

'They Come With a Story': The Israeli Midwives Delivering Babies, Support and Hope During Wartime

As more and more Israeli women are giving birth while their partner is on the front lines - or worse - midwives are volunteering to help them with far more than breathing exercises. 'You have to sometimes remind them that they're pregnant - that they need to focus on that,' says one



Zen Read



A pregnant woman walking past blindfolded teddy bears, a protest display calling for the release of the hostages from Gaza, in Tel Aviv last October. Credit: Tomer Appelbaum



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When Israelis mobilized as part of the war effort following the Oct. 7 massacre, one group that plays a pivotal if often overlooked role in Israeli society also kicked into gear: Israeli midwives.

"We decided that we wanted to be there for the women," says Israel Midwives Association Chairwoman Yifat Hadar Rubanenko. "So, we launched the By Your Side program and started by opening up a hotline and asking the midwives to volunteer." Of the group's 1,250 or so members, about 100 have volunteered their services and hundreds of women have subsequently called to consult with the professionals.

The group also opened a Facebook page called [A Word From the Midwife](#), which has over 10,000 members. "We increased the number of midwives who respond to queries there because there was a very dramatic rise in women who joined it, and the sorts of questions started to center around anxiety," Rubanenko says.

"We saw its amazing power: it really does save lives. When there are missiles outside, you don't know if you should go to the hospital" should an issue arise. "This way, you have a midwife to consult with in the group who you can ask anonymously."

She clarifies that these services don't replace those of the women's own doctors, but they can provide some answers and a sense of calm – which can reduce unnecessary trips to the emergency room.

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The maternity ward at Soroka Medical Center in Be'er Sheva last summer. Credit: Eliyahu Hershkovitz

Every stage of the pregnancy

It takes six years of study to become a licensed midwife in Israel: four to become a registered nurse and another two years of specialization. There are some 188,000 births in the country annually, with about 800 of them being home births, all assisted by midwives.

The association, which has been active since 1978, advocates that a midwife's role should not just be in the delivery room but through the entire process: pregnancy, labor, birth and postpartum. Rubanenko describes the model as a "win-win," in which both the midwives and mothers-to-be benefit.

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As the war intensified, the By Your Side project also expanded. The association paired up with a diaper company, which helped

it launch an ad campaign and facilitated 1,000 phone calls and 250 home visits. The latter are available for women who were evacuated from their homes in Israel's north and south due to the war, as well as women whose partners have been called up as reservists. The midwives will also make visits if they sense a woman is struggling emotionally postpartum.

It also partnered with the Defense Ministry and the [Israel Defense Forces Widows and Orphans Organization](#) to help care both for pregnant women who were widowed during the war and the pregnant partners of wounded soldiers.

As part of that project, each woman is assigned two midwives who are available to her at all times. They meet frequently with the mother-to-be, accompany her through the delivery and visit her in the hospital after the birth.

"We want to roll out the red carpet for these women," says Rubanenko. "A woman like that needs a fast track, she needs to get around the emergency room, she needs the doctors to know about her, she needs midwives at the emergency room to know about her.



Israel Midwives Association Chairwoman Yifat Hadar Rubanenko Credit: Israel Midwives Association

"It's not like she's coming in and saying 'Okay, my husband isn't here, and I'm traumatized, and I can't look at blood.' We want to make it so that when these women are in the delivery room, they won't have another traumatic experience. Either way, these women are experiencing trauma, grief, loss – and it all blends

together. The delivery room can be a very stressful place if we don't prepare the way we should. This is the midwife's role: to be with her."

Who would be there for her?

For Sari Nahir Biderman, a midwife and the delivery room supervisor at Galilee Medical Center in the northern city of Nahariya, the program has a personal element. "My mother, may she rest in peace, was an army widow – her first husband was killed in combat," she says. "It's something very close to my heart. It was obvious to me that I would be a part of it."

The midwives in the program, which is co-funded by the Jewish Federations of North America, receive a list of pregnant women – they do not get to choose who they receive. "I make contact with them. I send them a message that I'm reaching out as part of the project and I offer them a phone call. In the first call, I learn about them, about the tests they've done. I hear their concerns, what's been bothering them, if they've gotten all the medical care they need or if they didn't have access to certain services because of the war," she explains.

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"I check to see whether they have support – if it's a woman whose husband is in Gaza, if they have a family who can take care of them while he's in the reserves; if he comes home sometimes, if she's in contact with him," Biderman adds. "All the while, I sort of follow along with them."

She's been accompanying one woman whose husband was called up to fight in Gaza since the middle of her pregnancy. "She said she didn't even know if he would be there for the birth. She was

so upset about what to do, who would be there for her during the birth. She has a family – her mother, her sisters – but this is her partner," she recounts.

"We talked about it, and I set them up with a clinic at the hospital in which she was supposed to give birth. She can meet the midwives there and do preparations – talk about what she wants, what her needs are, who'll be there – so they can get to know her. They know that she comes with a story."



A midwife working on Soroka's maternity ward last summer. Credit: Eliyahu Hershkovitz

Joy from a painful place

Ela Weiss, who works as an independent midwife, helped build the Midwives Association's volunteering system. "The whole country kind of felt like they needed to do something, and so did I," she says. "The most natural thing was to figure out how I could do that within my field."

Like other members of the project, she has noticed the stark differences in midwifery before and after Oct. 7. "It was a change in what was most pressing for women," Weiss says. "In the beginning, the concerns were [pretty basic] – about how the

body feels, standard anxieties for pregnancy. But all of a sudden, when the war started you saw that the change in mood had a big impact. And then there's the matter of stress and pressure, the place of anxiety and its impact on pregnancy."

She continues: "There was a focus on real anxiety, a sort of existential anxiety. A lot of women also went into a sort of survival mode. [They had] fewer feelings about the pregnancy; it almost seems like it's something they just want to get done. There's so much on their minds, so much stress, that they kind of forget about themselves. You have to stop sometimes and remind them that they're pregnant – that they need to take time to focus on that."

Weiss says the midwives must adapt to the specific needs of the women when providing this care. "Everyone has their own difficulties. Many of the women who were evacuated are housed in hotels. Some that we've met have managed to rent apartments, so they're no longer in one or two rooms with a few kids and their husbands. But in many cases, they're still unfamiliar with the areas they're in. They don't have their community. If they're in a hotel, they might have their communities but they don't have their personal space. There's a lot of difficulty in just winding down and having their privacy."

At the same time, she notes, "You have women whose partners are in the reserves and they're very stressed out about what'll happen, whether everything is okay. 'He can't call for the next week or two, he can only come home here and there – what if I need to get in touch with him?'



Ela Weiss. Credit: Maayan Diskin

"There's a difference from the beginning – where the women are very stressed about the well-being [of their partners], whether they'll get out okay and come home – and when it gets closer to the due date," Weiss says. "Then, they worry about whether they'll make it to the birth. Their stressors change from week to week."

It's another story entirely when it comes to the war widows, she says: "The worst has already happened to them. There's a spectrum of grief. You have women who are very much involved in 'doing,' just doing anything so their schedule is so packed full of things, making themselves productive all the time in order not to think. There are women who we met just as they were ending the shivah mourning period – so they're still repressing it."

Those who lost their partners on Oct. 7 have moved onto a different stage of grief, Weiss says.

"They understand that it happened, but they're pregnant and they need to take care of themselves and the baby that's on the way," she relates. "They've been processing the grief."

She adds: "The widows are in an objectively complex position. Many of them come at this and say, 'As I see it, this is a gift from him and I want this process to go as well as possible – because this is something he left for me and I want it to be a good experience.' Even though it comes from this painful place, it brings this joy, and at least we have this."

Like the women they care for, the midwives are also coping with Israel's wartime reality. Their own experiences, plus the emotional strain of providing constant care, can prove taxing. As

part of the program, the association offers the midwives weekly meetings, as well as a lecture series about trauma and loss from a veteran midwife who specializes in that area.

"She gives advice both about how to deal with the women and the tools they'll need, and about coping themselves – the difference between empathy and identifying with the women, how to talk about these issues. It's also an open space for discussing their own difficulties," says Weiss. "It really is a lot to carry, this emotional burden, so we give them this support."



Sari Nahir Biderman. Credit: Thomas Solinsky

Sometimes, though, the work itself can be a balm in a time of chaos.

"The delivery room has been a haven of sanity during the war," says Biderman. "It's been saving us. It helps us help others. When you enter, you manage to disconnect from everything that's going on outside. First and foremost, good things happen here: you're bringing new life into the world. For those eight hours while you're here [on your shift], you don't think of what's going on out there, especially during the war."

She's even invited others to the delivery room to enjoy this positive energy.

"It's truly life, it's new life. We want to bring them into a world that'll be better. There are a lot of faiths [at the medical center]: Muslims and Christians and Druze and Jews, religious and secular. We all work together as midwives, as doctors, and even our patients cover the full spectrum. You don't feel like [there's conflict] here. We keep saying that if the world looked like this, we would be in a really good place."

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