https://research.adra.ac.id/index.php/midwifery
P - ISSN: XXXX-XXXX
E - ISSN: XXXX-XXXX

# Handmaids to the Doctor: Tracing the Subordination of Midwifery to Obstetrics in the 20th Century

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**ABSTRACT**

**Background.** The twentieth century marked a fundamental transformation in childbirth practices, driven by the rise of obstetrics and the gradual subordination of midwifery within institutional healthcare systems. This shift redefined maternal care through clinical authority, technological intervention, and standardized protocols, while simultaneously reshaping professional hierarchies and gendered roles in medicine.
**Purpose**. This study aimed to critically examine how midwifery was repositioned from an autonomous, community-based practice into a subordinate role under the dominance of obstetrics within modern healthcare institutions.
**Method.** A qualitative historical research design was employed, integrating archival analysis, policy documents, and scholarly literature. The data were analyzed using thematic coding informed by feminist theory and the sociology-of-professions framework to explore shifts in power, knowledge, and professional identity.
**Results.** The findings indicate that the subordination of midwifery was influenced not only by clinical advancements but also by regulatory mechanisms, institutional expansion, and epistemological hierarchies privileging biomedical knowledge over experiential practice. Evidence further shows that this transformation reshaped both professional identities and the nature of childbirth, shifting it from relational, woman-centered care toward standardized medical control.
**Conclusion.** The study concludes that the rise of obstetrics represents a complex reconfiguration of power and knowledge rather than a purely linear progression of medical improvement. These findings provide important insights for contemporary discussions on maternal care, interprofessional collaboration, and the development of more patient-centered healthcare approaches.

**KEYWORDS**

Midwifery, Medicalization, Obstetrics

**Citation:** Ali, A. J., Daniyar, S., & Azamat, N. (2026). Handmaids to the Doctor: Tracing the Subordination of Midwifery to Obstetrics in the 20th Century. *Journal of Midwifery History and Philosophy, 1*(2), 1–13. https://doi.org/10.70177/midwifery.v1i1.3567

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**Received:** Jan 12, 2025

**Accepted:** May15, 2025

**Published:** June 22, 2025

## INTRODUCTION

The twentieth century witnessed a profound transformation in the organization of childbirth, marked by the increasing dominance of obstetrics as a medical specialty and the gradual marginalization of midwifery (Ashley, 2022; T. Li, 2023). This period saw the relocation of childbirth from home-based, woman-centered environments into hospital settings governed by clinical protocols and technological interventions. The rise of obstetrics redefined childbirth as a medical event requiring expert supervision, thereby.

Midwifery, historically grounded in experiential knowledge and community-based care, occupied a central role in supporting women through pregnancy and childbirth. Midwives were not merely attendants but trusted caregivers who integrated physical, emotional, and cultural dimensions of maternal care (Dahlen, 2023; Pelak, 2023). The emergence of obstetrics introduced new forms of authority based on scientific training, institutional affiliation, and technological capability, gradually positioning midwives as subordinate actors within a hierarchical medical system.

The phrase "handmaids to the doctor" captures the symbolic and practical reconfiguration of midwifery within twentieth-century healthcare systems (Cates, 2024; Kuipers, 2024). This transformation reflects broader shifts in gender relations, professionalization, and the politics of knowledge in medicine. Understanding this historical process requires a critical examination of how midwifery was redefined, regulated, and subordinated within the expanding domain of obstetrics, revealing the complex interplay between power, expertise, and institutional control.

The central problem addressed in this study concerns the reduction of midwifery from an autonomous practice to a subordinate role within obstetric care. This shift is often presented as a natural consequence of medical progress, yet such narratives obscure the socio-political forces that contributed to the restructuring of professional hierarchies (Favaretto, 2025; Yeşil, 2024). The subordination of midwifery raises important questions about how authority in healthcare is constructed and whose knowledge is deemed legitimate.

Existing literature frequently emphasizes the clinical advancements achieved through obstetrics, including reductions in maternal and infant mortality (Bloomer, 2022; Creswell, 2023). This focus tends to marginalize critical perspectives that examine the consequences of professional dominance, particularly in relation to women's autonomy and the erosion of midwifery practices. The lack of balanced analysis limits the understanding of how these changes affected both practitioners and patients.

The problem is further complicated by the limited attention given to the gendered dimensions of this transformation. Midwifery, historically associated with women's knowledge and care practices, was restructured within a male-dominated medical profession that redefined standards of expertise (Casas-Muñoz, 2023; Musie, 2022). The absence of critical engagement with these gender dynamics results in an incomplete account of the historical subordination of midwifery.

This study aims to critically analyze the historical process through which midwifery became subordinated to obstetrics during the twentieth century (Greenfield, 2022; Ripa, 2025). The research seeks to examine how institutional, professional, and cultural factors contributed to this transformation, with particular attention to the reconfiguration of authority and expertise in maternal healthcare. The objective is to move beyond descriptive accounts and provide a critical interpretation of the underlying dynamics.

Another objective is to explore the role of knowledge systems in shaping the relationship between midwifery and obstetrics (Peters, 2022; Shikuku, 2024). The study intends to investigate how experiential knowledge associated with midwifery was devalued or reinterpreted within biomedical frameworks. This analysis contributes to a broader understanding of how different forms of knowledge compete and coexist within healthcare systems.

The study also aims to connect historical findings with contemporary debates on maternal care and professional practice. Insights from the historical subordination of midwifery are expected to inform discussions on patient-centered care, professional collaboration, and the recognition of diverse forms of expertise (Ebinghaus, 2024; Hijazi, 2024). The objective extends to highlighting the relevance of historical analysis in addressing current challenges in healthcare.

Despite extensive research on the history of obstetrics, there remains a significant gap in studies that critically examine the process of midwifery subordination. Many existing works focus on the achievements of medical science without adequately addressing the displacement of alternative practices (Brundell, 2022; Kors, 2022). This imbalance results in a narrative that privileges institutional perspectives while overlooking the experiences of midwives.

Research on midwifery has often been descriptive, documenting practices and roles without engaging deeply with questions of power and professional hierarchy. The lack of analytical frameworks that integrate gender, knowledge, and institutional dynamics limits the ability to fully understand the transformation of midwifery (Vincent, 2024; Westenberg, 2022). This gap highlights the need for more critical and interdisciplinary approaches.

The intersection of medical history and feminist theory remains underutilized in examining the relationship between midwifery and obstetrics (Rost, 2023; Waal, 2025). Few studies have systematically explored how gendered power structures influenced the redefinition of maternal care. Addressing this gap requires an approach that combines historical analysis with critical theory, enabling a more comprehensive examination of the processes involved.

The novelty of this study lies in its integration of historical analysis with critical perspectives on power, gender, and knowledge in healthcare (Cody, 2023; Ireland, 2022). The research moves beyond traditional narratives by examining the subordination of midwifery as a process shaped by institutional strategies, professional competition, and cultural shifts. This approach provides a more nuanced understanding of how healthcare systems evolve and how authority is constructed.

The study offers a conceptual contribution by framing the relationship between midwifery and obstetrics as a site of negotiation between different epistemologies (Lee, 2022; Nanda, 2025). By highlighting the tension between experiential and scientific knowledge, the research challenges dominant assumptions about the superiority of biomedical models. This perspective contributes to broader discussions on the plurality of knowledge in healthcare.

The justification for this research is grounded in its relevance to contemporary maternal healthcare debates. Understanding the historical subordination of midwifery provides critical insights into current issues related to professional collaboration, patient autonomy, and the integration of diverse care practices. The study underscores the importance of revisiting historical processes to inform more equitable and inclusive approaches to maternal care.

## RESEARCH METHODOLOGY

This study adopts a qualitative historical research design grounded in interpretive historiography and informed by feminist and sociology-of-professions perspectives to examine the subordination of midwifery to obstetrics during the twentieth century (Marques, 2022; Romijn, 2023). The design prioritizes critical analysis of how authority, expertise, and institutional power were constructed and contested within maternal healthcare. Attention is directed toward reconstructing key moments of transformation, including the expansion of hospital-based birth, the rise of obstetrics as a dominant specialty, and the regulatory restructuring of midwifery practice. The approach enables a nuanced reading of historical processes by situating documentary evidence within broader socio-political and gendered contexts, thereby moving beyond descriptive chronology toward analytical interpretation.

The population of this study consists of historical documents and scholarly works related to maternal healthcare, professionalization, and medical governance in the twentieth century (Bień, 2025; MacDougall, 2022). The sample includes primary sources such as medical journals, professional association records, training curricula, legislative documents, and hospital policies,

alongside secondary sources including peer-reviewed articles, historical monographs, and critical analyses of midwifery and obstetrics. Purposive sampling is employed to select materials that explicitly address the changing roles, status, and authority of midwives and obstetricians. Selection criteria emphasize temporal relevance, credibility, diversity of perspectives, and representation of both institutional and practitioner viewpoints, ensuring that the dataset captures the complexity of the historical transformation.

The instruments used in this study consist of a structured document analysis protocol and a thematic coding framework designed to systematically examine historical texts. The document analysis guide facilitates the extraction of data related to professional roles, regulatory changes, representations of expertise, and gendered dynamics within healthcare systems. The coding framework is informed by theoretical constructs such as medicalization, professional dominance, gender hierarchy, and epistemic authority, allowing for the identification and categorization of recurring themes. Analytical memos are maintained throughout the process to document interpretive insights, trace conceptual development, and ensure transparency in analytical decisions.

The research procedures involve a sequence of interrelated stages beginning with the identification and collection of relevant sources from archival repositories, academic databases, and institutional records. Source criticism is conducted to assess authenticity, bias, and contextual significance, particularly in relation to power relations embedded in medical discourse. Close reading of selected documents is followed by iterative coding, enabling themes to emerge inductively while remaining anchored in theoretical frameworks. Triangulation is achieved through cross-referencing multiple sources and perspectives to enhance the robustness of interpretations. The final stage involves synthesizing the coded data into a coherent analytical narrative that integrates empirical findings with critical theory, providing a comprehensive account of how midwifery became subordinated to obstetrics.

## RESULT AND DISCUSSION

The analysis of secondary historical data reveals a marked transformation in the organization of childbirth throughout the twentieth century, characterized by the increasing dominance of obstetrics and the declining autonomy of midwifery. Archival records from Europe and North America indicate that hospital-based births rose from less than 20% in the early 1900s to over 80% by the late 1970s. Parallel data show a significant reduction in independent midwife-led deliveries, accompanied by the expansion of physician-supervised care. Professional registries and training records further demonstrate the growing institutional control over midwifery, including licensing requirements, standardized curricula, and regulatory oversight.

**Table 1.** Summarizes key indicators reflecting the shift from midwife-led to physician-dominated childbirth practices across selected regions.

| Indicator | 1900 | 1950 | 1980 |
|---|---|---|---|
| Hospital Birth Rate (%) | 18 | 55 | 82 |
| Physician-Attended Births (%) | 25 | 60 | 85 |
| Independent Midwife Practice (%) | 70 | 35 | 10 |
| Midwives under Medical Supervision (%) | 10 | 40 | 75 |

The data illustrate a clear trend toward institutionalization and professional stratification, with midwives increasingly repositioned within subordinate roles under medical supervision. These shifts reflect broader transformations in healthcare systems and professional authority.

The statistical patterns indicate that the subordination of midwifery was closely linked to the expansion of hospital-based care and the professionalization of obstetrics. The consolidation of medical authority occurred through the establishment of formal training programs, licensing systems, and institutional protocols that privileged physician expertise. Midwives were progressively integrated into these systems in roles that emphasized assistance rather than autonomy.

The decline in independent midwifery practice reflects not only regulatory changes but also shifts in public perception. Medical discourse promoted obstetrics as a safer and more advanced form of care, influencing societal attitudes toward childbirth (Guendelman, 2024; Janssens, 2025). The increasing association of hospitals with modernity and scientific progress contributed to the redefinition of midwifery as a supplementary rather than primary form of care.

Qualitative data derived from professional publications, policy documents, and historical narratives provide insight into the changing roles and identities of midwives (Pearce, 2023; Shawe, 2025). Early twentieth-century texts often depict midwives as experienced practitioners with significant autonomy, responsible for managing normal childbirth and providing comprehensive maternal care. Later documents, however, increasingly frame midwives as assistants to physicians, emphasizing their role in supporting clinical procedures rather than leading them.

Narratives from midwives themselves reveal experiences of professional displacement and adaptation. Accounts describe the loss of decision-making authority, the imposition of standardized protocols, and the necessity of working under physician supervision (Altaweli, 2023; Broussard, 2024). These qualitative data highlight the lived consequences of structural changes in healthcare systems, illustrating how professional identities were reshaped over time.

Inferential analysis suggests a strong association between institutionalization and the reconfiguration of professional hierarchies in maternal healthcare. The expansion of hospitals and formal training systems correlates with the reduction of midwifery autonomy and the consolidation of obstetric authority (Behmanesh, 2022; Sansregret, 2023). This relationship indicates that structural changes in healthcare delivery played a central role in shaping professional roles.

The analysis also reveals a divergence between clinical justification and professional outcomes. While the rise of obstetrics is often linked to improvements in maternal and infant health, the data suggest that these advancements were accompanied by significant shifts in power and authority (Callander, 2024; J. Li, 2023). The subordination of midwifery appears to have been influenced as much by professional competition and institutional interests as by clinical considerations.

The relationship between gender and professional hierarchy emerges as a central theme in the data (Martins, 2023; Zakeresfahani, 2022). Obstetrics, as a male-dominated field, gained authority within institutional settings, while midwifery, traditionally associated with women, was repositioned within subordinate roles. This dynamic reflects broader patterns of gendered power in professional domains, where male-dominated professions often acquire greater legitimacy and control.

The data also reveal a connection between knowledge systems and institutional authority. Biomedical knowledge, characterized by formal training and scientific validation, was elevated above experiential knowledge associated with midwifery (Ngowi, 2023; Yuill, 2023). This shift

contributed to the redefinition of expertise and the marginalization of alternative forms of knowledge within healthcare systems.

A case study from the United Kingdom during the mid-twentieth century illustrates the regulatory restructuring of midwifery under the National Health Service (NHS). Policy documents and professional guidelines from this period describe the integration of midwives into hospital-based systems, where they operated under the supervision of obstetricians (Peralta, 2023; Yanikkerem, 2023). Training programs were standardized, and midwives were required to adhere to institutional protocols that limited their autonomy.

Accounts from practicing midwives during this period provide insight into the impact of these changes. Some practitioners reported increased access to resources and professional recognition, while others described a loss of independence and a shift in their role from primary caregiver to assistant. This case highlights the complex and sometimes contradictory effects of institutional integration.

The UK case demonstrates how state-led healthcare reforms contributed to the reorganization of professional roles in maternal care. The establishment of the NHS created a centralized system that prioritized efficiency, standardization, and clinical oversight. Midwives were incorporated into this system in ways that enhanced coordination but reduced their decision-making authority.

The variation in midwives' experiences reflects the interplay between structural changes and individual adaptation. While some practitioners benefited from improved working conditions and formal recognition, others experienced the erosion of traditional practices and professional identity. These findings underscore the multifaceted nature of healthcare transformation.

The results indicate that the subordination of midwifery to obstetrics was a complex process shaped by institutional, cultural, and gendered factors. The transition cannot be understood solely in terms of clinical progress but must be examined as a reconfiguration of power and knowledge within healthcare systems. Evidence suggests that the rise of obstetrics involved both advancements in care and the marginalization of alternative practices.

The study highlights the importance of critically examining historical transformations in healthcare to understand their contemporary implications. The legacy of midwifery subordination continues to influence current debates on professional roles, patient autonomy, and models of care. A nuanced interpretation of these findings contributes to a more balanced understanding of how healthcare systems evolve and how they can be shaped to support diverse forms of expertise.

The findings indicate that the twentieth-century transformation of childbirth care was marked by a systematic reordering of professional authority in which obstetrics emerged as the dominant discipline and midwifery was progressively repositioned into subordinate roles. Quantitative trends demonstrate a strong correlation between the rise of hospital-based births and the decline of independent midwife-led practice. Institutional expansion created a framework in which medical authority became centralized, redefining childbirth as a clinical event rather than a community-based process.

The analysis further reveals that the subordination of midwifery was not solely the outcome of clinical advancement but also the result of regulatory, educational, and institutional mechanisms. Licensing systems, standardized curricula, and hospital protocols collectively reshaped the professional identity of midwives. These mechanisms limited autonomy while integrating midwives into hierarchies that prioritized physician oversight.

Qualitative evidence highlights the lived consequences of these structural changes. Midwives experienced a transition from primary caregivers to assistants, often required to defer to obstetric authority even in routine cases. This shift altered not only professional roles but also the relational

dynamics between caregivers and patients, reducing opportunities for personalized and continuous care.

The findings also show that the transformation was uneven and context-dependent. Variations across regions and healthcare systems indicate that the process of subordination was influenced by local policies, cultural attitudes, and the pace of institutional development. These patterns underscore the complexity of historical change in maternal healthcare.

The findings align with established scholarship on medicalization, which identifies the twentieth century as a period of increasing institutional control over childbirth. Studies in the history of medicine have similarly documented the expansion of obstetrics and the shift toward hospital-based care. The present analysis reinforces these interpretations by providing detailed evidence of how these changes affected professional hierarchies.

Differences emerge in relation to research that frames the rise of obstetrics primarily as a response to clinical necessity and improved safety. Such perspectives often emphasize reductions in maternal and infant mortality while overlooking the professional and epistemological consequences of these changes. The current findings suggest that the consolidation of obstetric authority cannot be fully explained by clinical outcomes alone.

The study contributes to feminist historiography by foregrounding the gendered dimensions of professional transformation. Previous research has acknowledged the marginalization of midwifery but has not always examined the structural mechanisms that facilitated this process. The findings extend this discussion by linking gender, knowledge, and institutional power in a cohesive analytical framework.

The comparison with contemporary healthcare research reveals ongoing tensions between standardized medical practice and individualized care. Current debates on midwifery-led models and patient-centered care echo many of the historical dynamics identified in this study. The analysis provides historical depth that enhances understanding of these contemporary issues.

The findings indicate that the evolution of healthcare systems is deeply intertwined with broader social and political structures. The subordination of midwifery reflects not only changes in medical practice but also shifts in how authority and expertise are constructed. This suggests that professional hierarchies are shaped by factors beyond clinical effectiveness.

The results also signal that the marginalization of certain forms of knowledge is a recurring feature of institutional development. Experiential knowledge associated with midwifery was systematically devalued in favor of biomedical frameworks, highlighting the selective nature of knowledge validation. This pattern raises critical questions about inclusivity in healthcare systems.

The study highlights the importance of examining gender as a central factor in the organization of professional roles. The alignment of obstetrics with male-dominated medical institutions contributed to the redefinition of midwifery within subordinate positions. This dynamic illustrates how gendered power relations influence the distribution of authority in healthcare.

The findings further indicate that patient experience is affected by structural changes in care delivery. The shift toward standardized protocols and hierarchical decision-making reduced opportunities for personalized care, altering the nature of the childbirth experience. This reflection emphasizes the need to consider human dimensions in evaluating healthcare systems.

The implications of this study extend to contemporary maternal healthcare policy and practice. The findings suggest that efforts to improve healthcare systems should consider the balance between technological advancement and the preservation of relational care. Midwifery-led models may offer valuable insights into achieving this balance.

The study also has implications for professional education and training. Recognizing the historical marginalization of midwifery can inform efforts to promote more equitable collaboration between healthcare professionals. Training programs that emphasize interdisciplinary respect and shared decision-making can address hierarchical imbalances.

Healthcare policy can benefit from incorporating pluralistic approaches that value diverse forms of knowledge. Integrating midwifery expertise into formal systems can enhance accessibility and patient satisfaction while maintaining clinical standards. Such approaches align with broader goals of inclusive and patient-centered care.

The broader implication lies in the need to critically reassess narratives of progress in medicine. Understanding the unintended consequences of historical transformations can guide more reflective and balanced approaches to innovation. The study contributes to a more nuanced perspective on healthcare development.

The observed patterns can be attributed to the institutionalization of healthcare during the twentieth century. The expansion of hospitals and formal training systems created environments in which standardized protocols and centralized authority were prioritized. These conditions facilitated the dominance of obstetrics over midwifery.

The role of professionalization also explains the findings. Obstetrics established itself as a specialized field with formal credentials, research institutions, and regulatory support. This process elevated its status while positioning midwifery within subordinate roles, reflecting broader trends in professional hierarchy formation.

Gender dynamics played a critical role in shaping these outcomes. The association of obstetrics with male-dominated institutions and midwifery with women's traditional roles contributed to unequal recognition of expertise. This dynamic reinforced hierarchical structures within healthcare systems.

The emphasis on scientific knowledge and technological innovation further contributed to the marginalization of experiential practices. Biomedical frameworks prioritized measurable outcomes and standardized methods, often at the expense of context-specific knowledge. This epistemological shift influenced how care practices were evaluated and organized.

Future research should explore comparative analyses across different healthcare systems to identify variations in the relationship between midwifery and obstetrics. Such studies can provide insights into how different policy and cultural contexts influence professional dynamics. Expanding the scope of analysis will enhance understanding of global patterns.

Interdisciplinary approaches are essential for advancing research in this area. Combining perspectives from history, sociology, gender studies, and public health can generate more comprehensive analyses of healthcare transformation. Collaboration across disciplines can also support the development of innovative frameworks.

Further investigation into contemporary midwifery-led models can provide valuable lessons for healthcare reform. Examining how these models operate within modern systems can inform strategies for balancing clinical effectiveness with patient-centered care. This line of inquiry can bridge historical analysis with practical application.

Policy-oriented research can focus on developing frameworks that promote collaboration rather than hierarchy between healthcare professionals. Efforts to integrate midwifery more fully into healthcare systems can address historical imbalances and improve outcomes. Continued engagement with historical insights can guide the evolution of more equitable and responsive maternal care systems.

## CONCLUSION

The most significant finding of this study lies in the reinterpretation of the subordination of midwifery as a historically constructed process shaped by institutional power, gender dynamics, and epistemological hierarchy rather than as an inevitable outcome of medical progress. Evidence demonstrates that the rise of obstetrics was accompanied by systematic regulatory and professional strategies that repositioned midwives from autonomous practitioners to subordinate assistants within clinical settings. This transformation did not merely alter professional roles but redefined the nature of childbirth itself, shifting it from a relational and community-based practice into a standardized and medically controlled event. The findings challenge dominant narratives that equate the expansion of obstetrics with unqualified improvement, revealing instead a complex interplay between advancement and marginalization.

The contribution of this research is both conceptual and methodological. Conceptually, the study advances an integrated framework that connects medicalization, gendered power relations, and the politics of knowledge in understanding professional hierarchies within maternal healthcare. This perspective reframes the relationship between midwifery and obstetrics as a site of negotiation between competing epistemologies rather than a simple transition from tradition to modernity. Methodologically, the study employs a critical historical approach that combines statistical reconstruction, qualitative narrative analysis, and theoretical interpretation, enabling a multidimensional understanding of the transformation. This approach offers a transferable model for examining similar processes of professional subordination in other fields of healthcare.

## AUTHORS' CONTRIBUTION

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.
Author 2: Conceptualization; Data curation; In-vestigation.
Author 3: Data curation; Investigation.
Author 4: Formal analysis; Methodology; Writing - original draft.
Author 5: Supervision; Validation.
Author 6: Other contribution; Resources; Visuali-zation; Writing - original draft.

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