Modern technology often gets bad press within midwifery circles; all too often, inappropriate technology is applied routinely to the journeys of pregnancy and birth, sometimes leading to unwanted side effects, harms and cascades of intervention. Yet technology – which may include the application of scientific advances, mechanical or surgical instruments or implements, pharmaceutical technologies, other modern products or labour saving devices – has changed the lives of women and midwives in innumerable ways in just a few decades.

This article grew out of a chance conversation amongst a small group of midwives and midwifery students about the way in which our lives have been changed by the innovation of the mobile phone. Some of us (as described further overleaf) had begun practising before the introduction of the mobile phone, and were describing the lengths we used to have to go to in order to stay in touch with women. One midwife commented that she might have been unable to be present at our gathering without her mobile phone. There was a strong awareness that carrying a mobile phone does have a downside but, overall, it was deemed to be a useful technology for midwives.

Inspired by this discussion to think more about this question, I asked a number of midwives, doulas and holistic doctors to list the modern technologies – whether directly related to birth or not – that they feel have been truly useful to women and midwives. In rough order of how often they appeared or were discussed, these technologies are listed overleaf.

TopTen Technologies

that have improved the lives of women and midwives

Sara Wickham

Top Ten Technologies
The mobile phone

This was the top answer as well as being the one that inspired this article. When I was a student midwife, I carried a radio pager, and, if a woman wanted to contact me, she had to call ambulance control, who would relay a voice message to my pager, which in turn would send me scurrying to the nearest telephone – sometimes a callbox, sometimes one in the house of the woman I was currently with. As a newly qualified midwife working in a rural area where pager coverage was patchy at best, I would need to tell women where I was going to be, and had a receptionist who would sometimes chase me around town, calling women’s homes until she found me. The freedom and time that mobile phones have brought to those of us working in community settings is immense.

‘It can be a pain when it interrupts conversation, but overall I think the mobile phone has made life easier for women and midwives, who are able to enjoy more flexibility and greater ability to access each other when needed.’

Hand-held Dopplers/Sonicaids

‘Not in place of a Pinard, but makes it easier to monitor baby with the woman being mobile...’

‘I still use the fetoscope a good part of the time, but the Doppler gives me information about the baby in just a few seconds and is especially useful during the second stage of labor.’

‘Hand-held Dopplers, especially aqua Dopplers I think have improved things for women and midwives. All those garage attendants freaked out by midwives running in late at night asking for strong condoms may mean a loss of fun, but when aqua Dopplers became available I really appreciated not having to keep getting my Doppler head repaired or asking women to get out of the pool and so on.’

The washing machine

‘My favourite technology for childbearing women would have to be the washing machine. Every time I use mine I think of my granny (who didn’t have one, and who like me used washable nappies) and thank my lucky stars. I think my excitement at the arrival of my third child was equalled by my excitement at the arrival shortly afterwards of my large capacity new washing machine (with toddler lock).’

Birth pools and associated paraphernalia

‘For me it would definitely have to be the birth pool and the equipment that fills it; it’s more portable than before and gives women greater freedom of movement than baths.’

‘Maybe not just the pool itself but all those little bits of plastic that help get it filled and emptied.’

The freezer

‘My vote for an appliance that helps mothers and babies around birth is the freezer, which allows us to store up meals for the post birth period, maybe even getting our full 40 days of ‘lying in’ in our pyjamas.’
Antibiotics and oxytocic drugs
I have put both of these together because the rationale was the same:
‘Not that I want to use them all the time and they are overused, but when you think back, both antibiotics and oxytocics have made a big difference in saving the lives of mothers.’
‘Modern drugs, especially Syntometrine, because it means that we have a way of helping when women bleed and historically that hasn’t always been the case.’

Email/internet/the Ethernet cable
‘Being able to search online has definitely made me more evidence-based. I just never went to the library that often: I mean, how can you when you’re really busy?’
‘There are aspects of it that I hate, and it can be horribly intrusive when people expect you to be online all the time and answer their emails within 30 seconds of arriving but it has made a big difference to my being able to access information when I need it.’

The Mooncup®
‘Definitely the Mooncup, it has literally changed my life.’
‘We did a lot of campaigning for cheaper menstrual products in the ’70s and we haven’t really achieved that, but the Mooncup came along and it does solve the cost and hassle problem for women who are open to it.’

The modern car
Both this choice and the next one were quite popular amongst more, well, ‘experienced’ midwives who remember a time before cars were reasonably priced and relatively reliable:
‘I’d pick my Subaru which gets me safely through all kinds of weather.’
‘My truck: I can’t and don’t want to imagine what it would have been like before we had really good cars…’

Modern fabric and machine washable clothes
Experienced midwives also remember a time when getting meconium out of your clothes was a time-consuming and sometimes fruitless activity, and, along with the washing machine, they voted for ‘modern fabrics that are machine washable’ and ‘comfortable clothes that don’t wrinkle, wash easily and look good in bright light!’
I wanted to briefly mention a few of other things that didn’t make the top ten but were nonetheless interesting. One community midwife sent me a list of everything that she carries in her car and birth kit and said that she feels all of it is useful but only as long as it is there for occasional rather than routine use. Another listed the technologies that enable us to perform safe caesarean sections, but also noted the issue of overuse. A GP friend said that her ‘vote for least helpful appliance is the clock, which Sheila Kitzinger calls an unevaluated piece of obstetric technology’, yet another midwife mentioned waterproof watches along with aqua Dopplers on the basis that: ‘if you have to measure the time, it’s nice to not have to think about if your arm is trailing in the pool and wrecking your watch so by the time you need to check the time of birth you find it stopped a couple of hours back when you were listening to the FH’.

It is notable that all of the examples in the paragraph above (along with several of those in the main list) came with caveats. There was a fairly strong feeling amongst many of the people I talked to that, while technology itself could be seen as ‘inert’, in that it is what we do with it that is the key issue, it can be used in a number of ways and some of these may be more positive than others. For some people, email can be a helpful way of sharing and accessing information and keeping in touch, but it brings considerable disadvantages in that it appears to have led to a cultural shift whereby people expect others to be constantly checking email and responding to questions that, even ten years ago, may not have been important enough to have warranted a phone call. It is not, then, always the technology itself that is the problem, but the way in which some technologies come to be used routinely, or without careful thought or rationale for the implications for the individual.

Other examples that were mentioned once, sometimes with a caveat, included adjustable beds in hospital delivery rooms, mobile electronic fetal monitors and walking epidurals, all of which are interesting adaptations within a technocratic approach which may be seen as more negative by some
Sara Wickham is a midwife, teacher, author and researcher who divides her time between working as the Editor of Essentially MIDIRS and as an independent midwifery lecturer and consultant. She has lived and worked in the US and New Zealand as well as the UK and is the author of more than 200 books and articles relating to birth and midwifery.

The things that ended up on this list came from a relatively small and self-selected sample, and I am sure that readers of this article will have their own thoughts and perhaps replace some things with others. This project was never intended to be more than a light-hearted look at a question that came up in conversation, but I think the questions raised by it are rather interesting. It has certainly led me to reflect on the pros and cons of the things we use in everyday life and practices that our grandmothers did not have access to and, inspired by the midwife quoted above, I have gained a new respect for my washing machine. In a world where our lives are filled with the ping of texts and emails (and, OK, where our ears are filled with the output of our iPods rather than the sound of silence), perhaps it is important to turn off the noise once in a while to reflect on the speed of change, the growth of devices which may or may not save labour and time and the way in which this has changed things for all of us.

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Do you have a ‘top ten’ you would like to share in an article?
If so, please get in touch with us at em@midirs.org