



Global Midwifery and the Technologies of Emotion

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Abstract

This paper examines the emergence of activist organizations promoting midwifery as a “global” practice. New organizations like the International Alliance of Midwives link individual midwives and midwifery advocates through Internet-based chat rooms, websites, and discussion lists. These organizations draw productively on representations of midwives as world citizens to establish new forms of connection, fostered in part by technological developments in communication that posit direct links between local activists through a global network. Yet what kinds of visions are forged through invocations of midwifery’s globality? Differences in the political, cultural, and economic status of midwifery worldwide complicate the efforts of midwives to advocate for a global political midwifery movement. By examining the “global” as a site of emotional investment, I demonstrate how midwives’ attempts to map “tradition” and “technique” reveal attachments to particular ways of imagining the world.

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The world has become a global village. With this freedom to share information comes the ability to travel and relocate. When midwives move from one country to another, they should, with equivalent education and credentials, be able to practice their profession wherever they live (Verber, 1995:para. 1).

Global culture ... is an aspiration, a fantasy, a desire as well as a marketplace and systems of flows and exchanges. Global subjects are constituted through the promise of a transcendent mobility, allowing them to move freely across time and space, joining the transnational flows of other objects (images, information, products) (Stacey, 2000:141).

Introduction

Midwifery activism in North America is conventionally associated with an intensely local politics of choice regarding pregnancy and birth, and with provincial and state health care policies regarding professional rights to practice. In this paper, I examine midwifery activism at a different scale, through the forms of internationalism envisioned by midwifery advocates in North America. In their attempts to link midwives' professional interests across national boundaries, midwives are actively engaged in cultivating new forms of community, in part through appeals to the "global" nature of midwifery. This paper examines the invocations of global midwifery within activist networks in North America. In so doing, I link work on the production of globality with the geographies of emotion, a link articulated in part by the development of new communication technologies that shrink the perceived distance between bodies.

Studies of midwifery have only recently begun to move beyond analyses of gendered labor and professional power to explain contemporary midwifery politics (see DeVries et al., 2001; Bourgeault et al., 2004). A notable example is the work of Sheryl Nestel (2000), who examines the implications of cross-border movements of midwives' labor and of birthing women to access midwifery services. Her analysis of "midwifery tourism" demonstrates the salience of critically analyzing how midwives construct their practices as universal, a construction that obscures the material histories and geographies of their transnational movements. Nestel's work makes clear that the power relations between midwives and birthing women are often neglected in much of the sociological and anthropological literature on midwifery (see Nestel, 2000; Coslett, 1994). In this sense, examining how midwives constitute their practices as "global" is an important task.

This paper stems from a larger project examining neoliberal governance and changes to midwifery practice in Quebec and France. In North America and Europe, the privatization and rationalization of public services has engendered new links between political activists. These connections have arguably become globalized as activists relate local struggles and national shifts in health care policy to macro-scale economic transformations. Free trade agreements, the movement of skilled labor across national boundaries, and the increasing emphasis within social welfare systems in North America and Europe on cost and labor efficiency have the potential to draw health care activists into conversation with each other. Attention to the transnational linkages forming between activists, or what Jamie Peck and Adam Tickell (2002, 399) argue is the formation of the “partial globalization of networks of resistance,” is important in part for understanding the broader implications of neoliberal globalization. My broader project, concerned with the implications of neoliberal economic policies on practice of social reproduction, also follows the emergence of linkages between midwives of what Peck and Tickell (2002, 399) term “new forms of translocal political solidarity.”

This paper, then, examines the invocations of “global” midwifery emerging out of activist networks in North America. While international professional organizations of midwives have existed since the early 20th Century (Thompson, 1997), new formations have emerged in the last decades as part of a self-styled “global grassroots movement” of midwives and “natural” childbirth advocates (Goer, 2004). These networks rely, in large part, on the emergence of communication technologies like the Internet to facilitate the sharing of information and political strategies. Such technologies have made possible the constitution of “globality” through new activist networks and the exchange of information by activists across national boundaries (Keck and Sikkink, 1998; Sassen, 2002; McCaughey and Ayers, 2003).

I argue that midwifery activists draw from both new technologies of communication and invocations of global culture to create the emotional ties of a global community. These emotional ties encourage midwives to “feel” global, not simply through consumption but through imagining a relationship to a global “body-in-common.” The “global body” is not simply represented and mediated by technology, but is *actively felt* through the fixing of some bodies while affording the mobility of others.

Midwifery and Technologies of Emotion

Geographers and other scholars have examined the effect of communications technologies on the growth of new information and knowledge economies that change the relationships between the production and consumption of goods and services (Castells, 2001; Kitchin, 1998). One of the ways geographers

examine communication technologies like the Internet are through the potentially transformative possibilities of new communication technologies on the relationships between health care professionals and patients (Parr, 2002). Increasingly, attention is being paid to communication technologies as sites of political and social exchange (Kolko, 2003; Jong et al., 2005). Recent geographic research on communication technologies emphasizes the mutual incorporation of online and “off-line” identities and indeed challenges the assumption of a clearly delineated virtual and “real” world (Valentine and Holloway, 2002; Holloway and Valentine, 2001).

As Jodi Dean (2002, 167) argues, the Internet “enables myriad conflicting constituencies to understand themselves as part of the same global structure.” The Internet is a site of contestation and identification, “a global space in which many can recognize themselves as connected to others, as linked to things that matter” (Dean, 2002, 168). These links, however, are not evenly distributed across the globe. The significance of the Internet for global midwifery activism, then, is its ability to represent solidarity across difference and distance as that “neutral all-encompassing space,” in which visions of the global seem to effortlessly circulate (see Dean 2002, 168, citing Zizek, 1999, para. 17). The new forms of sociality enabled by communication technologies are not solely disembodied, in part because “users” are never wholly virtual. Midwives’ globality, then, is also performed in moments of what John Urry (2004, 27) terms “intermittent bodily copresence” that challenge the usefulness of stark distinctions between embodied and virtual spaces.

Midwives in North America emerged in the 1960s as practitioners of a self-styled “low-tech, high-touch” approach to pregnancy and childbirth, often actively resisting the increasing use of new medical technologies during pregnancy and birth. While much of this resistance relies on deeply essentialized notions of women’s reproductive capacities, midwifery activists also draw productively from feminist theoretical critiques of women’s relationship to technology to identify and resist the potentially alienating effects of obstetric technologies on some women’s experiences of pregnancy and birth. For in all aspects of reproduction, reliance on technological innovations to address the uncertainties of fertility, pregnancy, childbirth, and menopause have increased dramatically over the course of the 20th Century (Silliman et al., 2004; Treichler et al., 1998; Ginsburg and Rapp, 1995; Wajcman, 1991).

The opposition of “nature” and “technology,” which continues to frame much of midwifery activism, structures its critique of obstetric practices using the very terms such critiques might seek to undo – a point that much of the early critical work on reproduction and technology did not address (Annandale and Clark, 1996). This opposition, implied in the use of the term “natural birth,” obfuscates any engagement with technology itself; such binaries can obscure more

than they reveal. For example, midwives in North America, particularly home birth midwives, have tended to decry the increasing medicalization of reproduction as deeply disempowering. Yet at the same time, contemporary midwifery in North America has arguably benefited from the development of technologies used to define particular births as “normal” (and therefore within the purview of midwifery care), however unstable such normative designations of risk may ultimately be.

Indeed, technologies like the Internet have facilitated communication between midwives and opened possibilities for forging political communities oriented toward new spheres of work and practice. As Sara Wickham (1998, 49), a midwife practicing in the UK, writes:

We must be careful before damning all technology, for there are technologies that have been immensely helpful to midwives. Pagers and cell phones allow us to leave our homes while on call. Even telephones themselves have made a dramatic difference to midwives and birthing women. ... It is now far easier for us to contact each other, discuss problems and gain support, even when practising in rural areas.

The other technology that has brought midwives together is the Internet. This morning I have talked with midwives in the United States, New Zealand, and Sweden, all from a small city in England and for the price of a local phone call. Nowadays, we hear of developments in other countries almost as fast as they happen. I can send a request for information to a midwife list and hear back from colleagues around the world, each with her own philosophy, experience, and knowledge to add to my own. Midwifery is truly becoming a global community, a development that can only be positive for birthing women.

The technologies linking midwives into new “global” networks are more than simply the forms of travel and communication that make possible new kinds of connection. Technology, in a more Foucauldian sense, names the diverse practices that cohere to produce a logical whole (Foucault, 1980; 2005). Technology, then, implies “not machines or mechanical applications, but the problem of choosing the most appropriate means for achieving ends or goals” (Collier and Ong, 2005, 8). While technologies of mass travel and communication have altered the ways activists organize, the forms of transnational activism taking place among midwives also rely on what I would call diverse “technologies of emotion” that constitute the “global” as a site of attachment and subjective identification.

In the following section, I examine how midwives envision the role of communication technologies like the Internet in circulating visions of “globality.” As the first quote in the epigraph above illustrates, gestures toward the global posit

the midwife as a mobile and cosmopolitan figure, as a world citizen whose skills are transferable across the globe. By invoking the globe as site of emotional attachment, midwifery activists engage in a repetition of what Matthew Sparke (2006, 156) calls “seemingly unbounded global visions of belonging.” These global visions encompass “rights to move and belong in societies all over the planet as well as the rights to amass and control belongings globally” (Sparke 2006, 156; see also Sparke, 2005). For midwives, visions of cosmopolitan citizenship are forged not only through the interactions made possible by the Internet, but also through emotional attachments of “belonging” to the vision of globality itself. For as Tiziana Terranova (2004, 156) writes, the network of the Internet “offers the potential for a political experimentation, where the overall dynamics of a capillary communication milieu can be used productively as a kind of common ground.” This form of politics, Terranova (2004: 156-157) argues “cannot but start with affects – that is with intensities, variations of bodily powers that are expressed as fear and empathy, revulsion and attraction, sadness and joy.”

International Midwifery

Midwives in North America have developed new means of constituting the “global” as a site of attachment and identification. In this section, I examine the International Alliance of Midwives (IAM), established in 1999 as an online forum linked to the popular midwifery magazine, *Midwifery Today*. I draw from online texts describing the formation of the Alliance available on the IAM website (www.midwiferytoday.com/iam) to highlight how midwives affiliated with the Alliance conceive of their practice in “global” terms. *Midwifery Today* is published in Eugene, Oregon, and is one of the more popular “lay” or “direct-entry” midwifery publications in North America.² *Midwifery Today* seeks to “return midwifery care to its rightful position in the family; to make midwifery care the norm throughout the world; and to redefine midwifery as a vital partnership with women” (*Midwifery Today*, 2005, 4). The magazine has encouraged activism on the Internet since it went online in 1994 and hosts numerous online discussion threads, aimed at midwives, their advocates as well as pregnant women. The website offers ways to financially support midwives under prosecution for practicing without a license as well as discussion forums that provide help for women seeking midwives who will attend home births in states where such services are difficult to obtain or illegal.

² Lay or direct-entry midwives acquire their midwifery skills through self-directed study, apprenticeships or non-nursing educational programs. They often practice outside hospitals, in birth centers or in women’s homes.

The magazine's extensive website is both commercial and community-oriented, hosting discussion groups as well as an online store of products and services, "The Birth Market." In The Birth Market subscribers in North America may find links to "Find a Midwife Today.com" or "Find a Doula Today.com." Visitors can also shop for natural health products, advertise their birth art, or find a HypnoBirthing® professional, for example.³ The proliferation of goods and services associated with pregnancy and childbirth in The Birth Market reflects the ambiguous commodification of contemporary reproduction, given that in North America many women's desires for reproductive autonomy are articulated through the language of consumer choice (Clarke, 2004; Klassen, 2004).

This commodification of reproduction also extends to the strategies for professionalizing midwifery in the United States. In many states, midwifery is still an unregulated or illegal and clandestine practice. As part of professionalization strategies to gain public and legal support for "direct-entry" midwifery, midwives in North America, and in the United States in particular, actively pursue strategies of marketing, branding, quality control, and standardization in order to promote their practice (Davis-Floyd, 2004). The professionalization of direct-entry midwifery has been the subject of intense debate among practicing midwives, who, like the professional counselors examined by Liz Bondi (2004) in the UK, also cite their relationships to their clients as voluntary and non-hierarchical. The professionalization of practices of "alternative" medicine and therapy reveals the extent to which professionalization itself relies on technologies of self-regulation and control, often keyed toward actively marketing their services, pursued by practitioners and not simply externally imposed (Bondi, 2004; Doel and Segrott, 2004).

In a 1999 editorial inaugurating the new "online community," editor Jan Tritten writes that the new "Global Alliance of Midwives" (later to become the International Alliance of Midwives or IAM) will be an alternative network to the largest international organization then in existence, the International Confederation of Midwives. The International Confederation of Midwives (ICM), she writes, "represents the Western model well, having grown out of the British tradition of midwifery" (Tritten, 1999, para. 1). Established in 1921, out of a Flemish scientific congress, the International Confederation of Midwives or ICM promoted the development of an international agenda for professional midwifery (Thompson, 1997). Today the ICM has members from 85 national midwifery associations in 75 countries and is the sole official midwifery organization to work with the United

³ According to the HypnoBirthing® website, the practice involves techniques of natural childbirth education that include self-hypnosis, deep breathing and visualization (HypnoBirthing®, 2005).

Nations and World Health Organization (WHO) on promoting midwifery worldwide.

In the mid-1980s, the ICM made no distinction regarding *who* was considered a midwife; the definition by default referred to midwives who were trained and regulated by their governments. This absence of definition was the source of controversy, however, as self-taught or apprentice-trained midwives in North America began to advocate for regulation of what was previously an unregulated and clandestine practice. In the wake of the ICM's reluctance and even refusal to permit the membership of organizations composed primarily of midwives without formal nursing or midwifery training, the ICM constitution was adjusted to account for the practices of "community" midwives.

The ICM constitution states that any association of midwives interested in joining the confederation "shall consist primarily of midwives recognised by their government as being competent to practice midwifery" (ICM, 2006). In the event that midwifery is *not* recognized by national, state or provincial governments, the 2006 ICM guidelines for membership require that member associations describe "how midwives are recognized by employers / communities as midwives" (ICM, 2006). Yet the ICM did not always recognize "community midwives." In her 1999 editorial Tritten (1999, para. 2) writes:

The needs of midwives globally are too great and too varied, however, to be represented by just one organization. Midwives need to regularly share their insights, inspiration and work. The encouragement we receive from each other is germane to spreading the midwifery model. As well, ICM's requirement that only organizations can become members does not acknowledge and support individual midwives. Many countries cannot belong because their midwifery does not fit the restrictive ICM Western definition of a midwife.

While the International *Confederation* of Midwives (ICM) requires membership through a national midwifery association, the International *Alliance* of Midwives (IAM) established through *Midwifery Today* is open to individual midwives and "all those with a midwife heart" (Tritten, 1999, para. 5) regardless of membership in any formal organization. Thus the establishment of the IAM sought to link direct-entry midwives in North America, many of whom were struggling to achieve legal recognition during the 1990s, with informally trained birth attendants and midwives in the global South who were often the target of WHO and development initiatives. These development initiatives were supported by the International *Confederation* of Midwives to provide "skilled" birth attendants for women in the global South, yet were roundly criticized by activists and by practitioners themselves for their lack of sensitivity to the particular local contexts of pregnancy and childbirth. The International Alliance of Midwives aimed to create a network

for midwives trained informally or through apprenticeships that were long excluded from the professional midwifery organizations affiliated with the International Confederation of Midwives in both the global North and the global South. Tritten (1999, para. 5) writes:

Our definition of a midwife must include the traditional midwives who are so insensitively and derogatorily called TBAs [traditional birth attendants]. We must honor and learn from all our colleagues. Think how fertile an organization could be if it is inclusive. Our information exchanges could only get richer as we present good midwifery research side by side with the thousand-year-old traditions many of the world's midwives still use.

The global online community envisaged is cosmopolitan, entrepreneurial, and borderless. Facilitated in part by technological developments in communication and travel, these new configurations of midwifery networks are not simply free-floating networks, but congeal identities along a telos of modernity from “good midwifery research” (where “good” research meets objective scientific criteria) to the ahistorical “thousand-year-old traditions” of the “world’s midwives” (Tritten, 1999, para.5). This geography of technique and tradition implies a command of technologies unevenly distributed between midwives in the North and South that is further effaced by the appeal to midwifery’s globalism.

Feeling Global: Movement and Attachment

Between 2003 and 2005, I attended four international midwifery conferences, two sponsored by the International Confederation of Midwives and two organized by the magazine *Midwifery Today* and publicized on the online forum of the International Alliance of Midwives. I attended a regional ICM meeting of midwives from the Americas in April, 2004, in Trinidad, and the triennial congress of the ICM in Brisbane, Australia in July, 2005, its 27th international congress. I attended a conference sponsored by *Midwifery Today* in Paris, France, in November, 2003, and another in Philadelphia in March, 2004. The conferences ranged in size from approximately fifty participants at the Paris conference to over 1800 participants at the conference in Brisbane. I attended as a researcher, interested in how midwives conceived of their work in international or global terms, and in the ways midwives spoke and wrote about their participation and presence in international organizations or forums.

The first conference I attended was held by *Midwifery Today* in Paris. According to the organizers, the conference had far fewer attendees than conferences sponsored by the International Confederation of Midwives (ICM). However, as the conference organizers announced at in the opening session, the

conference was truly global. Midwives were in attendance from many nations of Western and Eastern Europe (Spain, the UK, Norway, Sweden, Germany, France, Italy, Switzerland, Latvia, Romania, and Poland), as well as Russia, Israel, the US, Canada, Mexico, Haiti, and Japan.

The conference featured well-known figures in the natural childbirth lecture circuit and was advertised as a place where midwives from around the world could share and learn from each other. A midwife attending the conference who I interviewed remarked:

When you start your work as a midwife, you focus first on your practice, your local community ... but as you grow, you start to connect with others, in your country, and then with midwives in other countries. ... You start to expand outwards, to other midwives, to the globe (Interview, November 7, 2003).

For midwives working independently, often in isolation, the conference provided a site for creating new forms of sociality. The tenor of the conference was informal and sessions often ended in hand-holding, singing, and sharing photos and stories or reenactments of birth that for me recalled Sara Ahmed's (2001, 23) definition of "the global as a performative effect." In her discussion of online networks of "global nomads," Ahmed writes that "globality works as a form of attachment" to others who are seen as global, as "worldly humans" (2001, 20). Ahmed's work (2004, 120) extends Freud's economic logic of psychic life to the social circulation of feeling, where the economic is a "relationship of difference and displacement without positive value." Like the unconscious, emotions are without value in themselves, they "lack positive residence" in a particular body (2004, 119). Rather, emotions acquire value through their circulation, distribution, "coherence" and "adherence" onto bodies (2001, 20). Ahmed theorizes the circulation of bodies in space in an online network of self-identified "Global Nomads" through what she terms a "global body ... produced by the movement of some bodies through the fixing of others, an economy concealed by the discourse of feeling-in-common" (Ahmed, 2001, 19). Affect is produced as an *effect* of the circulation of emotions; this circulation of emotions between people marks emotions as deeply social, and not simply psychic.

The emotions that "attach" individuals to particular forms of community are the effect, Ahmed argues, of feelings that circulate between bodies and of bodies that circulate within spaces. However, the privilege of circulation is not granted to all. To be constituted as a "global citizens" requires those who are "too attached to the particular, the ones who do not (or perhaps even cannot) move away from home" to remain fixed in place (Ahmed, 2001, 20). In the production of the global as a site of cosmopolitan community, the bodies of some circulate while others remain fixed. This circulation of bodies to which emotions are attached produces the effect of a community for the cosmopolitan global subject.

Ahmed (2000, 21) writes that emotions are one of the ways in which “the bodies of others ‘surface’ in relation to other others [as ‘global’], a surfacing which produces the very effect of communities, that we can describe as ‘felt’ as well as imagined and mediated.” In critiquing the assumption that emotions are private and interior, or move from the outside inward, Ahmed’s work points to the ways that emotions are *spatial*; that is, emotions circulate between bodies across space. Rather than relinquishing attachments, “one becomes attached to the form of globality itself” (2001, 20). Globality, Ahmed (2001 21) writes, is “what would now move one to tears.” And indeed, tears were shed by participants of the Paris conference as midwives spoke of ecstatic “natural” births, of their attendance at stillbirths, and of the loss of “traditional midwifery” from what they termed “birth cultures” around the world, cultures invariably located in the global South.

The emotional tenor of the conference gave me pause. What was operating through such outpourings of emotion? How might these outpourings be linked to midwifery’s “global” feeling? Recently, geographers have begun to re-assert the significance of emotional attachments to our experiences of space, arguing that emotions, while present in all social interactions, have been neglected by scholarly analysis (see Davidson et al., 2005; Davidson and Bondi, 2004; Thrift, 2004). The recent focus on emotional geographies reiterates the phenomenological notion that “place must be *felt* to make sense” (Davidson and Milligan, 2004, 524). Much of the recent work on emotional geographies focuses on the corporeal and the social aspects of emotion, taking emotions as ontologically given. With the given-ness of emotions, however, comes the risk of reducing emotions to disembodied objects of study (Thrift, 2004, 60). The dynamic and spatial quality of emotions means that they do not reside deep within places or subjects; rather, “meaningful senses of space emerge only via movements *between* people and places” (Davidson and Milligan, 2004, 524).

In this way, emotions are not productive of solely psychic or sensory geographies, but work to produce political geographies as well. In part, the turn toward emotions in the geographical literature is an attempt to infuse social and political relationships with new ethical potential. Yet, in other literatures, emotions are understood as productive of difference. In sum, emotions as the focus of study provoke questions about the normative claims that adhere to them. Indeed, the emotional component of international midwifery conferences was productive of new forms of sociality that linked “feeling global” to a “global” geography of midwifery, one that situates bodies differently in relation to modernity (see Kawale, 2004; Panelli et al., 2004).

At the 2003 conference in Paris, the emotional tenor of the sessions produced an intimacy that was seemingly interior (“felt” as personal) but was also held in common. Yet, the global body that each participant at the conference was asked to “feel” and that moved the participants, many times to tears, is also

produced through “the movement of some bodies through the fixing of others, an economy concealed by the discourse of feeling-in-common” (Ahmed, 2001, 19).

This relationship of movement and fixing is perhaps best illustrated by an example. One of the sessions at the conference was entitled “Tricks of the Trade.” This session was designed to be an open forum for exchanging stories of midwives’ work and the skills they rely on to manage difficult situations. An organizer, a midwife from the United States, solicited volunteers to share their “tricks” with the audience. As the session opened, the organizer turned to the two midwives in attendance from Haiti, asking them to share, in her words, the “traditional” methods they used to resolve problems that might arise before, during and after a birth: a breech baby, a prolonged labor, nervous mothers, problems with breastfeeding and so on. They responded that they did not know any traditional methods. The rest of the audience seemed awkwardly disappointed, registering a kind of “imagined nostalgia” in Arjun Appadurai’s (1996, 77) terms, for “experiences of loss that never took place.” The discussion continued, and in the course of a two-hour discussion and demonstration of “Tricks of the Trade,” two midwives from Russia were also asked about “traditional” methods, but interestingly, when other midwives (from Denmark, the Netherlands, Spain, Italy) were asked to share their “tricks,” the question was framed differently. Midwives from these places were asked about “techniques that worked.” The choice of language seems instructive.

In calling upon Haitian and Russian midwives to share “tradition” while midwives from Western Europe and North America were asked to share “techniques,” the implications for who was situated as the bearer of traditional knowledge and who held modern, scientific knowledge was clear. Who was fixed and who was mobile? In the international forum of a “global midwifery” conference, this mapping of a telos of modernity extends along national lines of difference from First World (Denmark, the Netherlands, Spain, and the United States) to Second World (Russia) to Third World (Haiti).

In part, this mapping elides the colonial histories of midwifery, where European authorities actively attempted to cultivate a modern midwifery elite among women in the colonies, drawn from and often in opposition to “traditional” midwives (see Bell, 1998; Frieson, 2000; Turriffin, 2002). The specific geographic and historical circumstances of knowledge transmission through the education and training of professional midwives inform the continuing struggle (in the global South and the global North) over who speaks as a “true” midwife. Effaced in the emotional appeals to global midwifery are the specific histories of midwifery as a contested practice, reworked within a politics of representation for strategic and situated ends.

I interviewed one of the two Haitian midwives from the “Tricks of the Trade” session later in the day and asked her about her training. She responded that

both she and her colleague were educated as nurses and taught at a school for professional midwives in Port-au-Prince. And it was only in passing that her colleague, who had trained as a nurse in Haiti and as a midwife in Switzerland, told me that the self-taught or “traditional” midwives practicing in rural Haiti refused to share their practices with her. How can this refusal be read? One potential reading is as resistance to the commodification of knowledge that operates within both the professionalized forms of midwifery and in international forums.

Yet, the “traditional” midwife’s refusal to share is rarely heard within the arena of international cooperation and exchange that characterizes the grassroots yet global midwifery project and that elicits tradition from specific subjects. Not hearing the reason for this refusal effaces an important analysis of the relations between midwives subsumed under calls for global midwifery: of the conditions of work that many midwives face; of the distinctions between definitions of a “midwife” that are inherently political; and of the production of knowledge about midwifery that informs both the development initiatives of nation states and international non-governmental organizations as well as the commodified cultural knowledge of “alternative” birthing practices marketed to eager consumers of “tradition.” However, what became clear from the mapping of midwives along a trajectory of “tradition” to “technique” is that the vision of midwifery as a “global” practice relies on the notion that some bodies move while other bodies are fixed in place.

Conclusion

Anna Tsing (2000, 328) cites the marketing of “culture” by social movements as one shift in the process of world-making named “globalization.” Globalization, understood as “projects of imagining and making globality,” also becomes a matter of discursive construction and material interconnection. Tsing argues that our examinations of globalization must be attuned to the singularity of different globalities and the claims made by appeals to the global. Following Anna Tsing’s trajectory for thinking about globalization critically as a “site of contestation,” the visions of the “global” in global midwifery politics, I argue, rely on mapping bodies from fixed tradition to mobile, modern technique. These mappings only tangentially address the material conditions of global capital, uneven development, and the legacies of earlier colonial globalisms that underwrite the very possibility of thinking “globality” itself.

Contemporary midwifery produces specific geographies of belonging that resist framing their practices in reference to particular formal institutions but efface the contested nature of globality in the process. More recent histories of North American midwifery demonstrate how the continuing legacies of slavery, colonialism and immigration produce the context for contemporary practice and

sustain the simultaneous invocations of midwifery as a “traditional” and a “modern” practice (Fraser, 1998; Vecchio, 2006). Histories of midwifery as global movement are attentive to “the mutual but not similar or equivalent predicaments that globalization produces for women in the United States and in non-US locations” (Joseph et al., 2005, 210). In this sense, this paper grapples with the notion of midwifery’s “emotional” globality by bringing literature in geography and elsewhere on emotion into conversation with the representations and performances of globality by midwifery activists.

New online organizations like the International Alliance of Midwives and the online presence of its founding entity, the magazine *Midwifery Today*, constitute midwives as world citizens of a global village. At conferences and workshops in which midwives meet in person to share information and experiences, the reiteration and performance of midwifery’s globality enacts hierarchies of cultural exchange. Cataloging cultural difference becomes a means to “feeling global,” yet these feelings also map a telos of modernity, from “tradition” to “technique,” across nations and bodies. Modernity, then, becomes a way to both spatialize and temporalize distant “others.”

The emergence of new “global grassroots” (Goer, 2004, 308) networks of midwifery activists has the potential to reconfigure international organizations, whose policies of inclusion and exclusion have been challenged from both within and without. Alternatives to institutional forms of international connection may rely on other, more everyday forms of connection, wherein the “global” is “situated, specific and materially constructed in the practices which make each specificity” (Law, 2004, 24). Attempts to link emotions and affects to new forms of politics are evident in recent work on globality and new social movements. Michael Hardt and Antonio Negri (2000, 293-294), for example, see the creation of “social networks, forms of community, biopower” that emotional labor produces as “the potential for a kind of spontaneous and elementary communism.” One key component of these practices are the affective connections between activists in which the “global” is imagined as the conjuncture of different temporalities across space – temporalities that are sutured by emotional attachment, intimacy, and common feeling. Yet emotional claims to “global midwifery” tend to position midwives differently in relationship to modernity, in ways that reinstate older internationalisms rather than new, unbounded forms of connection. These new claims are made possible in part by fixing some in the world of tradition while others move freely, both literally and imaginatively, about the globe.

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