patients than nurses shown in articles on other nursing topics (maximum likelihood = 8.68, $p < .03$, $\phi = .06$, $N = 1488$) (see Figure 4). The Los Angeles *Times* (May 10, 1978) printed an article stating that there are nurse-midwives who have had "more practice delivering babies than some family-practice physicians."

Many news reports emphasized the economic motivations for physician opposition to midwifery. For example, the Fredericksburg, VA *Free Lance Star* (Sept. 27, 1978) maintained that physician opposition to certified nurse-midwives is not a function of concern for quality and quantity of services offered to the public. Rather, it is a response to a viable threat of economic competition in a professional marketplace that is facing a declining birth rate. Considering the often unreasonable statements made by physicians, the reader might well assume motives of self-interest. Physicians claim that they do not see the need for nurse-midwives and interpret the advocacy of nurse midwifery as an attack and criticism of current obstetrical practices, since many advocates of nurse-midwifery are critics of current medical philosophy of childbirth. If physicians do concede the value of the nurse-midwife, it is with certain strict conditions. For example, a Nebraska M.D. said: "Nurse-midwives have their place wherever there is a physician shortage or a large number of low-income families who cannot afford conventional medical services." Another Nebraska medical man noted that "The physician shortage is not that acute. There is no need for nurse-midwives here in any

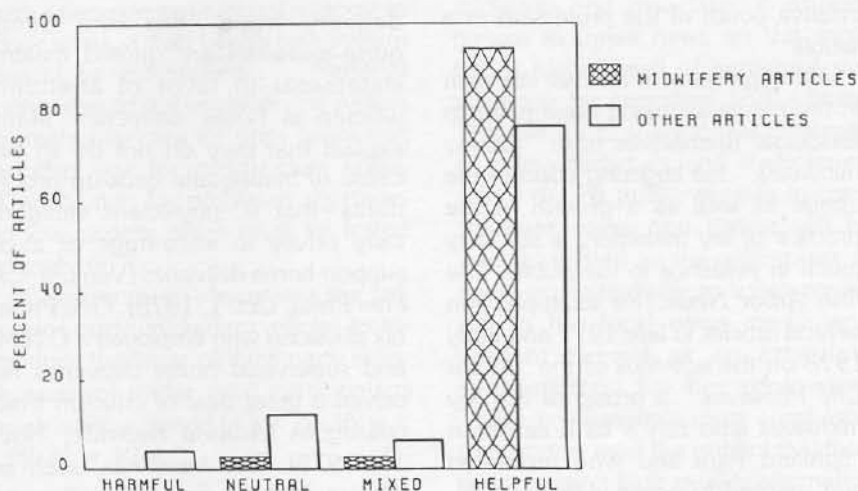


FIGURE 4

Characterization of certified nurse-midwives' impact on patients and families in 1978 newspapers.

form" (*The Lincoln Star*, June 20, 1978). Similarly, the Medical Society of New Jersey voted that nurse-midwives and physicians' assistants were not needed in the practice of medicine in the state. As one delegate put it, "We already have our assistants. We call them nurses or X-ray technicians" (*Newark Star Ledger*, May 10, 1978).

There were a few favorable attitudes expressed by physicians in the news. The theme of collaborative nurse-physician relationships emerged in several stories where obstetricians recognized the desirability of having a certified nurse-midwife associated with their practice. The Stroudsburg, PA *Pocono Record* (Apr. 21, 1978) quoted an obstetrician referring to the nurse-midwife as a "life saver" because she spent more time assessing patients, which meant that high-risk cases were referred to hospitals or physicians much sooner. Going along with this finding, nurse-midwives were shown relieving M.D.'s of routine tasks significantly more often than nurses in other articles (maximum likelihood = 28.68, $p < .000$, $\Phi = .14$, $N = 3098$). The Bradford, CT *Review* (Nov. 14, 1978) reported that physicians were happy to let C.N.M.'s take care of women with normal pregnancies because it freed

them to attend to high-risk patients who require considerable medical attention.

Yet basically, the public sees that most physicians have not admitted that a nurse-midwife may provide alternative obstetrical support to normal pregnant women that is as good as and perhaps superior in certain respects to the care received from an obstetrician. A Malden, MA obstetrician (*News*, Dec. 10, 1978) responded to an article about a C.N.M.'s attempts to gain privileges at a local hospital. His objections to her request were based upon his defense of the service already provided by the hospital physicians and nurses; he referred to the nurse-midwife's ideas as "barnyard obstetrics." While few physicians publicly denounce nurse-midwifery with such colorful language, the public is left with the idea that many M.D.'s harbor these notions.

Hospital barriers. The news media report that hospital governing boards often bar certified nurse-midwives from practicing in their facilities. It is not by coincidence that only 10% of the photographs in the midwifery articles included the nurse attending mothers in hospital delivery rooms. Nurse-midwifery articles

showed significantly more negative relationships with hospitals than other clinical articles (maximum likelihood = 16.48, $p < .000$, $\Phi = .26$, $N = 425$). The sustained efforts of certified nurse-midwives to overcome the problem of lack of access to facilities is very apparent in news reports. Nurse-midwives were depicted as trying to gain power in the health care arena significantly more often than nurses in other progressive roles (maximum likelihood = 7.57, $p < .006$, $\Phi = .21$, $N = 227$). Ironically, none of them were shown as members of policy-making groups.

The problem of gaining hospital privileges is essentially an aspect of M.D. opposition in that most hospital policy decisions follow attitudes and preferences held by physicians who enjoy staff privileges at the hospitals. Many of the obstacles to nurse-midwifery can be found in intransigent physicians' associations or in the opposition of a single, powerful local M.D.; yet, the public, which fails to understand the internal politics of the health care system, may conclude that hospitals believe that the practice of nurse-midwifery is unwise, unsafe, or both.

Confusion with lay midwives. Another obstacle in expanding current use of certified nurse-midwives presented to the public was physician and public confusion between C.N.M.'s and lay midwives. The San Jose *Mercury News* (Dec. 3, 1978) stated that medical school curricula offer students no information about or experiences with certified nurse-midwives. Instead, they are told about the horrors of being called into a home to "clean up" after mistakes are made by lay midwives. Perhaps, then, the public is led to believe, the word "midwife" triggers fear and concern over liability in physicians' minds.

A major theme in most nurse-midwifery articles was an explanation as to the distinction between the lay midwife and the certified nurse-midwife. Back in 1977 the lead para-

graph of a Birmingham, AL story (*News*, Aug. 2, 1977), for example, reminded readers, "Midwives today aren't just people you read about in early American novels. They're part of a growing new profession, far different from the granny midwives of days gone by." Or, as the Columbia, SC *Record* (Dec. 16, 1977) put it, "Not so long ago, mention of the word 'midwife' conjured up a picture of an old granny trekking through the woods to deliver a baby in an isolated log cabin . . . Now a new breed of health care specialists are working in South Carolina . . . Certified Nurse-Midwives." Articles usually followed up this distinction with an explicit account of the educational requirements for becoming a certified nurse-midwife. The mention of master's level preparation tended to appear more often in nurse-midwifery articles than other news articles in the sample. Reporters also tended to be careful to discriminate to the reading public the contrast between graduate preparation required for certification in midwifery versus more general graduate preparation in maternal-child nursing.

The photographs that accompany many of the articles underlined the image of the nurse-midwife as a professional health care worker and appeared to help dispel any lingering associations with the tobacco chewing grannies of bygone days. Generally the photographs show the women wearing lab coats over streetwear, often with a stethoscope around their necks. Nurse-midwives were significantly more likely to appear in this type of apparel than other nurses photographed (maximum likelihood = 5.68, $p < .02$, $N = 1688$). Sometimes, if the photo was taken during or after delivery, the nurse-midwife appeared in scrub clothes. Certified nurse-midwives were significantly younger than other nurses who appeared in newspapers (maximum likelihood = 16.68, $p < .002$, $N = 1809$). Most of the C.N.M.'s photographed appear to be in their late twenties and thirties, suggesting the

relative youth of the profession as a whole.

Although nurse-midwives are seen in the media as taking great pains to dissociate themselves from "granny midwives," the lingering effect of the image as well as a growth in the practice of lay midwifery is still very much in evidence to the public. *The Ann Arbor News*, for example, ran several articles in late 1977 and early 1978 on the activities of the "Motor City Midwives," a group of five lay midwives who run a birth center in Highland Park and who promoted and assisted in home deliveries. Although the reporter made clear that these midwives had no formal education, it is doubtful that the public clearly distinguished this type of practitioner from a certified nurse-midwife. The articles described a near tragedy involving an Ann Arbor woman and the consequent investigation conducted by the state's Medical Practice Board. These horror stories become associated with the word "midwife," making the acceptability of nurse-midwifery more difficult. If California and Montana legislation authorizing the licensing of lay midwives in addition to the licensing of nurse-midwives passes and spreads to other states, the confusion surrounding midwifery will be increased.

Association with home births.

The nurse-midwifery articles tended to emphasize teamwork and collaboration with the physician. As if to reassure the public that the nurse-midwife has not assumed responsibilities beyond her competence, the nurse-midwives interviewed usually explained their back-up procedures whereby at any indication of abnormality the patient is referred to an obstetrician for further care. Because of this safety net, nurse-midwives rarely agreed to deliver a baby in a private home; in fact, the American College of Nurse-Midwives discourages its members from promoting home deliveries.

Despite this fact, nurse midwifery tends to be associated with the home

delivery trend. For one thing, nurse-midwives are quoted making statements in favor of attending women at home deliveries. Many explain that they do not do so because of inadequate back-up procedures—that is, physicians categorically refuse to encourage or even support home deliveries (Ventura, CA *Free Press*, Oct. 1, 1978). One Phoenix physician who employed a C.N.M. and supervised home deliveries received a great deal of criticism from colleagues (*Arizona Republic*, Nov. 13, 1978). The headlines, such as "Nurse Midwife Sees Shift Toward More Home Births Rise," (*Los Angeles Times*, May 10, 1978), in themselves give the public the impression that nurse midwives and home births tend to go together.

Association with care of the medically disadvantaged. Perhaps the most disturbing undercurrent found in press coverage is that nurse-midwifery is often associated with the care and treatment of the economically disadvantaged. Some physicians are shown in the news as tolerating nurse-midwifery for those patients geographically or financially beyond the reach of M.D.'s. This attitude suggests to the public that nurse-midwifery is a second-rate form of obstetrical assistance that is not good enough for the higher socio-economic classes. This is not to say that nurse-midwifery care for the medically underserved is not advisable or desirable. These clients do tend to fall into the high-risk category more frequently, thus requiring physician care. Yet there are real advantages of nurse-midwifery practice with the poor. The real issue, however, is the danger of the public associating nurse-midwifery with second-rate care given to the uninsured. If this image is perpetuated, nurse-midwifery will be considered negatively by the poor as well as the middle classes. As Parmet⁸ and his associates explain, there is a concern that unless [nurse-midwives] are used throughout the population, and

with adequate institutional support in poor areas, a dual health care system would be established . . . National policy should not establish one system of maternity care for poor areas and another one for middle-class areas. The solution for physician shortages in low-income areas must be found elsewhere."⁸

Conspicuously absent was the failure of nurse-midwifery articles to introduce the issue of third-party reimbursement under third party payers such as Blue Shield ($X^2 = 10.36, p < .02, N = 124$).

CONCLUSION

The preceding data reveal that while nurse-midwifery as a news topic was given fairly accurate coverage by the nation's press, it was also greatly undercovered in relation to other news about nursing and extremely undercovered in relation to health care news in general. It may well take a major effort by both nurse-

midwives and associated consumer groups to thrust news on this topic into a higher level of perceived significance by reporters and editors. These findings suggest that coverage of nurse-midwives and their emergence on the public agenda in communities across the nation will be directly related to the willingness of every nurse-midwife to solicit coverage in her local news media and present herself as an articulate spokesperson for her profession. These professionals must emphasize to reporters (and the public) that their services are a high-quality alternative to those of the physician, and if, in fact, the consumer is to be given a choice, the nurse-midwife will have to have access to third-party reimbursement in order to offer her services on an equitable basis.

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WHAT IS A CERTIFIED NURSE-MIDWIFE?

A certified nurse-midwife (CNM) is an individual educated in the 2 disciplines of nursing and midwifery, who possesses evidence of certification according to the requirements of the American College of Nurse-Midwives.

WHAT IS NURSE-MIDWIFERY PRACTICE?

Nurse-midwifery is the independent management of care of essentially normal newborns and women, antepartally, intrapartally, and/or gynecologically, occurring within a health care system which provides for medical consultation, collaborative management, or referral and is in accord with the *Functions, Standards, and Qualifications for Nurse-Midwifery Practice* as defined by the American College of Nurse-Midwives.

The nurse-midwife provides care for the normal mother during pregnancy and stays with her during labor, providing continuous physical and emotional support. She evaluates progress and manages the labor and delivery. She evaluates and provides immediate care for the normal newborn. She helps the mother to care for herself and for her infant; to adjust the home situation to the new child, and to lay a healthful foundation for future pregnancies through family planning and gynecologic services. The nurse-midwife is prepared to teach, interpret, and provide support as an integral part of her services.