



## Coastal Midwifery and Women's Health

*Whole person care. delivered.*

*A brief note from Jake Mearse, DNP, CNM, PMHNP-BC*

I'd like to take a few minutes and talk about sex. Got your attention? 😊 I don't mean the act that keeps me employed, but rather the biological parts we are born with. As you might imagine, not many midwives look like me. When you close your eyes and think "midwife", most likely the image that pops into your head is not a 6-foot, middle aged man with a beard. So I thought I'd address the penis...er...elephant, in the room:

### Things a "Male Midwife" wants you to know:

1. I *hate* that I'm referred to as a "male midwife". (See what I just did there?) I have an old Navy friend who is a surgeon. She HATES being called a "female surgeon", or "woman doctor", although this does happen to her, and often. Surgery tends to be a boys club, so as a soft-spoken, petite woman, she really stands out. What she wants to be known as, however, is a *surgeon*. A good surgeon.

As a midwife, I really just want the same thing. I want people to say that I'm a good midwife. A compassionate midwife. A highly skilled midwife. Not a "male midwife".

2. I do probably look at things differently than my colleagues. But so does everyone else. Here's what I mean - I can't *not* be who I am. Neither can anyone else. As a midwife, I tend to see teenage moms through the lens of fatherhood. Some patients of mine are younger than some of my own kids. I tend to be protective, compassionate, and concerned as I care for younger mothers. That's what good dads do. Other midwives can't help but act like mothers. Or Grandmas. Or sisters. Or wives. Or wives OF wives. Or whatever. Who you are, and how that relates to women will always influence how you practice. To a point. The key is to acknowledge your perspective, and if necessary, make purposeful adjustments in how you interact with clients.

3. There is NOTHING sexual about seeing women for midwifery care. Whether I'm doing your annual exam with a Pap smear, or delivering your baby, my focus is on taking the best care of you I can, and on not missing subtle signs of danger or disease. No one is getting sexually excited because you're disrobed. In fact, I'm trying as hard as I can to safely minimize the number of times you have to be exposed like that.

4. While we're discussing nudity.....I do this for a living. I've seen thousands of people naked. I might remember your story, your face, and will probably remember your kids (because I love kids - I have seven of my own!). I will absolutely NOT, however, remember what you look like naked.

5. I'm totally comfortable discussing periods, hygiene products, sex, etc. This is my job, and I think I'm good at what I do. Please do not think that because I'm a guy, that I don't have an opinion on brands of tampons, or types of breast pumps, or whether or not people should shave pubic hair. I understand that I don't have a vagina. But, if you think about it, you can be a great mechanic, even if you don't own a car.

6. I really do understand what gender discrimination feels like. Few of us men get it. I do. I've been told that I don't belong, that I can't possibly be any good at this, because of my gender. I've been excluded from work parties because they "forgot" to invite me. I've been given lower performance reviews because "men don't belong here". All of this, by the way, has come from medical staff - other midwives, nurses, OB docs, etc. Never from patients. Patients, by and large, just want someone who is competent, who will advocate for them, and will listen with compassion.

7. Finally, a midwife who happens to be male is still called a MIDWIFE. Not a "mid-husband". Not anything else. The word literally means "with woman". As long as my clients are still women, I'm still a midwife.