

'What's it like being a male midwife?' After 30 years of men in the profession, why do we still need to ask this question?

As a clinician I consciously made the decision not to focus on my separateness as a 'male midwife'. This evolved partly after uncomfortable experiences with mentors who were unsure as to how to introduce me to labouring women. They would send me off to find a piece of equipment then disappear into the room of the woman we had been assigned. Waiting for permission to enter I would overhear the conversation – *'I'm working with a student, he's a man – is that OK? You don't have to have him if you don't want.'* This highlighted to the labouring woman that this was an unusual situation which went against expected convention and placed me in the role of what Simpson (2008) calls the 'voyeur'. If she bravely volunteered to accept me into the room, I had to work hard to overturn this initial negative perception to reach the same point of acceptance that my fellow female cohort members automatically enjoyed.

I assumed the position – perhaps naively – that once I was practising autonomously I did not need to dwell on my gender further. I was able to provide care which was as holistic, sensitive and effective as that of my colleagues and I felt that I encountered minimal resistance to being a midwife who just happened to be male. The majority of my career was spent as a community midwife. Over a period of years I embedded myself in the community and was well known to the families I supported. At team meetings and shift handovers the co-ordinator would instinctively shout out 'ladies' to calm the chatter and begin the meeting with no consideration to the fact that there was a man present. I had succeeded in achieving my ambition of not only making my gender not count but unwittingly in the process emasculating myself.

Reflections as an educator

More recently, shortly into my career as a midwifery lecturer, I was asked to facilitate a session about the realities of working as a midwife for a group of prospective students. The session focused on media portrayals of midwifery, the challenges of working in the NHS, shift working and work-life balance. At the end of the session, I invited questions about the work I had covered. One person put their hand up – *'What's it like being a male midwife?'* – she asked.

This exchange forced me to confront one of the most unexpected consequences of moving from clinical practice to midwifery education - reflecting on my status as a man in an overwhelmingly female profession. It seemed that despite my best efforts to be a midwife first and foremost, my gender and all that it signified would always precede and supersede my professional expertise and be the subject of fascination for people both inside and outside the profession.

Working clinically meant working with women and their families and it was not unusual to not see a fellow midwife from one day to the next. Working in an office with a team of all female academics and lecturing all-female cohorts of student midwives magnified my gender in a way that one-to-one midwifery didn't. Being asked '*What's it like being a male midwife?*' by the women I supported felt part of an organic exchange of information amongst equals when I was asking them to share personal information about their medical and social history. But I had moved from the private arena of the consulting room or the woman's home and was now putting myself in the public arena as an academic. Being asked as a lecturer '*what's it like being a male midwife?*' felt very different. Given that men had been admitted to the profession for over 30 years and the fascination in their choice had not abated, I realised that my ambivalence to this question needed to be addressed.

Isolated practitioners

It is reassuring to read Walsh's (2009:169) reflections on his time as a male clinician and find that they mirror my own in that he assumed that being a male midwife was no different to being a nulliparous female midwife. As a male midwife, there was little point of reference throughout my training and clinical career as there were no other male midwives working at my trust. This may have contributed to my approach to blinker myself to my unique situation and try to assimilate with female midwives.

Walsh goes on to point out that gender is of course more than just the ability to reproduce, but brings with it the weight of a long history of power imbalance between the sexes and of male oppression. I was naturally aware of this legacy not least due to hostility from other midwives who wanted to protect the safe female space for themselves and the women they cared for and, as a result, was even more conscious of trying to negate my gender in the workplace. Walsh advocates for the importance of male midwives having knowledge of feminism in relation to childbearing in order to avoid unconsciously perpetuating oppressive patterns of behaviour in practice. Perhaps a safe way for men entering the profession to discuss this is by linking up in a professional network to share experiences and learn from each other rather than maintaining silence.

Sociology

Searching the literature, I found that there is surprisingly little research on the experiences of male midwives and I had to look towards other disciplines to help me try and understand my relationship with my chosen profession. Historically, sociologists have looked more broadly at men in non-traditional occupations such as teaching and nursing with conflicting results. Williams (1992) discussed what he terms the 'glass escalator' effect of men in nursing being fast tracked to managerial positions thus distancing them from their presence in 'women's work' which challenges social norms. Conversely, Simpson (2004) suggests that men resent assumptions of being ambitious, having actively rejected the lure of more

'careerist' masculine professions. One research participant loved the visibility of being 'special' (Simpson, 2010:224) whilst a literature review concluded that men in nursing were just as much victims of patriarchal power as their female equivalents (Kellet *et al.*, 2014). It is hard to draw any firm conclusions about men's experiences in female dominated professions. Perhaps studying literature around male teachers, air stewards or even male nurses is futile as they could never draw meaningful parallels with the experiences of male midwives who must negotiate the uniquely psycho-sexual complexities of working in partnership with childbearing women.

What does appear to emerge from the literature is that the challenge to men entering female-dominated professions very often comes from within the profession itself. In Cude & Winfrey's (2007) study, 75% of male nurses working in women's health, neonatology and obstetrics experienced negative reactions from staff members in contrast to the positive reception they received from the women and children they cared for. This hostility could be explained by Simpson's (2008) research that found that female nurses felt that male colleagues were unable to carry out the emotional work required of nursing implying that emotional intelligence is a uniquely female attribute.

Tolerated as tokens

Perhaps the lack of research on men in midwifery in this country reflects the fact that, despite the curiosity opportunistically directed at myself and other individual midwives (see Merz, 2014 or Rawles, 2003), overall there is still conflicting points of view within the profession about men entering this historically female space. Despite midwifery training being available to men since 1983, over 30 years later there are minimal numbers of male midwives in this country, making up less than 0.5% of the midwifery population (CITATION, 2015). Men have yet to have more than a token presence in the clinical areas.

It seems that a position of tolerance has been adopted towards those who want to enter the profession rather than actively embracing the challenges and diversity that more men in the profession may bring. The implication is that being male in midwifery is detrimental – or sub-optimal – to being 'with woman' and something to be minimised. Maybe it's time for women, midwives and society as a whole to consider the fascination with men in midwifery and whether posing the question '*what's it like being a male midwife?*' betrays the on-going ambivalence to men being admitted to the profession.

References:

Cude, G. & Winfrey, K. (2007) The hidden barrier. Gender bias: fact or fiction? *Nursing for Women's health*, **11** (3): 255-265

Kellet, P., Gregory, D. & Evans, J. (2014) Patriarchal paradox: gender performance and men's nursing careers. *Gender in Management*, **29** (2): 77-90

Merz, T. (2014) No job for a man? Meet the male midwives. [online] *The Telegraph*, 3rd November. Available from:

<http://www.telegraph.co.uk/men/thinking-man/11202075/No-job-for-a-man-Meet-the-male-midwives.html> [Accessed 1st June 2015]

Rawles, S. (2003) 'I stopped seeing him as a man. He was just a midwife doing a great job.' [online] *The Guardian*, 14th May. Available from:

<http://www.theguardian.com/lifeandstyle/2003/may/14/familyandrelationships.news> [Accessed 1st June 2015]

Simpson, R. (2004) Masculinity at work: the experiences of men in female dominated occupations. *Work, Employment & Society*, **18** (2): 349-368

Simpson, R. (2008) The making & marking of men's bodies in the context of nursing care. In: *European Group of Organizational Studies Conference, Cyprus*. Cyprus: EGOS

Simpson, R. (2010) A reversal of the gaze: men's experiences of visibility in non-traditional occupations. In: Lewis, P. & Simpson, R. (eds.) *Revealing & concealing gender. Issues of visibility in organisations*. Basingstoke: Palgrave Macmillan: 219-232

Walsh, D. (2009) A male midwife's perspective. In: Mander, R. & Fleming, V. (eds.) *Becoming a midwife*. London: Routledge: 167-179

Williams, C. (1992) The glass escalator: hidden advantages for men in the "female" professions. *Social Problems*, **39**: 253-267