Lessons From One of the Last Tica Midwives
by Rebecca Turecky


When I moved to Costa Rica in 1990, after finishing my midwifery intensive training course with a California direct-entry midwife, I had dreamed of meeting a traditional Tica (Costa Rican) midwife and working by her side. I was stunned when I learned that 99 percent of women in the country gave birth in the hospital, with obstetrician-gynecologists or obstetrical nurses. Since the universalization of the nation’s socialized health care system in the 1960s, public health clinics and hospitals were made available in even the smallest villages. The traditional, self-taught midwives, known as comadronas or parteras, who had accompanied women in birth for generations, were basically forced into early retirement with the new regulations and limitations enforced by the Ministry of Health. While many women welcomed the so-called safe, modern advancement of the hospital medical model, others resisted the change and continued to knock on the doors of their community midwives, until new laws strictly prohibited their practice. The tradition and wisdom of the old midwives has almost died out completely, except in a few rural areas of the country. One feisty midwife, Doña Miriam Elizondo, continued to open her door to those who knocked. At the age of eighty, she still does!

Doña Miriam is loved and respected by everyone for miles around. When I mentioned to my neighbors in Turrialba that I study midwifery, many asked if I had met the famous partera from Tres Equis, a rural town about 45 minutes away. When I got the chance to drive over the mountains and visit Tres Equis, I asked the first person I saw on the dirt road and they knew exactly who I was looking for and how to find her. Doña Miriam, or abuelita (grandmother) as she is called by most, was the midwife who helped bring almost the whole town of 2000 inhabitants into the world. I walked up to the porch of her humble wooden house, painted sea-green like so many houses in Costa Rica. The front door was open, but no one was in sight. A sign with a crucifix on the door read Familia Calvo Elizondo, Dios bendiga este hogar (Calvo Elizondo Family, God bless this home). I’ll never forget my first impression of this youthful, earthy old woman as she walked out from the side of her yard, where she had been feeding the pigs and tending to the garden. Most Costa Rican women of older generations only wear skirts; Doña Miriam wore pants, had her shirt sleeves rolled up to her elbows and a long braid of gray hair trailed down her back. The small, strong and steady figure walked over to greet me, with a welcoming smile and curious, bright eyes. As I introduced myself, she gently brushed her fingers through my hair, tucking the front pieces behind my ear—just like a grandmother would do. We had a wonderful conversation that afternoon and I promised I would be back soon to listen to more of her stories and special midwifery “tricks.”

Born in 1927, Doña Miriam delivered her first baby when she was 14-years-old. She says she inherited the “gift” that God had given first to her grandfather, and then to her mother, who both had served as midwives and healers in their rural communities before Costa Rica had an established health care system. She grew up observing and assisting her mother, who encouraged her to “watch, listen, and remember.” After Doña Miriam married, she gave birth herself to 19 children, including one set of twins. Between raising her family and going to people’s homes for
births, she says, “If I slept two entire nights, that was a lot.” She used to jump on horses (a frontier midwife!) or travel by foot at night (in spite of the many snakes in the tropics) to attend the women who called for her, trusting always in La Virgen de Los Angeles, the patron saint of Costa Rica, to watch over her and the mothers and babies. At eighty years old, she still receives women into her home. They come mainly from indigenous families and walk for hours from deep in the mountains to give birth with the trusted partera.

Doña Miriam says she is happy to share her knowledge and experience with me because her own daughters have no interest in continuing the tradition of midwifery. She knows how midwifery is distinguished from hospital obstetrics and is proud of her work and her role in the community. Several years ago, the Ministry of Health brought all the remaining empirical midwives together for a series of training courses in obstetrics and sent them back to the countryside with a booklet of protocols and a bag of basic supplies; Dona Miriam was among those who attended. She also hears what women report when they return from their maternity stays at the hospital (horror stories, mostly). And, she knows all the local care providers personally, some of whom actually call her for help with special cases. Doña Miriam calls herself a “naturalist,” and finds many of the routine hospital interventions rude and ridiculous. From our conversations, I have tried to get a sense of her midwifery practice, and how it compares and contrasts with what I have learned as a student nurse-midwife in the U.S.

Antepartum Care
Doña Miriam says she likes to see women at least four times during their pregnancies—once every trimester, and again one week before the birth to make sure the baby is well-positioned. She says she can always tell when a woman is pregnant, and how far along she is, just by looking at her. “One just knows. With experience, one can tell,” she says. She reminds me that the urine of a pregnant woman is “the strongest venom of all,” and can kill any snake. At each visit, Doña Miriam looks at the woman’s belly and uses her hands to feel for the size and position of the baby. Usually, she can also tell if it’s a girl or a boy. She admits her mostly accurate predictions are not based on anything in particular, just “my silly ideas.” She adds that “even the doctors with their ultrasounds can’t always tell. But they’ll lie and act like they know.”

Doña Miriam is well-known for her special use of the traditional Costa Rican massage technique sobada. At every visit, she oils her hands with cooking oil or lard and gently passes them over the uterus to encourage optimal fetal positioning. She checks whether the mother’s umbilicus is crooked or pulled in one direction and helps move the baby to a more central and balanced position. She says doctors, who are less-skilled with their hands, sometimes call her to help turn a breech. Keeping the baby well-positioned is emphasized, with suggestions for women to alternate sleeping sides and to tie a cloth around the belly for support during the day. This will help with leg cramps and back pain, and make the birth go quicker, according to the experienced midwife. She says she listens to the fetal heartbeat at each visit by “putting my ear up to them. I don’t use the horn or anything.” At prenatal visits, she says she mainly spends a lot of time talking and telling jokes and stories with the woman. “If the woman sees that you have confidence in her, she’ll have confidence in you.”
Diet recommendations are important to Doña Miriam and include eating plenty of black bean soup, egg yolks (“not the whites—too much can cause edema”), milk, cheese, bananas, guineo negro (a special variety of banana), oranges, mangoes, plantains (“good for your lungs and brain”), spinach and onions (“especially in the last weeks, they can really help soften and stretch the cervix”). Celery is to be avoided as it is abortive. She also shared some of her remedies for antepartum discomforts: cascara sagrada herbal tea with sugar, or brewer’s yeast with sweetened condensed milk, to relieve nausea and vomiting; warm water washes with boric acid or baking soda for vaginal symptoms; watermelon juice and pineapple for the kidneys; wild cilantro for anemia; a tea of ginger, lemon grass and thyme for nasal congestion; guitite and madero negro for skin rashes; gavilana for diabetes or “sugar in the blood.” Doña Miriam has many of these useful herbs growing in her garden, as do most families in the countryside. Costa Rican women, who are primarily responsible for the health care of their families, have always relied on natural remedies in the past because they were poor and medicines were hard to get. Even as the economy and health care system in the country have greatly improved, many people still trust and prefer their time-tested home remedies.

Intrapartum Care
Doña Miriam estimates that she has attended more than 2000 births in her lifetime, which have included a variety of challenging situations such as twins, footling and frank breeches, shoulder dystocia, postpartum hemorrhaging and one case of complete uterine prolapse. She says she has never had any fatal outcomes. Since the Ministry of Health has been involved with the regulation of empirical midwifery practice, however, Doña Miriam has advised “high-risk” cases to go to the hospital in Turrialba. During the early years when she was practicing alone and unassisted in the poor rural areas around Tres Equis, she says that God was working through her hands and helped give her the courage and skills to safely manage all the situations before her.

I shared my plan with Doña Miriam to work in Turrialba as a midwife and build a home-like birthing center for women to have an alternative to the public hospital. She suggested that I could also work with women in their own homes. “In the moment of her childbirth, wherever a woman wants to be, that’s where she should stay,” she says. She also believes that the laboring woman should not have a crowd of people around her. She may let the husband stay in the room if he wants; she directs all others to help gather pots and towels, boil water and prepare food, so the woman can labor tranquila.

Doña Miriam says both the new generation of women and the health care providers have forgotten how to trust nature and women’s bodies to give birth. She laughs about young women today, who she says are “useless,” with their complaints about every ache and pain. She also says she cannot understand why in the world obstetricians “cut” women routinely (100% of primips are given an episiotomy) when “the part stretches beautifully, just like elastic!” She considers el piquete a gross mistreatment of women.

Any woman who goes to Doña Miriam knows that she strongly opposes home remedies for labor induction. She educates pregnant women never to take the traditional herbal tonic esencia de Coronado or the herb manzanilla (chamomile) to provoke labor, because they can cause postpartum hemorrhaging. One intrapartum remedy she swears by, however, is the herb altamisa. Once a woman has truly started labor, Doña Miriam will make her a warm tea of this herb, which she says is guaranteed to calm the woman’s nerves and speed her delivery. M.A.
Kay (1996) writes that *altamisa* (also known as artemesia, wormwood, mugwort and sagebrush) has been used throughout history for “women’s conditions,” to regulate menstruation and to stimulate childbirth. According to Kay, the generic name may derive from the Greek goddess of women, Artemis. It is amazing how the knowledge of herbal properties is discovered and transmitted throughout different times and cultures!

Along with *altamisa*, Doña Miriam carries many things in her birth bag: latex gloves, soap, alcohol, iodine, cotton, cooking oil, towels and sheets, scissors, umbilical thread, measuring tape and scales. It is clear that she is careful about sanitation and prevention of infection, as evidenced by the process she uses to prepare the umbilical thread. She prefers the strong fibers of traditional coffee-collecting sacks to tie off the umbilical cord. She carefully boils the pieces and then soaks them in alcohol for two days, before she cuts the little strips she will use at births. When I ask for specifics about her technique for clamping and cutting the umbilical cord, she laughs and tells me, “Yo no tengo prensas, mamita” (“I don’t have clamping instruments, sweetie”). She leans over and shows me with her strong, wrinkled, beautiful hands exactly how she measures, ties off and cuts the cord. “I don’t know if you do this in your country,” she says, “but I always burn the end with a holy candle. I also pass holy water on the head of the infant and bless him, if the parents give me permission.”

Postpartum Care
Some of the postpartum procedures Doña Miriam believes are important include keeping the woman resting with her legs closed and raised on pillows to decrease bleeding, and offering her *un ponche* (a punch) made of cocoa, milk, egg yolk, sugar and a touch of liquor to “warm her body and give her calories.” Although most people no longer follow the practice, Doña Miriam still believes the placenta should be wrapped in paper and buried in a dry hole, then sprinkled with ashes from the wood-burning stove, to keep the woman healthy and prevent *entuertos* (“blood clots that get stuck in the uterus,” cramps or infection). She also believes that certain behaviors, such as walking in sandals or barefeet, taking cold showers, getting close to a breeze or getting wet in the rain, will cause postpartum complications—taboos which are commonly believed in Costa Rican culture. After the birth, Doña Miriam always massages the baby with oil to re-align his or her body, then she encourages the woman to breastfeed immediately. She does not believe, as many Latina women in the U.S. do, that any supplementation is necessary. “Esa leche que sale primero vale muchisima!” (“That milk that comes first is very valuable!”) She encourages women to breastfeed children for several years for life-long health benefits.

With only four years of primary school education, it is Doña Miriam Elizondo’s lifetime experience that has made her the talented and knowledgable midwife she is. I am amazed at how similar her beliefs and practices are to the professionalized midwifery of my time and culture. And she is amazed that I will have had to spend close to eleven years in formal university programs to become credentialed as a midwife! Modern knowledge of the physiology of pregnancy and childbirth complications, as well as an understanding of current childbirth technologies and pharmacological remedies are critical to midwives’ education and practice. But, the essential elements of the practice of midwifery are the same, transcending all differences in time and culture: being “with woman,” respecting women’s choices, trusting nature, monitoring the health and well-being of mother and baby during pregnancy, preventing complications,
protecting their safety and survival through childbirth, preserving the sacredness, receiving the newborn with gentle hands, and promoting health in our communities.

When I build my birth center by the river in central Turrialba, I will be reviving the tradition of midwifery in Costa Rica. It may look different, with a young *gringa* providing the care, using modern tools and lots of books, but I hope to carry on the philosophy and many of the practices that the traditional midwives in the country have offered to women in the past. I’ve already started growing my herb garden! Doña Míriam has graciously offered to help me in any way she can as I develop my practice. As she says, there is no one else who has expressed an interest in carrying on her work. I am especially excited about learning her expert techniques in massage and fetal positioning. I am so grateful to have had the opportunity to meet and learn from this remarkable woman and am inspired by her spirit, commitment, endurance and faith.

Rebecca Turecky, CNM, N.D., has been living in Costa Rica for 12 years. She is helping to revive the midwifery tradition through her work with the "Humanization of Birth" campaign, offering homebirth services and pioneering the country's first freestanding birth center.

References: