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“You Have to go North to Find the South”: Situating Central Florida in the South for Birth Research

Erica Gibson
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This paper reports on situating Central Florida as a part of the South for birth research among midwives, a physician, and their clients. A comparison is made between historical and modern beliefs about what is represented by Southern values and ideals, and how the women and birth practitioners in this study do or do not conform to those ideals.

Introduction

Geographically speaking, you can't get further south in the continental United States than Florida, but is Florida “Southern?” This point has been argued for many years in the popular and scholarly press. Examples include an article in the *St. Petersburg Times* (Roberts 2004) and multiple chapters of Reed's study of the modern South (1982). Even common bastions of public information such as Wikipedia cannot state whether or not Florida is Southern on their map of the “modern South,” only that it is usually included in definitions of the South (Wikipedia 2009). The US Census Bureau includes Florida as a part of the sixteen states encompassing the Southern region (US Census Bureau, accessed 2010). Holloway includes two essays focused on Florida in her edited volume entitled *Other Souths: Diversity and Difference in the US South* (2008) and Miracle situates his experience at the University of Florida in the 1970's as one among a cohort of Southern students (1997). The Florida panhandle south to Ocala, often called “the redneck Riviera,” is included in most colloquial definitions of the South, whereas anything from Orlando down is denied “Southernness” due to an influx of people from other states and nations.

Distinct differences in the state's populace from other Southern states, which has been heavily influenced through both national and international migration patterns, have caused Florida to evolve away from traditional Southern culture in many ways, while some values, such as those associated with pregnancy, childbirth, and motherhood, have remained. Women in Florida are rediscovering the tradition

of midwifery, which was heavily utilized in the South until the mid-1900's. In her book on midwifery and birth, Susie situates Florida as a part of the South in her book describing the rise and fall of the midwife in historical perspective (1988).

Studying birth in Florida focuses on differences in women's gender roles and expectations, available options in choice of birth practitioner, and the historical position of Florida in the Old South. The transformation of the birth culture in Florida and its shift away from traditional "Southern" values such as the use of granny midwives (often older non-professionally trained African American women) to the use of biomedical physicians for birth practitioners has followed a trajectory similar to that of almost all other American Southern states. However, unlike other states such as Alabama and Georgia, Florida has reintegrated direct-entry midwifery (as opposed to certified nurse midwifery), allowing pregnant women greater choice of birth practitioners and birthing locations. This paper explores how the birthing culture in Florida is and is not "Southern" using information gathered from historical sources as well as interviews with current birth practitioners and women who have given birth in Florida. The evolution of birth practitioner choice in Florida has allowed women more freedom to control who will attend them throughout their pregnancies and birth, giving women who may experience health inequalities due to their race/ethnicity, income level, or geographic location greater power in easing those disparities.

History

Prior to anthropological interest in the South, historians, authors, and travelers wrote copious amounts on Southern "culture". Traditional anthropological studies of the South have identified two main subcultures, divided along the ethnic lines of European American and African American, and have sought to understand the cultural variations and social complexities within and between these two groups. There are myriad other subcultures that, when combined with the former, make up what could be considered an ethnic entity of its very own: the Southerner. Carole Hill (1977) argued that studies of the South, especially those of the early 20th century, were concerned with characteristics that defined what was distinctly Southern in nature compared to the broader culture of the United States including racism, agrarianism, dominance of the plantation system, and anti-Semitism.

Hill wrote that the South is distinct because of images created about it by other writers (1977). She also wrote that there is a tendency among writers and researchers to forget that while certain subgroups are classified as "blacks" or "Indians," they are at the same time "southern" because the South is a complex amalgamation of subcultures that create what it means to be a southerner (1977).

In a more recent article in an edited volume, Hill revisits her description of anthropological studies of and in the South (1998:12-33). There are still lingering categorizations of southern people and culture types, even though the South is changing on multiple levels. Hill believes that the two types of studies, those *in* and those *of* the South, are beginning to merge (ibid). In this edited volume by Hill and Beaver, the diversity of the South is addressed by several studies of

other culture groups in the South such as Latinos, Indochinese, and other urban immigrants (1998). Racism is still a factor today, with African American and other non-European American populations suffering economic, educational, and health disparities (Baer and Jones 1992), however this should not be thought of as an indiscriminate descriptor of Southern life today. The concept of the South as a geographic or cultural region decisively divided by color lines is an outdated one on which to solely base the problems of health disparities. Through continuing studies in and of the South, these notions begin to dissipate somewhat; however, the idea of the South as a bastion of racial inequality still lingers in the mind of the general public. Thus it becomes important to problematize the use of “Southern” as a descriptor for Florida as the term itself may cause negative links to be made in the mind of the reader concerning racism and inequality, when in fact, the inclusion of midwives as legally viable options for perinatal care mitigates inequality by providing women with social support and greater freedoms through the use of this type of practitioner. Furthermore, the use of anthropological theory and methods to examine these disparities can lead to improvements in health care access and treatment of ethnic minorities and women from different economic classes.

An example where anthropological history and theory can inform research on the health disparities in the modern South is in the cultural evolution of childbirth and birth practitioner choice. A great deal of literature has been devoted to the historical changes that have taken place in the way birth has been viewed in American culture (Davis-Floyd 1993, Litoff 1978, Mitford 1992, Wertz and Wertz 1989). To understand birth in the South, one must also understand the role of the woman in Southern culture. In the Old South, pre-dating the Civil War, a woman’s roles were that of mother and wife (McMillen 1990). Mc Millen refers mainly to the middle and upper class European American women of the time, but these roles were also important to the African American communities as well. The occupation of motherhood was highly revered and exalted as the ultimate way to gain status and respect as a woman. Pregnancy was glorified and yet was fraught with risk, so much so that it was hardly spoken of until after the baby had been delivered and both the baby and the mother were declared healthy. Motherhood and birth were linked to identity formation, both socially and regionally (Kennedy 2010). Women continued to be stoic in the face of hardships as the South began to evolve into its modern form, yet they had to deal with racism, sexism, and classism to get their babies delivered.

Motherhood continued to be a pathway to womanhood for women in Florida through the late 20th century. Molly Dougherty (1978) lived in and wrote about a black community in Northern Florida in the mid-Seventies before Hill began to analyze the cultural studies in and of the South. Dougherty focused on the women in the community and showed how they lived their lives being “black women” in the South as a consequence of the social forces acting upon women’s roles in an African American community. She detailed how a girl becomes a woman in this culture taking the reader through young life, dating, pregnancy, childbirth, work, and patriarchy (Dougherty 1978). Dougherty was able to show how women in her

case study were Southern, as well as African American by explaining that, while men held dominant positions in the community, the women were the ones who held strong positions within the household. This gendered division of power is defined by Dougherty as an aspect of Southern culture and as especially important to young African American women, as they gained status and power through becoming mothers.

Southern women have to navigate their world in a complex dance of kinship, economics, and gender role ideology that incorporates traits such as strength and being demure as key elements of acting the part of the Southern woman (Mathews 1989). Even as women tried to maintain control over their bodies, they had to contend with the burgeoning medical establishment that sought to usurp power from the local midwives and wet nurses, bringing pregnancy and birth into the man's world of the hospital from the woman's world of the home. The same changes were taking place in other parts of the country as well, however living in poor and rural areas limited people's contact with professionalized medicine in the South.

In the South, most women relied on midwives to help deliver their babies from the time before colonization until the mid-20th century. Physicians were not utilized until the 1840's, and even then a physician's attendance at a birth was a luxury that many Southern women could not afford (Litoff 1978). Many of the area midwives who attended white women were originally immigrants from Europe who may have been trained as birth attendants in their home country (Litoff 1978). Midwives who attended African American women as well as some rural white women, including the mistresses of plantations (Kennedy 2010), were often older African American women in the area who had experience attending multiple births but no formal training (Litoff 1978). These women were known as granny midwives, and their practices existed up until the 1980s throughout much of the South (Reeb 1992, Smith and Holmes 1996). In rural areas of the South, women often could not make the long distance trip to the nearest hospital or clinic in time to give birth, so county health officials throughout the South relied on the midwives to perform deliveries in the interest of time and safety for the families. Accounts from diaries from the 1800s indicate that women showed preference for trusted midwives, regardless of race, over possibly incompetent rural doctors across the South (Kennedy 2010). In Florida in 1850, there were only 135 physicians for a state with a population of 87,445, meaning there was one physician for every 648 people, and not all of these were trained in obstetrics (McMillen 1990).

Racial prejudice and gender bias impinged upon midwifery practices as white physicians attacked the practices of African American and immigrant midwives who were still serving white women (Kennedy 2010). Playing to cultural and racial stereotyping, physicians followed suit of their Northern counterparts, some of which had outlawed midwifery altogether, in portraying midwives in the South as illiterate, ignorant, and dirty (Wertz and Wertz 1989). These physicians saw revenue being removed from their hands by capable midwives; using their power as licensed medical professionals, they were able to campaign to end the reign

of the midwife as the traditional Southern birth attendant (Marland and Rafferty 1997). Physicians united on this issue and overcame differences in ideology or training to put an end to the practice of midwifery so that they could gain control of the new medical specialty of obstetrics (McMillen 1990).

Florida and South Carolina, among others, sought funding from philanthropic organizations and federal public health programs under the guise of creating midwifery education programs (Fraser 1998). The actual intention of these programs was not to educate, but rather to subsume control of the lay midwifery community in favor of biomedical clinics and physicians (Ibid.). The elimination of the granny midwife started with licensure requirements that included formal education, testing, and monitoring (Litoff 1978). This effectively removed about half of the practicing midwives due to economic constraints associated with getting and maintaining a license. By the 1930s, Florida's lay midwives, or those without a nursing license, were only allowed to practice in areas where there was no medical competition (Susie 1988). Traditional midwives did not have the resources to fight against the hostile attack on their profession (Foley 2005).

These developments show some of the same themes that echoed in the early anthropological studies of the South. Class divisions separate the women who could afford physicians from those who had to rely on the local midwife. Racism tainted the way that granny midwives were viewed by a larger society, whereas formerly the skill of the attendant was more important than skin color or ethnic background. Although many physicians and politicians sought to categorize granny midwives as ignorant and dirty, these women were often an integral part of the community and were highly revered by women they had delivered (Mongeau, Smith, and Maney 1961). Financial and geographical factors limited the abilities of midwives to stay in practice, yet women in isolated communities and poor women often had no other choice but to have their baby with a midwife.

This is an historical example of stratified reproduction, as described by Ginsburg and Rapp (1995), wherein women's experiences of pregnancy and childbearing are different according to race, class, gender, migration status and existing inequalities in how they are viewed by the larger society. Because the granny midwives of the Old South were attending *all* pregnant women until physicians were available and obstetrics became a specialty, and the midwives themselves were often poor and either immigrants or African American, physicians, seeing their opportunity, began to challenge the system of birth. Once physician-attended birth became an option to upper class white women who had the financial means to pay for the services, the attack on midwives began. However, there were not enough physicians to treat all women, and many women could not afford their services. During this time, physicians were also spreading the ideology that pregnancy and birth were risky, dangerous, and must be managed by trained medical personnel (Wertz and Wertz 1989).

The myth of the ignorant granny midwife is alive and well today, not just in the South, but in much of America. In some areas, such as Florida, midwives have survived repeated attempts to eliminate their profession due to this prejudice.

Fictional accounts with racist overtones were used to portray granny midwives as ignorant to state legislators, with medical physicians and local bureaucrats writing up stories of how the midwife caused the death of the mother and baby she was attending because she did not know the proper protocol for medical procedures (Susie 1988). Florida began phasing out midwifery in 1931 by requiring granny midwives to be licensed (Susie 1988). There were still a few granny midwives in rural areas around the state in the early 1980s, although at that time Medicaid would not reimburse them for their work. This was a final blow to the system of traditional midwifery. The 1931 law was later thrown out in two separate cases in 1979 and 1981, leading to a new law in 1982 requiring three years of midwifery training and attendance at 50 births total – while nurse midwives only needed two years of training (Susie 1988). The lay midwives who had existing licenses were allowed to continue to practice, but new regulations and paperwork, including a reliance on gaining permission to practice from the very physicians who were trying to force them out, caused many of them to close their practices (Susie 1988, Denmark 2006).

In the early 1990s, the late governor of Florida, Lawton Chiles, focused much of his attention on maternal and child health. Several of his grandchildren had been delivered by midwives at birth centers, and one was an unplanned breech home birth where the baby was delivered by an EMT who was a retired midwife (Denmark 2006). The governor's daughter had planned to have a hospital birth with a local obstetrician, but when her water broke and the baby's feet presented at her home on one of the barrier islands near Tampa, her husband called for an ambulance. The back-up Emergency Medical Technician crew included Doreen Virginiac, a retired licensed midwife, who took emergency measures to correct some of what the first EMT crew had done and successfully deliver the baby (Denmark 2006:240-41).

Pro-midwifery legislation in the form of the Midwifery Practice Act was passed in 1992, through the tireless work of the Midwives Association of Florida, with a broad range of ethnicities and political parties lending their support to the bill (Denmark 2006). A professional lobbyist was hired, mailings were sent to the state representatives and senators, position papers were written, fundraisers held, and individual senators were engaged. Direct-entry midwives were no longer required to practice under the auspices of a physician, and through the Florida Healthy Start program, a goal of 50% of well-woman pregnancies were to be handled by midwives by the year 2000 (Midwives Association of Florida, 2007). Florida fell well short of this goal, with only 1.3% of pregnant women receiving their prenatal care at birth centers, but it was a noble goal nonetheless, and Florida is often upheld as one of the states where direct-entry midwifery is working (Florida Department of Health 1996). The new direct-entry midwives are schooled and licensed, but they are not in the same sphere as the granny midwives of the past. Susie explains:

Middle-class midwifery is a movement to take back this right of childbirth.

It is replete with feminist ideology, reacting to fifty years of stolen goods....

[The old midwifery] evolved organically from a culture, while the [new midwifery] is a self-conscious acculturation. (1988: 67)

In the states that currently license non-nurse direct-entry midwives, such as Florida, the modern midwives are well educated, completing a training program and licensing of several years, and are well-respected in the communities where they practice. In Florida, to become a licensed midwife, one must graduate from an accredited program, have an emergency management plan, and pass a national accreditation test (Denmark 2006). They are often highly involved with the women of their community, but they are professional, rather than folk healers, now. They have certificates from the state allowing them to practice, many have offices much like that of a physician, and so birth has been taken out of the hospital, yet not entrenched in home life as it once was. These states that allow direct-entry midwifery have given women another option for birth. In contrast, other states, such as Alabama, still do not allow direct entry midwives to practice, even with education and apprenticeship. The Alabama granny midwives were forced out of practice in the early 1980s when the state declared that no new licenses would be issued (Holmes 1986).

Mainstream birth-related beliefs in the United States, and particularly in the South, have changed from home-based delivery with midwives to hospital-based delivery with physicians (Dougherty, 1978). As physicians and technology have become readily available to the lower classes, there has been a rejection of the use of midwives among these women (Fraser 1995). Some women in the upper and middle classes who have historically enjoyed the prerogative of choosing a physician or hospital-supervised birth are now opting to birth with a midwife. Throughout the history of the South, women have had to contend with shifts in power, control, and racist attitudes, when choosing a birth practitioner.

The Women and their Birth Practitioners

While researching birth in Florida, I was fortunate enough to interview three midwives and an obstetrician, all of whom provided me with their own views on pregnancy and birth as well as access to their clients. Two of the midwives were in Gainesville, Florida while the other midwife and physician practiced in Orlando. Only one of the practitioners, a Gainesville midwife, was Southern.

This midwife considers herself a Southerner, “born and raised in the South” although she mentioned that the Southern drawl had escaped her. This may be, in part, from attending midwifery school in California. Her hometown is Jacksonville, FL, close to the Georgia border in the Florida panhandle, which is often included as Southern when other parts of Florida are not. The other Gainesville midwife was from the northeast – a certified Yankee, who also attended midwifery school in California before settling in Florida to practice.

The midwife and physician from Orlando were both originally from Europe. The Orlando midwife was born and raised in London, completing midwifery training there before immigrating to Florida. She is the child of immigrant parents of African descent who came to England from Barbados. The Orlando physician is from Poland and completed his training there before working in various countries

in Europe. He then immigrated to Africa and worked with traditional midwives before moving to Minnesota for additional training, and finally settling in Florida to practice.

I also conducted interviews with 80 women, 40 of whom were clients of the midwives, while the other 40 were clients of the doctor. Prenatal interviews covered demographics, thoughts on birth, preparation, choice of practitioner, and an agree/disagree schedule on beliefs about pregnancy/birth. The interview schedule about beliefs was used to determine if the women held more traditional beliefs often associated with midwifery, or more biomedical beliefs in line with the mainstream medical model of birth used by physicians.

The women in the study shared some common demographic elements with the traditional Southerner, although not all were Southern. The majority of the women were of European descent, with the next largest group being African American, reflecting a traditional ethnic Southern composition. There were also women representing Native American, Asian, Hispanic, and Amerasian ethnicities as well, showing the multi-ethnic populations present in Florida today.

Many of the women in the study have ethnicities that show the changing diasporas of Florida. Gregory (2005) explains that Southerners themselves created a diasporic movement throughout the United States over the course of the 20th century, and that Florida is peculiar in that other diasporic movements have changed its Southernness during the same time period. Moving populations that have changed the face of Southernness in Florida and are represented in this study include those from other states such as New York and Colorado, Caribbean nations and territories such as Puerto Rico, Cuba, Haiti and the Dominican Republic, and other countries such as Japan and China.

The majority of the women whom I interviewed were married and Christian, with almost half the women staying at home rather than working, which reflects traditional Southern female mores. Twenty-four of the women who were not working described themselves as stay-at-home-mothers. See Table 1 for further demographic information on the women interviewed.

Women choosing a midwife as their practitioner may be choosing a more traditional Southern view on motherhood, such as the women interviewed in Gainesville, and 8 of the 32 clients of the midwife in Orlando who purposefully chose to retain the services of the midwife for pregnancy and birth care. The other 24 women were referred to the midwife in Orlando because she would help them get Medicaid, so they did not necessarily select the midwifery model of care.

Gainesville. Gainesville is just off of the lower part of the Florida panhandle in the area researchers consider to be part of the South (Reed 2003). Peninsular Florida is usually an entity not associated with Southern culture due to the large population of northerners as well as immigrants from other nations. Two women I interviewed in Gainesville were from outside the South; one woman was in the Army, following in the footsteps of her father and had moved many times, and another was from Canada attending graduate school at the local university. The other six women I interviewed were from the surrounding area of Alachua County.

One of the midwives said that she thought most of their clients were Southern although as the birth center was located in a college town, there would always be a percentage of women from other areas.

As a part of my research, I conducted postpartum interviews in the homes or businesses of several of these women. I was invited to conduct one of the interviews in the family's tattoo parlor, while another woman directed me to "turn by the white church sign and follow the dirt road about 7/10ths of a mile before turning by the power pole into the yard with the big hound dogs." Half of these women did not work outside of the home and reported some form of Protestant Christianity as their religion in keeping with traditional Southern views on womanhood and religion. Only one of these women reported negative feelings about pregnancy and birth, as she had a previous complicated birth. All of the other women reported feeling excited about their upcoming births and felt that birth was a natural process. These women all chose to deliver with midwives as a part of their "natural", and likely more traditional, views on birth.

"Sally" was one of the Southern women interviewed in Gainesville who seemed to have more traditional views on birth. She was a stay-at-home-mom who chose a midwife for her second birth upon the recommendation of friends. One of the reasons she chose the midwife was because she wanted a more intimate birth where other female friends and her family could surround her.

Another woman, "Margo," also stated the importance of having a good female support system at her birth since her husband was deployed overseas in Iraq. She wanted her sister, mother, and friend who had experienced two midwife-assisted births to be by her side. She stated that her expectation of the midwife was to guide her through the birth and help her when she needed it, but that she relied on her own intuition as well.

"Bethany" chose a midwife because she wanted a practitioner who was skilled in more natural ways of delivery. She felt that birth should be a celebrated and appreciated event rather than medicalized. She said in the pre-partum interview that she trusted her body. She ended up delivering a 9-pound baby boy with the midwife 12 days after her due date.

All of the midwifery clients in Gainesville shared certain ideas about birth. They agreed that women should listen to their bodies, follow the advice of their midwife, have a close relationship with their midwife, and that the midwife should trust the women. They disagreed with aspects of the "technologization" of birth such as the necessity of intravenous drips used continuously throughout labor and the lithotomy position used for birth. This follows the more traditional midwifery model of birth that rejects technology in favor of allowing the woman to trust her body and give birth without intervention unless medically necessary.

Orlando. The rest of the 62 women interviewed lived in and around Orlando, FL, approximately 100 miles south of Gainesville. Orlando could be considered to lie on the cultural fault line between "Southern" Florida and South Florida as it is quite far from a typical Southern town, yet areas surrounding it, such as Bithlo and Narcoossee, are firmly entrenched in the Southern lifestyle including valuing tight-

	Physician Clients (N=40)	Midwifery Clients (N=40)	Total (N=80)
Ethnicity			
African American	5	13	18
Amerasian	1	0	1
Asian	6	0	6
White	19	20	39
Latina	9	6	15
Native American	0	1	1
Age			
<20	2	8	10
20-29	15	24	39
30-39	21	7	28
40+	2	1	3
Marital Status			
Married	29	17	46
Divorced	2	2	4
Single	9	21	30
Previous Pregnancies			
0	10	18	28
1	11	13	24
2	14	3	17
3	2	3	5
4+	3	3	6
Annual Household Income			
<10K	2	5	7
10-25K	12	15	27
26-50K	6	14	20
51-75K	8	3	11
76-100K	9	2	11
101K+	3	0	3
Religion			
Christian	27	27	54
Other	4	1	5
Non-religious	9	12	21
Employed			
Yes	28	16	44
No	12	24	36

Table 1: Demographic Data of the Women Interviewed by Practitioner Choice

knit communities, outdoor sportsmanship, conservative religious and political values, and more traditional Southern foodways. When I asked one woman, who considered herself both a Floridian and a Southerner, if she considered Orlando part of the South she told me “Honey, you’d have to go north to find the South from here.” The current population of Orlando is made up of a small proportion of local families and a large transient population from around the United States, and also the world, who come to Orlando to work in the tourist service industry. Founded in 1875, Orlando became a place where wealthy Northerners visited during the cold winter months, or moved to because of failing health (Conomos 1976). In the early history of Orlando, a group of English settlers arrived to populate the area; thus Orlando has been an international town from the very beginning.

Since Orlando was not founded until after the close of the Civil War, its citizens did not experience the history of oppression and slavery felt by other towns in Florida and the South. The leading influx of settlers throughout the late 1800’s and early 1900’s from the United States came from nearby Southern states including Georgia, North and South Carolina, and Alabama, giving Orlando a large Southern population (Dyer 1952). Although Orlando has immigrants from around the globe, it is a traditionally conservative town, embedded in conservative ideals about healthcare, women’s rights, and family values; most women here readily accept the medicalization of childbirth, choosing obstetricians as care-givers.

About one third of the women interviewed in Orlando were not from the South, nor were their practitioners as stated earlier. The women who were not from the South came from various other states such as Colorado, New York and Utah, and diverse countries such as Poland, Mexico, Haiti, and China. Some women from the Orlando area shared how their Southern culture was reflected in their thoughts on pregnancy and birth, such as use of intuition about their bodies, their desire to have as many children as God provides, and to stay at home with the children. Others thought their careers were of the utmost importance, with motherhood equal to or below their careers in terms of status showing a shift from traditional views on Southern womanhood. Some women had to continue working, as they had no other choice, although several mentioned wanting to have a more traditional family by staying at home. Ideas about pregnancy and birth varied widely among these women as many reported being scared about the impending birth and upset about being pregnant, while others were excited and thought birth was a beautiful thing.

“Anna” was one of the women from central Florida who was a stay-at-home-mom with three other children whom she home-schooled. She spoke about how her last birth with the midwife involved complications but that she trusted God to pull her and the baby through, and she also trusted her midwife implicitly. During the birth the baby’s cord broke and the midwife had to resuscitate the baby. When asked if the baby survived, the mother said yes and pointed to a four year-old little girl running around the birth center. Anna delivered again with the midwife and had no complications. During the postpartum interview, Anna described how she had to have a malignant melanoma surgically removed from her shoulder a month

after the birth and how she used prayer to see her through the surgery because she did not want follow-up treatment involving chemicals. Anna was one of the more traditional mothers in the study in the choices she made about her family and her body because of her Christian faith and her continued choice of using a midwife as her birth attendant, even though she had experienced a traumatic emergent complication during her previous birth attended by the midwife.

Another of the more traditional women, "Naomi," described how during the birth, she listened to her body and "my body just knew what to do." She had her previous two children with obstetricians but decided to switch to a midwife with her third child because she wanted a practitioner who trusted her body as much as she did so that she could experience natural birth.

"Juana" moved to Florida from Puerto Rico as a young child, and was on her ninth pregnancy when interviewed. She described working up until her thirty-eighth week when she was induced due to "stress," according to the information provided in her chart. She was very stressed by working and trying to care for her six living children and had decided to get her tubes tied after this birth so that she would not have any more children. She explained that this went against her religious beliefs, as she is Pentecostal, but that her family did not have the resources and she did not have the strength to have any more children. Her physician was very understanding of her situation as she said he counseled her about options for sterilization for both her and her husband.

One of the Southern clients of the physician was working until she experienced complications as well; "Melissa" was diagnosed with facial neuralgia in the middle of her pregnancy, and later preterm labor and was forced to quit working as an attorney. Even though she was put on bed rest, she decided to pull her four year-old daughter out of daycare although this ended up causing her stress. She said that being on bed rest for three months was the longest she had ever gone without working. She had returned to work soon after the birth of her daughter even though she was delivered by cesarean. Melissa was disappointed that she had to have a repeat cesarean due to hospital regulations because she would have liked to try for a vaginal birth after cesarean. Although she was more non-traditional in choosing to work even though she did not need to, she was traditional in the sense that she wanted to trust in her body, and she wanted to have her older child at home with her since she was unable to work even though this caused her stress.

The women in Orlando who actively chose a midwife as their practitioner had similar beliefs about pregnancy and birth as the women in Gainesville choosing midwives did. They also agreed that women should use intuition, that the midwife should trust them, and that following the advice of the midwife was important. The women who chose a doctor all agreed that following the doctor's advice was important, but they also believed that birth is best managed by technology, straying away from traditional beliefs to a more medicalized ideal of birth. Embracing technology was also a key aspect of the beliefs of the women in Orlando who went to the midwife for care but did not actively seek out midwifery. These women were in the lower income brackets and were traditionally denied physician assistance

and technology as birth moved out of the home and into the hospital in the South (Fraser 1995).

Many of these poor women in Orlando experienced racism and classism, much like their foremothers, when trying to find maternity care. The midwife in Orlando took on women without insurance or the ability to pay, gave them care without receiving payment, and had her office staff assist the women with their Medicaid forms. These women would have to go to the health department clinics or forego prenatal care without her help. Even though the midwife was not a Southerner by birth, she took on the community engagement and responsibility role the granny midwives once occupied.

The staff of the physician's office, especially the office manager, was more concerned with keeping finances in order in line with their job descriptions, though the physician himself seemed to be quite caring towards the women. He admitted to taking on women who were unable to pay and continued service to those with financial problems who became unable to pay as their pregnancy progressed. The attitude of a staff member at the obstetrician's office was in direct opposition to the midwife's office, as she stated that the Medicaid women were nothing but problems, expecting a free ride from the government or the physician himself.

Conclusion

In conclusion, Central Florida may still be viewed as at least liminally Southern in nature, especially in regard to beliefs about pregnancy and childbirth. As the rest of the South globalizes, it moves towards Florida, rather than Florida moving away from the South. Waves of new immigrants have come to other Southern states creating a changing diaspora that has begun to reflect changes that Florida has felt over the past century. Vietnamese and Latino populations have grown exponentially across the South and are just two of the new waves of immigrants who are changing the definition of those who call themselves "Southerner".

Certainly in all of these states, "Southernness" abounds in dietary practices, political beliefs, religious beliefs and attitudes towards community, even in areas where the populace may be shifting. Across the South as populations and beliefs shift, changes in traditional views of motherhood have occurred. Some women reject traditional beliefs about pregnancy and childbirth and embrace the physician-assisted technological models of birth, while others hold onto traditions of intuition and care surrounded by women.

Some women in Florida also retain traditional values of religious beliefs, including having as many children as God provides, women staying home to care for and/or school their children, and motherhood as the ultimate status of becoming a woman. Others embrace more modern ideas of working outside of the home, not only gaining status as women *because* they are mothers but also because they are providers and economically valuable in their own right. Other women have had to cast aside their ideals of being able to stay home with their children because they are forced to work to make a living to support their families due to changing economic and political circumstances.

Unlike some of the women in surrounding Southern states, Florida women are fortunate to be able to choose from midwives and physicians as their birth attendants, although some women are denied choice due to geography or ability to pay. Racism and classism, unfortunate realities throughout history in the South, are both still playing a role in maternity care in Florida although some practitioners are trying to change attitudes. Many traditional aspects of Southern culture may be changing in Florida and other parts of the South, but motherhood, for the most part, remains revered whether you travel north or south. Postmodern midwifery is perhaps trying to fill a void in the Southern woman's consciousness from the memory of traditional granny midwives and their representation of care and community. As Davis-Floyd says, the line between professional midwives and traditional birth attendants is blurred in the modern world vision (2005), yet women in Florida are actively choosing midwives, in part for this linkage to tradition while leaving behind the now conservative choice of medical doctor as birth practitioner. Southern women in Florida are given the choice between medicalized care that some see as impersonal, and a more woman-centered, time-honored approach, and this article shows that some women are embracing what midwifery offers in line with longstanding Southern values.

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