Description

Beyond the Stereotype: Reflections from Malta's First Male Midwife

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"So, why did you want to become a midwife?"

It is probably the question I have answered more than any other throughout my career so far.

As a student, it often followed a familiar sequence. I would walk into a room, introduce myself, and occasionally hear a woman tell whoever she was speaking to on the phone, "I have to go, the nurse is here."

I would gently clarify: *"Actually, I'm the student midwife."*

There would usually be a short pause.

Then came the question.

"So… Why did you want to become a midwife?"

After hearing it often enough, I developed what felt like a rehearsed script. Yet I never really minded being asked. Most of the time, the question came from genuine curiosity rather than judgement. I also understood why people were curious. When I began my training, there had never previously been a male midwifery student in Malta. Midwifery remains overwhelmingly associated with women, both professionally and culturally, so seeing a man introduce himself as a midwife was unfamiliar.

The interesting thing is that I never entered the profession with the intention of being "the first". I simply wanted to be a midwife.

Choosing Midwifery

Pregnancy and birth had fascinated me for years before I ever considered them as a career. Growing up as the eldest among my siblings and cousins meant that pregnancy, babies and birth stories were frequently part of family life. I saw the role midwives played in supporting the women around me, and I became interested not only in the clinical aspects of maternity care but also in the relationship that develops between a midwife and the people they care for.

When the time came to choose a career, midwifery felt surprisingly natural.

My family and friends were supportive from the beginning. They were not particularly surprised that I wanted to work in healthcare, although choosing midwifery certainly generated some curiosity. I knew that I would be entering a profession traditionally occupied almost entirely by women. I expected that this might occasionally create challenges. What I did not know was how women themselves would respond to me.

The Reactions I Expected – and the Ones I Actually Received

Before beginning clinical placements, I had wondered whether being male would make it difficult for women to accept care from me. For the most part, my experience was much more positive than I had anticipated. Women were often surprised, certainly. Some were curious. Many asked questions. Others simply accepted my introduction and continued with their care as though there was nothing particularly unusual about it, which there wasn't. Once the initial surprise had passed, being male often became remarkably unimportant.

> Advocating for greater diversity within midwifery should never require us to dismiss a woman's discomfort or tell her that the gender of the person providing care should not matter to her.

There were also occasions when a woman preferred that I did not provide certain aspects of her care, including situations influenced by religious, cultural or personal preferences. I never considered that a rejection of me as an individual or as a midwife. Respecting that preference is part of providing woman-centred care. That distinction has become increasingly important to me.

Advocating for greater diversity within midwifery should never require us to dismiss a woman's discomfort or tell her that the gender of the person providing care should not matter to her. For some women, it genuinely does matter. Our responsibility is not to decide whether that preference is justified. It is to listen to it.

From student Midwife to Midwife

There is also a considerable difference between experiencing all of this as a student and experiencing it as a registered professional.

As a student, I was always working alongside another midwife. Although I was developing independence, somebody else ultimately carried responsibility for the care being provided.

Qualification changed that.

I am no longer introducing myself as "the student midwife". I am simply the midwife. That transition has probably made me reflect even more on the assumptions that surround gender and professional roles. At times, people still initially assume that I am a doctor, nurse or another member of the healthcare team before considering that I might be the midwife. These moments are usually harmless, and sometimes amusing, but they also demonstrate how strongly we associate certain professions with gender. I do feel this has changed, however, as now I often get the usual "I saw you on TV! I had hoped I'd meet you at hospital." That's one of the benefits of living in Malta, practically everyone knows everyone on our small island.

The word *midwife* itself carries a powerful cultural image. Changing that image will probably take time. I do not think the aim should be to make male midwives seem remarkable. Quite the opposite. Perhaps genuine progress will be reached when a man introducing himself as a midwife no longer requires an explanation.

Does Gender Matter?

My experiences have also made me realise that asking whether women are simply “comfortable” or “uncomfortable” with male midwives may be too simplistic. Maternity care is extraordinarily varied. A woman might have no concern about a male midwife discussing antenatal care with her but feel differently about an intimate examination. She may be comfortable receiving care during labour but have a particular preference regarding breastfeeding support or perineal care.

Another woman may have no gender preference whatsoever. Preferences can also be shaped by previous experiences, culture, religion, privacy, trust and the way in which care is introduced and communicated. This is where the issue becomes more interesting.

Rather than asking whether gender matters at all, perhaps we need to ask when it matters, why it matters and what helps women feel comfortable and respected.

For me, good communication has always been fundamental. Introducing yourself properly, explaining what you are going to do, obtaining consent and giving women genuine opportunities to express their preferences should be routine elements of good midwifery care. They become particularly important when intimate care is involved. None of these principles are unique to male midwives. They are simply good midwifery.

Turning Experience into a Research Question

These experiences eventually led me to look at the subject beyond my own perspective.

I am currently undertaking a Master’s degree in Midwifery, with my research exploring women’s attitudes towards receiving care from male midwives in Malta. The decision to study this area came partly from recognising the limits of my own experience.

My interactions with women throughout training and practice have been overwhelmingly positive, but my experience cannot tell me how women in Malta feel collectively. Neither should my personal experiences be used to assume that gender is irrelevant simply because I have generally been accepted.

Women themselves need to be part of that conversation.

I am particularly interested in the fact that attitudes may not necessarily remain the same throughout maternity care. Comfort with a male midwife may be influenced by the stage of care, the type of procedure being undertaken and the circumstances in which that care is provided. For me, the research is therefore less about proving that women either do or do not accept male midwives and more about understanding the nuances behind those preferences.

Inclusion and Choice Can Coexist

There is sometimes a temptation to frame conversations about men in midwifery as a choice between two competing positions. Either the profession should become more inclusive of men, or women’s preferences for female caregivers should take priority.

> Greater inclusion should therefore never mean telling women that gender should not matter to them.

I do not believe these ideas are incompatible. Midwifery should be a profession in which people with the appropriate values, skills and competence can contribute regardless of gender. At the same time, women should remain at the centre of decisions about their own bodies and care.

Greater inclusion should therefore never mean telling women that gender should not matter to them. Instead, it means creating a profession in which assumptions are challenged while individual preferences continue to be respected.

It also requires us to think about the language we use. If society continues to present midwifery as something that can only be performed by women, men considering the profession may never see it as an option. Similarly, if male midwives remain extremely rare, women will understandably continue to find their presence unfamiliar.

Visibility matters. The more diverse the profession becomes, the less unusual that diversity becomes.

What Being “The First” Has Taught Me

Being Malta’s first male midwife is something I am incredibly proud of, but it is not the part of my professional identity that matters most to me.

Ultimately, I want women to remember the care I provided rather than the fact that the person providing it happened to be male. Midwifery has already taught me that women rarely need perfection from us. They need presence. They need honesty, competence, kindness and somebody willing to listen when they say what they need.

It has also taught me not to interpret acceptance as entitlement. A woman trusting me with her care is a privilege. Equally, a woman deciding that she would feel more comfortable with somebody else is a choice that deserves respect.

Perhaps that balance is the most important lesson I have learned. I suspect I will continue to be asked why I became a midwife for quite some time.

My answer has not changed very much. I became a midwife because I wanted to care for women and families through one of the most significant periods of their lives. I wanted a career combining clinical knowledge with advocacy, communication and human connection.

Being the first man in Malta to do that was never really the plan. Hopefully, I will not be the last.

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