African American Midwifery in Norfolk, Virginia, 1920 – 1940

Christine Heath

It is hard to imagine that women did not always have the opportunity to choose what hospital or doctor they could use for childbirth. In the early twentieth century, most women delivered their children at home with a doctor or midwife present. Similarly, it was common for African American women, regardless of social-economic status to have their children at home. Throughout slavery, older African American women were called upon to attend both Black and White women who were giving birth. Following slavery, African American midwives could be paid for their services. During the 1920s in Norfolk, Virginia, African American midwives assisted in numerous births after they received training from local physicians and nurses. As time and medical technology changed, the African American midwife came under fire for the increase in infant and maternal death rates. This, along with a nationwide movement to transfer women from home births to hospital births in case complications arose, pressured many African American midwives to stop practicing their trade.

A midwife was a woman who assisted other women with childbirth. Midwives were responsible for providing prenatal and postnatal health care. Midwives were accountable for aiding in the birthing process of a majority of African American babies. This trade illustrated how it was a family tradition, as midwifery spanned generations, preserving, and passing on both knowledge and culture from the past to the present. African American midwives were usually older women with children of their own. Young women would serve an apprenticeship under an older midwife. The young apprentice usually shared close kinship ties and had received the spiritual call to practice.
The spiritual call and the driving intervention of God were believed to take precedence over formal training while a midwife was attending a woman giving birth. However, because most lacked formal training, infant mortality rate tended to be elevated, especially by the turn of the century.¹

Throughout the colonial period and well into the nineteenth century, midwives performed most of the deliveries of pregnant women. In 1765, William Shippen opened a private school of midwifery. The first American professorship of midwifery was created at King’s College, New York. In 1791 midwifery was taught as part of the chair of anatomy and surgery at the University of Pennsylvania, and by 1810 a separate chair of midwifery was created, which developed into the separate medical field of male dominated obstetrics.²

In the 1900s, the infant mortality rate in Virginia was extremely high. Two thousand eighty one infants died under the age of one. The Children’s Bureau, which was the oldest federal agency for children, revealed in their studies that unsanitary conditions, contaminated waters, and/or lack of adequate health care often caused infant death. Therefore, in 1921, in an attempt to decrease infant mortality, Congress passed the Sheppard-Towner Act. This act distributed federal matching grants to states for prenatal and child health clinics. Included in the prenatal care clinics were funds for midwife training. The Children’s Bureau administered Sheppard-Towner programs, with the assistance of volunteers from women’s clubs and parent-teacher organizations in their


² Wyndham Blanton, *Medicine in Virginia in the Nineteenth Century* (Richmond, VA; Garrett &Massie, Inc., 1933), 157
communities. The clinics, with their midwife training, and their community-based programs were popular with mothers and contributed to a significant drop in infant mortality.\(^3\)

In the 1920s in Norfolk, Virginia, the medical community recognized their high rate of infant and maternal mortality. In an effort to decrease these high mortality rates, training programs were made available for their African American midwives. Training taught midwives how to provide proper maternity care and home nursing to their patients. Because of the risks of infant and maternal mortality, midwives received specific instruction addressing prenatal and postnatal care. African American midwives also tried to teach their patients about good personal hygiene and community health services. Additionally, because there was little formal supervision of midwives, the training addressed their needs. Many African American midwives were ignorant, superstitious, careless, and filthy. Early infancy mortality statistics show that in Norfolk, in 1920, there were ninety-seven White infant deaths compared to one hundred eighty seven African American infant deaths. The main cause of White infant death was diarrhea and enteritis, with thirteen deaths; while bronchopneumonia claimed the lives of thirty-seven African American infants. Statewide, in Virginia, in 1920 there were one hundred thirty four White infant deaths caused by injury at birth, which was in sharp contrast to the fifty-nine African American infant deaths caused by injury at birth. In Virginia in 1920, three African American infants died because of lack of care, while only one White infant died of the same. Also in 1920 Norfolk, there were thirty-four White maternal deaths due to

accidents at birth, compared to seventeen African American maternal deaths. Accidents of labor caused thirty-one White maternal deaths, compared to thirty-five African American maternal deaths.⁴

In the spring of 1921, a committee of African American citizens succeeded in convincing the City Council of Norfolk, Virginia, that there was a need for a community program that would make African American people of the city healthier, happier, and thriftier. This committee also convinced the council that the City Treasury should fund the program. An appropriation of five thousand dollars was made for the program, and authority was given for its establishment under the Public Welfare Department of the City of Norfolk. Norfolk Community Thrift, which provided public welfare services to Norfolk residents, organized a training class for midwifery. This class provided an opportunity for African American midwives in Norfolk to hear lectures by both White and African American physicians on the significance of their roles before and after a woman gave birth. Attendance in this class was compulsory and before a license could be secured, an examination was given to test the efficiency of the applicants. The African American midwife who sought licensure and who participated in the training programs often achieved a new sense of authority about their vocation and a collective identity as women with a special divinely sanctioned-knowledge and skill. After receiving a passing grade on their examination, the African American midwife would make an application in writing, to practice midwifery, to the Commissioner of the Revenue in Norfolk. If a

license could only be granted on the certificate of the court, or other officer, then such license shall not be valid or effective until certificate shall be obtained.⁵

The following notice about licensure and permits appeared in the *Norfolk Journal and Guide*. “Notice to Midwives and Nurses! All Midwives and Nurses who attend obstetric Cases are hereby notified to register at the Department of Health, No. 9 Monticello Ave. and get their permits. Failure to comply was a violation of the law and punishable by fine. It is unlawful for any person to practice midwifery in Norfolk without a permit.” This notice, however helpful, appeared in the paper three full days after the expiration for application. Since a good number of white women gave birth attended by a physician, not midwives and nurses, this late notice did not cause a problem to them. But to the numerous African American midwives in Norfolk, who were trying to practice lawfully, this was a massive dilemma. Also compounding this problem was the high level of illiteracy and low income among many African American women. This resulted in many, who had limited access to the print media that could have informed them of these important changes affecting their profession.⁶

Another print media outlet in Norfolk was the *Norfolk and Portsmouth City Directory*. Several African American midwives, with their addresses given, were listed by name. Eliza Allen of 824 Smith, Hannah Barnes of 844 Smith, Linda Burton of 614 Alleghany, and Rebecca Covington of 1529 West Forty-third were the midwives listed in

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the directory in 1921. In order to appear in the city directories, each of these women had to pay an annual fee of twenty-five dollars. 

Rebecca Covington was an African American midwife in the Tanners Creek area of Norfolk. In the 1910 census records, Rebecca Covington was forty years old and her occupation was listed as a Private Family Nurse. She was listed similarly in the 1920 census records. There was no listing of Rebecca Covington in the 1930 census. Rebecca Covington was born in Virginia, as were both her parents. She appeared in the 1921, 1922, and 1924 city directories as a midwife. In the 1925 city directory, Ms. Covington had no occupation listed.

Between 1900 to 1940, census records showed an increase in Norfolk’s population. In 1900, the population in Norfolk was 46,624; in 1910, the population grew to 67,452; in 1920, 115,777; in 1930, 129,710, and in 1940, the population in Norfolk had grown to 144,322. According to the United States Bureau of the Census, in 1920, the population in Norfolk was statistically divided into the following percentages:

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Norfolk, Virginia 1920

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<th>Ages</th>
<th>Black Male</th>
<th>Black Female</th>
<th>White Male</th>
<th>White Female</th>
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<td>9.2</td>
<td>9.8</td>
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<td>4.7</td>
<td>5.4</td>
<td>4.2</td>
<td>4.4</td>
<td>8.9</td>
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<td>4.1</td>
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<td>4.3</td>
<td>4.3</td>
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As the population in Norfolk continued to grow, a new avenue in health care began to emerge. The City of Norfolk opened a maternity ward for their African American women, first on Henry Street, then moving to a larger wing at Norfolk Community Hospital. On April 19, 1915, Tidewater Colored Hospital Association was incorporated to secure, equip, and maintain a hospital in the City of Norfolk for the benefit of its African American citizens. Incorporators were: Charles S. Morris, J. Albert Handy, Wilbur A. Drake, George W. Gordon, S.I. Moone, S. F Coppage, P. B Young, Sr., J.J. Corprew, and Robert E. Kindred. Formal operation of the new institution began on June 1, 1915 on property made available by Dr. and Mrs. Wilbur A. Drake at 1452 Forty-Second Street. Now African American women in the city had a choice in where and who would deliver their unborn children. But even with this new option in their lives, most of the Norfolk African American female population still chose to give birth at home with midwives as their attendants. They may have felt more comfortable with these
midwives, over physicians, who were unfamiliar with their needs, more than likely male, and white. Given the shortage of African American doctors and nurses and the prevailing racial attitudes, African American women felt they did not have equal access to physician care.10

Rebecca Covington, along with the other African American midwives practicing in Norfolk, had certain ethnic traditions. One of these traditions was called “fussing.” This custom had several functions, among which was to provide the laboring woman with physiological support. The rubbing, combing, and massaging relaxed and comforted the mother and provided a distraction during the first stage of labor. Another “fussing” tradition involved beautifying a woman’s body in preparation for birth. It included hair braiding, calves and legs oiled, and her body sprinkled with sweet water or perfume. Articles in a midwife’s “fussing” bag included vaseline, cocoa butter, rose water, talcum, face creams and sweet soaps.11

In their society, White hospitals either denied admission to Blacks, or they were treated in unheated attics or damp basements with little or no nursing or physician care. The system of discrimination automatically bared the African American who suffered and in many instances dies rather than accept the humiliation the situation offers. The opening of a hospital in Norfolk would serve the African American public was a blessing. Many African Americans preferred to go to black hospitals over white hospitals because they feared that they could be subject to medical experimentation and demonstration,


11 Laurie A Wilkie. An African American Midwife’s Tale, p131-132
which happened to slaves during the antebellum period. The main objective of the Black hospital was to provide all patients with excellent services with pride and dignity from doctors and nurses they could trust and respect. Racial discrimination, White self-interest, Black professional concerns divergent strategies for Black social advancement and changes in hospital care and medical practice all played major roles in the development of these institutions. Regardless of motive, the goal behind the establishment of this hospital was the same, to maintain and create a segregated hospital system. With this new hospital maintaining a maternity ward, the City of Norfolk tried to encourage African American women to use the hospital instead of relying on midwives to attend births.12

The African American midwife came under attack in the early twentieth century, as part of a nationwide, physician-led campaign against all midwives, who ostensibly, were to blame for alarming rates of maternal and infant mortality. Many believed that institutional settings were a major strategy toward gaining male control over childbirth and stamping out the occupation of independent midwifery. There was a national movement to have women deliver in a hospital under the supervision of a physician, instead of the midwife. The African American midwife and the traditions that she passed on were slowly being phased out with the evolution of medical training.13

