

## Chapter 3: The Exodus Midwives and Mothers

### Theme

Resist

### Centering Practice

Take a moment to catch our breath as we come from a busy day. Allow yourself a deep letting-go breath as you sit back and enjoy the video, *Wade in the Water* by Sweet Honey in the Rock.

### Video

<https://youtu.be/RRpzEnq14Hs>

### Prayer

Breath of life, we gather for this time of learning.

We seek your grace as students of Jesus, the Word Made Flesh.

As we step away from our busy lives to sit at your feet like Mary,

Give us ears to hear, eyes to see, and open hearts to learn.

Give us humble hearts to transform the world.

Amen.

## Exodus Midwives' and Mother's Story

Tonight's session is Chapter 3 entitled "Resist: The Exodus Midwives and Mothers." The scriptural focus is on Exodus which provides a transition from the stories about the patriarchs to the stories about the captivity of the Israelites in Egypt.

At the end of Genesis the sons of Jacob and their families were living as honored guests in the best land of Egypt which Pharaoh had granted to them in gratitude for Joseph's service at the King's court. Now Joseph and his brothers have died. The land was filled with their descendants but the Israelites of this new generation were no longer welcomed in Egypt. The new Pharaoh felt no obligation to any of the descendants. In fact, the number and strength of Israelites alarmed him. He forced them to become slaves for the state and gave them the hardest labor to endure. This labor does not kill or weaken the Israelites, in fact they continue to grow in numbers. Let's listen to the text...

*Reading: Exodus 1:8-22*

You heard in this reading that Pharaoh was relentless in making life impossible for the Israelites. He sees everyone as a threat to his reign. After working the Hebrews to near death, he moved to another level. He commanded Shiprah and Puah to kill every newborn baby boy.

We know that the Pharaoh did not know the women he was trying to order around!! His major flaw at this point was that he underestimated the women that he was ordering to kill the baby boys. In fact, he had not a clue that the midwives had minds of their own. Shiprah and Puah would not bow down to the Pharaoh and do his bidding. They may be taking their lives in their hands as they do not cooperate with Pharaoh's plan of action to get rid of the baby boys. As Katey says the baby boys carry the lineage and were responsible for the longevity of the Hebrew people. Without the Hebrew boys, the Hebrew girls bear no threat to Pharaoh and the Egyptian people. Without the Hebrew boys to marry and grow that nation, the girls would marry

the Egyptians and help build up that nation instead. That was the diabolical thought going on in Pharaoh's mind. He wanted to annihilate a people.

But The midwives resisted his commands. Instead they followed their own moral scruples of 'fearing the Lord' above fearing Pharaoh. By fear, we mean that they respect and trust God above ANY earthly kings. They mounted a resistance to Pharaoh's plans. They stood up against the terror, violence, and injustice of the authoritarian power. The Webster's Encyclopedic Unabridged Dictionary defines resist as "to withstand, to strive against, to oppose, to refrain from or to make a stand, to make efforts in opposition or to act in opposition. That is exactly what Shiprah and Puah do.

According to the commentaries, the midwives' names were symbolic of the role that each had in the narration. It is said that Shiprah helped to make the newborns beautiful to look at, or that she helped Israel to multiply, or that her acts were pleasing to God because her name is similar to Hebrew words for those activities.

Puah is said to have revived the infants that others thought were dead. Also, she spoke with such forthrightness and in an angry manner when Pharaoh ordered her to kill the Hebrew babies that he may have wanted her killed as well. However, she did not kill the babies and Pharaoh did not order her to be killed. Puah's name sounds like similar words in Hebrew meaning to forthright and angry.

We might assume that Shiprah and Puah had experiences of children being born prior to their arriving to help with the birth, and they used those situations as a reason for not killing Hebrew baby boys at birth. They might have said something like "The Hebrew women had given birth and the children were screaming for their mother's touch and warmth by the time we arrived." And that was the explanation they gave Pharaoh. Both midwives agreed that they did not control the birth any more than they could control the conception of life. God brought new lives to birth and the midwives only assisted in the process. The midwives could no more end the life of a newborn than they could give life in the first place.

Katey says the Jewish Scholar Inbar Raveh notes that women in this story are far more dangerous than the men. Raveh writes "Instead of being a tool in the king's hands and killing the Hebrew infants at birth, the midwives mount a powerful resistance against the repressive regime."

Besides, even if Shiprah and Puah were sufficiently intimidated by the power of the Pharaoh and did commit acts of infanticide, word of this violence would have spread quickly through the Hebrew community. It was very likely that the Hebrew women would rise up and RESIST themselves by using their own know-how to keep the midwives out of the birthing area and protect their own children!!!!

After hearing the explanation given by Shiprah and Puah, Pharaoh did not question them any further. He was not familiar with the birthing rooms. After all, they were the experts at child-birthing. For once in the Biblical account, the expertise of women was recognized and not questioned. How very rare, indeed!!!

Now let us hear more of this story of Pharaoh and his wanting to get rid of baby boys. The story continues...

*Exodus 2:1-10*

In the second narration, we learn that the midwives resistance paved the way for Moses to be born. His Mother was fearful for his life because of Pharaoh's decree to have all the baby boys killed. She kept him hidden for several months, but then the truth of his birth could not be hidden any longer. She created a basket made of the darkest reeds and covered with pitch, that would not be affected by the edges of the water where she put the basket. She set him adrift on the Nile with the hope that he would be rescued by someone who could care for him. We are led to wonder what the other mothers were doing to protect their newborns. They were living in terror that they would be discovered and their children killed.

But the narrative does not focus on them, but on Moses. He was not meant to be killed. He was in the basket and Pharaoh's daughter found the basket and decided to adopt the baby on whom she had pity. With the help of Moses' own sister, who was the slave of Pharaoh's daughter, a wet nurse is found to feed the baby. The 'wet nurse' was Moses' own mother. Thus Moses was rescued from death, nursed by his own mother who took on the role of surrogate and was raised in the Egyptian palace. The only way Moses' actual Mother can be with him was by giving him up to Pharaoh's daughter.

This is a hard story to read. The sacrifices by women who love their children so much, but cannot take care of them without extra help. It is heart wrenching.

But the Exodus narrative is about the brave women who resist the way things are supposed to be by doing what they can do to save the Hebrew boys. It took courage for these women to defy the Pharaoh.

### **Breakout Session/Small Group Discussion**

Question for discussion: *Women play many roles in this biblical narrative. The roles include midwife, rescuer, risk taker, mother, sister, surrogate, among others. With what role do you more closely identify and why?*

### **Reporting Out**

Have the groups report on their small group discussion as time allows.

### **Social Issue**

The first part of our session tonight has been about the midwives of biblical times. Katey shares her reflections as an advocate on maternal health issues and her own experiences giving birth for the first time and using a birthing center with a team including compassionate midwives, nurses, a doula, and her husband. She had a very good experience.

As United Methodist Women we are all advocates for the best health care that can be given to every mother and child in the US and also throughout the world. So let's take some time to focus on the crisis in maternal and infant health care in the USA.

Infant mortality is the death of an infant before his or her first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births. In addition to giving us key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society. In 2018, the infant mortality rate in the US was 5.7 deaths per 1,000 live births as an average.

But, it saddens me to say that the infant mortality rates in this country are the highest among African Americans and Native Hawaiian or other Pacific Islander and Native American women.

In 2018, the infant mortality rates by race and ethnicity were as follows:

- Non-Hispanic Black 10.8
- Native Hawaiian or Pacific Islander 9.4
- Native American Indian/Alaska Native 8.2
- Hispanic (Latina) 4.9
- Non-Hispanic white 4.6
- Asian 3.6

The Center for Disease and Control and Prevention (CDC) has stated that it is very committed to improving birth outcomes. But this requires public health agencies to work together with health care providers, communities and other partners to reduce infant mortality in the United States of America.

In 2018, over 21,000 infants died in the United States. The 5 leading causes of infant mortality :

1. Birth Defects
2. Pre-term birth and low birth weight
3. Maternal Pregnancy Complications
4. Sudden Infant Death Syndrome (SIDS)
5. Injuries (e.g.suffocation)

Geographically, infant mortality rates in 2018 were highest among states in the south.

Several studies have been conducted in the last year from which the following were concluded:

During this time of COVID-19 crisis, there is a greater need for a range of accessible, affordable options for pregnancy and birth supports. Some believe that there are fundamental problems with a system of pregnancy related care that expects births to be in places designed to treat illnesses. Many pregnant people are considering changing their birth plans to give birth at home or in birthing centers with a midwife and avoid hospitals. This is not a trend that is unique to this current crisis, but was occurring during the outbreaks of swine flu or SARS, as well as in the aftermath of Hurricane Katrina. The demand for home births and midwifery has risen and shows the value of this kind of care.

Doulas and Midwives have gained particular acknowledgment for their role in improving maternal and infant health outcomes as well as the experiences of pregnancy, birth and postpartum, and in challenging what some see as the over-medicalization of birth in the United States. Many are calling for expanded training of and access to community based birth workers who are trusted members of the communities they serve and provide care responsive to the specific needs of the community, often at low or no cost.

Doulas are certified professionals who are trained to be with the pregnant woman early in her pregnancy and helping her navigate the health care options early on and help the mother-to-be to follow medical orders—take vitamins, go for check-ups and prenatal care. The Doula helps to insure healthy pregnancy which results in healthy births and after birth care of the child and the mother. When it is time for birthing, some doulas, depending on states, can accompany a mother-to-be in the birthing center.

Midwives are able to deliver babies in nursing centers and even in some hospitals, depending on the laws that govern in the particular state. For example, a medical doctor in Texas with 4 clinics reports that he depends on the midwives helping with deliveries in the rural areas of Texas where many cannot go to the hospital in time for a doctor to deliver. Often midwives assist in hospitals where, if there are complications, a medical staff is available to help.

One half of the births in the US are covered by Medicaid. Expenses for Doula and midwives are also covered in some places by Medicaid.

US is ranked LAST among countries of similar size and economics with the rate of Maternal mortality rate. In Congress for several years now, a Mommies Act 2020 was introduced by Dick Durbin of Illinois, Kamala Harris of CA, Corey Booker of New Jersey and Bob Casey of PA to transform Medicaid coverage to:

- Expand Medicaid coverage for at least 1 year of post-partem care
- Allow midwives and doulas to provide services to pregnant women
- Promote tele-health services especially for rural and underserved areas

The purpose of this bill is to:

- Reduce the 17.4 maternal deaths per 100,000 live births
- Reduce the 37.1 deaths per 100,000 live births in the Black community

These are very daunting numbers for infant mortality and for maternal mortality in this country. We are a country with all kinds of service providers and technology to assist people, yet we do not say that “every mother counts.” We still have too many vacuums of service.

Wesley Community Center in Dayton, OH, one of our national programs for United Methodist Women makes maternal and child health one of its service priorities through the Baby Ready program. One of the services Wesley Center provides is linking doulas to expecting mothers to be a support and guide throughout the pregnancy and afterwards.

### **Breakout Session/Small Group Discussion**

Question for discussion: As you think about a law, practice, or rule that you believe to be unjust. What tactic might suggest be used to resist?

### **Reporting Out**

Have the groups report on their small group discussion as time allows.

### **Closing**

We must continue to rise up and speak up for policies and practices that bring life and bring it to all communities in equitable ways.

**Every New Day I have a New Chance** By Margaret Sonnenday  
Taken from *Images of Women in TransiMon*, compiled by Janice Grana

After struggling to answer the question of ‘what is most precious in my life, I believe I now see it clearly. Most precious to me is the assurance of the grace of God---and its availability!!! To me this means that God loves me when I least deserve to be loved that God accepts me—as I

am—in so many ways unacceptable. God forgives me—again and again—when I fall short of my commitments that every new day I have a chance—a fresh start—to try again.

It is this grace which gives me the courage and endows me with some skill to attempt to do more than I am able to do and to become more than I can ever become. God's grace frees me to dare to take a risk.

**Closing Prayer** (words from Katey Zeh comes from the last paragraph of this chapter)

“As we navigate the tensions of pain and joy in our sacred stories and in own lives, I pray that we might look to the model of these women in Exodus, whose acts of bravery in the face of violence help hold together the humanity of their people. May we strive to be like Shiprah and Puah, ushering in love and hope during the most turbulent of times. May we be savvy in our resistance.”

*This session was created by Cecelia Long.*