



## II-Qabla: May Pecorella

May Pecorella comes from a family of midwives. Her grandmother, mother and two younger sisters were midwives. She started working as a qualified midwife in 1944 when she completed her two years nursing course followed by an 18-month midwifery training programme. As a midwifery student, she performed her clinical training at Ċini Hospital which also served as a boarding school for students. Ms Pecorella practised midwifery around the island. She travelled around Malta with her Ford V8 to provide antenatal, intrapartum and postnatal midwifery care.

Unfortunately, the family tradition of midwives has ended with her generation, although she is proud to have her niece Dr Corinne Ward Scicluna in nursing. She also has many other nieces and great-nieces mostly women who are doctors and dentists in the UK and dreams that one day one of them will continue the Pecorella Midwifery legacy.

Although she never had children of her own, she is considered to be the Matriarch of the Pecorella Clan amounting to more than 100 nieces and nephews. With Italian origins, her father hailing from Southern Italy, family get-togethers are sacred and Sunday is still a family day with her family gathered around her. Until not long ago she was also the one cooking or contributing to these extended family lunches.

### Antenatal Care

Ms Pecorella emphasised the valuable input of midwifery care during the antenatal period. She stressed the importance of a detail booking visit in early pregnancy. She considers the listening ears of a sensitive midwife as a fundamental pillar to midwifery care. Ms Pecorella highlighted that the mother's trust facilitates the development of a strong midwife-mother relationship which enhances pregnancy outcomes. Professional rapport will facilitate the possibility of health promotion and empower women to be the protective lead of the child by being more responsive to do the necessary lifestyle changes during pregnancy.

She used to commence monthly antenatal visits at her home until seven months of pregnancy and subsequently performed antenatal examinations weekly. Antenatal visits involved close monitoring of the maternal and foetal wellbeing. Health promotion and education were considered as highly important.

In those days, although consuming natural healthy food was the norm, women still believed in the misconception of eating for two and other food associated myths such as the need to eat some food smelled or seen to avoid the baby being born with a birthmark in the shape of that same food.

*"Kien hemm dik l-użanza, 'isma' ħi kul din li ma mmurx jġi bix-xewqa'. U n-nies dak iż-żmien iktar ikel sustanzjuż mil-lum.*



*"There was this custom, 'listen, eat this so that he doesn't come with a desire'. And people used to eat more nutritious food than today.*

Ms Pecorella highlighted that diligent monitoring during the antenatal period was a must especially given that most families gave birth to their children at their own home assisted by a midwife. She explained that midwives used the pelvimetry to exclude cephalopelvic disproportion to ensure a safe homebirth.

### Homebirth

During her time, it was the norm that young children were not aware of their expected brother or sister. Pregnancy was considered as an adult matter and was hidden under baggy skirts. She reminisced on how the children of expectant parents used to portray her presence as the midwife.

*"Meta t-tfal kienu jarawni ġejja bil-basket tal-ħlas kienu jgħidu l-mamà ser ikollha tarbija".*

*"When children used to see me coming with the delivery bag, they used to say mum is going to have a baby".*

Ms Pecorella indicated that in her days, midwifery care was more focused on the women's needs. The expectant mothers were fully supported by a compassionate midwife and two immediate family members. In most circumstances, labouring women used to cope very well with psychological support and natural methods of pain relief. In rare instances, when pharmacological pain relief was required, Trilene inhalation was used late during the first stage of labour while on the odd occasion intramuscular Pethidine or Pethilorfan were administered following communication with the obstetrician.

During this interview, Ms Pecorella brought to light the challenging life midwives experienced during World War II. Honourably, she explained that midwives always rose to the occasion. She recalled instances when she assisted women who gave birth with oil lamps or candles as the only light source.

*"Kem wellidt tfal bid-dawl tal-lampa jew bix-xema fil-gwerra!".*

*"I delivered loads of children with light from oil lamps or candles during the war!".*

Whenever possible women preferred to give birth at home and later proceed towards the shelter for protection. There were instances when she assisted women who gave birth in a shelter. She illustrated occasions when she had to go for the obstetrician herself as the driver was afraid to drive during air raids.

When asked to recall an unforgettable challenging event that happened during her midwifery practice, Ms Pecorella, proudly answered with a smile that she recalled two experiences that occurred a few hours apart, the night before and after her final clinical

examination. She considered herself as a privileged midwifery student that had the opportunity to be exposed to many birth experiences in the labouring women's homes as she accompanied her mother for home births. This gave her the possibility to sharpen her midwifery skills since her early days of training. Her enthusiasm to midwifery care overcame the anxiety of her final clinical examination the following morning when together with her mother they responded to a woman's call for support during childbirth. As soon as Ms Pecorella palpated the women's gravid uterus, she suspected that the unborn child was an encephalus. Professionally, she discussed the case with her mother whereby an obstetrician was immediately informed. She stressed the importance of the midwife's skilled practice and meticulous examination. She stated that the obstetrician praised her in front of the two examiners.

*"Dik tagħmilha xejn eżami għax dan il-lejl hi baġħtet għalija u hi ndunat li kien encephalus".*

*"You don't need to perform her exam since during the night she sent for me and she noticed that he was encephalus".*

This memorable challenge was not over with the birth of the stillborn encephalus baby at the mother's home nor with her final clinical examination. Nostalgically, Ms Pecorella recalled her first delivery as a qualified midwife just hours after her clinical examination where she assisted a woman who gave birth to a healthy triplet instead of the expected birth of a singleton baby. She explained that she reassured and supported the astonishing couple by visiting them three times daily for the first 8 days after birth and weekly after that.

#### Postnatal Care

Postnatally, Ms Pecorella used to visit the mother at home twice daily for 8 days after childbirth.

This involved a postnatal and neonatal examination, baby weighing, assistance with breastfeeding and support with baby care. She highlighted that the midwife was always an active listener in times of need.

Ms Pecorella explained that in those days it was a common practice for women to wear an abdominal binder immediately after childbirth to support the uterus.

*"Dari konna kif iwelldu, kont nagħmilhom faxxa bis-'safety pins' biex ittelligħalhom l-utru 'l fuq".*

*"In those days, as soon as they gave birth, I used*



*to make a binder for them with safety pins to support the uterus".*

Ms Pecorella wrapped up her midwifery career at the age of 78 years by practising postnatal midwifery visits with the Malta Memorial District Nursing Association (MMDNA). She considers mentoring newly qualified midwives as one of her strong attributes to midwifery.

#### Independent Community midwife

Ms Pecorella communicated that, at the time, the midwife was a key person in the community. Society perceived the midwife as the point of referral not only for physical needs related to pregnancy and childbirth but also for social circumstances. She recalled two instances of pregnancies occurring out of wedlock where she supported these women with the

adoption process. She provided ultimate confidentiality whilst taking into consideration the wellbeing of the child by selecting the appropriate adoptive family. Later on, throughout the years, she was also approached by the children of these women who wanted to know their birth parents.



*"I came to see where I was born. I wish to see my mother".*  
*"This is my house that I was born. My mother was English. I was born out of wedlock".*

Ms Pecorella greatly contributed to the community. She always put her nursing and midwifery caring attributes at the forefront before personal interest. She recollected an instance where she heroically saved a policeman from the police station when she helped him get out of the rubble after a bomb exploded. On the day she offered the necessary nursing care to the injured victims.

#### Respectable Midwife

Ms Pecorella shared her satisfaction of being so respected by the community and valued for her midwifery

input. Although at such an advanced age, till this day, she is still approached by couples or their parents for advice and support. Proudly, she said, *"I haven't renounced midwifery as yet".*

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