1975 to 1986. Those years in the United States saw a renaissance of midwifery, with a new generation of laymidwives beginning to practice, home births increasing, and the profession of nurse-midwifery re-energized.

A certified New Hampshire midwife and co-founder of the Midwives Alliance of North America (MANA), Leonard has worked for decades to teach women about their bodies, to advocate for midwifery and to improve maternity care on a national and international scale.

The book is organized chronologically, beginning in 1975 with the birth of Leonard's son Milan. She endures the indignities of conventional hospital birth at that time, including shaving of her pubic hair, the inevitable enema, laboring in the lithotomy position with feet in stirrups, and having her hands actually *tied down* because she reached to touch her baby's crowning head. After an episiotomy, the doctor sews her up with his "trademark 'husband's stitch." Along with her joy about her beautiful son, she feels intensely angry; there had been nothing "natural" about what happened. She vows to dedicate her life to helping women have a different kind of experience.

After landing a job at a nearby women's health clinic she apprentices herself to an experienced family practitioner, the only physician in the area comfortable with attending home births, who "melded the art of midwifery with the science of obstetrics." Their first home visit propels her directly into her passionate calling. She begins her practice in relative isolation. Although she has heard the term "midwife" mentioned once, but in a derogatory way, it is not until she reads Raven Lang's *The Birth Book* that she realizes that many other women are doing what she does. She sets out to find them, and does—at the inspirational First International Conference for Midwives in El Paso, Texas, in 1977, at the 1982 launch of MANA in Boulder, Colorado, and in increasing numbers in her own state.

No words can adequately convey the nature of midwifery practice—"lay," "independent" and "direct-entry" (the driest of all) all fail to evoke the richness of Leonard's work and the widely (and wildly) varied worlds she enters. "Community midwife" might come the closest. In lively, conversational prose she portrays the moving, funny, tragic, and always interesting life situations of the women she attends. Readers learn about their families, friends and histories; their hopes and fears; and the midwives, nurses, and doctors who attend them in homes and in hospitals.

Midwifery lore is communicated, in part, through stories; Leonard is a superb storyteller. The book follows the arc of her personal life as her son grows up (his growing up is a story in itself) and she meets the man she will marry, an obstetrician much loved by the women he cares for, dedicated to instituting reforms in his practice

Lady's Hands, Lion's Heart: A Midwife's Saga

Carol Leonard Bad Beaver Publishing Hopkinton, New Hampshire, 2008 \$15, 363 pp, pb

Throughout the world there exists a group of women who feel mightily drawn to giving care to women in childbirth. At the same time maternal and fiercely independent, responsive to the mother's needs yet accepting full responsibility as her attendant, such women are natural midwives. Without the presence and acceptance of the midwife, obstetrics becomes aggressive, technological and inhuman. . . (*Dr. G.J. Kloosterman, Professor of Obstetrics and Gynecology in Amsterdam, The Netherlands, 1972, quoted in* Lady's Hands, Lion's Heart, *p. 70*)

In Lady's Hands, Lion's Heart, Carol Leonard writes about her life and her midwifery experiences from in the local hospital, who risks his career by marrying her.

As a primarily rural midwife, she often finds herself in unusual or hilarious situations, prying a just-emerged chick's eyelid from its gluey shell at her son's school, sewing up chainsaw cuts through the leathery arms of local woodsmen; dressing as a stork for a Halloween party only to end up in the woods at the door of a woman in labor.

All of her tales, serious and funny, have one, or several subjects at their core. Each addresses a particular concern, such as premature labor, arrested labor, external version, prolapsed cord, episiotomy, children's presence at births, the sexuality of birth, Down syndrome, violence against women and incest, SIDS, and abortion-and many more. Each describes the unique patterns of individual women's labors. Readers, privy to Leonard's thoughts, certainties, and self-doubts, accompany her on her quest to learn as much as she can. She uses her eyes, ears, heart, and hands, noting the content and quality of the information she receives through her fingers, the sounds laboring women make, the degree of their calm or alarm, and the surprising, enclosed spaces in which many choose to give birth. She calls upon her intuition for insight and pays close attention to her dreams.

The author testifies at state legislative hearings, hones her public speaking skills, becomes active in national midwifery efforts, and eventually trains fledgling midwives. Like most midwives, she must engage in the ongoing exchanges, differences, and disputes that inevitably occur between midwifery and obstetrical practitioners. Some physicians, especially her first mentor, and Ken, her husband, value her skills and wisdom, providing advice and medical backup when needed. A few refuse to help her; others do so grudgingly. Amazingly, one doctor spits in her face. The obstetrical establishment treats her husband as a pariah, with tragic results. When she and her "sister midwives" testify in the state legislature to launch a midwifery bill and a certification program for midwives, affirming the safety of out-ofhospital births, physicians question their abilities and statistics, despite all evidence to the contrary. Yet there are many nurses, physicians, and state officials who, during difficult moments, offer unexpected acceptance and comfort.

I wish this book had not ended so quickly. In addition to being a "page-turner," it is, more seriously, an antidote to the risk, fear, and doubt-ridden atmosphere of today. When medicalized birth becomes the norm, as it has these days, with its increasing incidence of testing and mechanization; when mothers-to-be fear childbirth and want to get labor over as soon as possible—it is important for us to encourage fierce, strong midwives like Leonard, and the women who choose them, to bring their joyous stories of truly autonomous births into the light. They have the power to help us re-imagine and re-form maternity care. They must not disappear.

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