MIDWIVES OR MOAS? August 1988

It is almost ten years since the last midwifery students graduated from St Helens. During that time, more and more midwives have become aware of the wide gulf that exists between what we think we are or should be and what we actually are, that is the difference between our fantasy and the reality. For instance:

- We claim midwifery is a profession in its own right;
- The Departments of Health & Education and the NZNA claim midwifery is a post graduate course of nursing;
- We refer to ourselves as 'midwives' and are classified as such on a midwifery register;
- Legally we are defined as 'nurses', and there is a move to do away with the midwifery register and place us under one comprehensive register;
- We subscribe to the ICM/WHO definition of a midwife as an independent practitioner.
- Since 1971 we have been required to work under medical supervision, i.e. we are obstetric nurses.

Obviously, if we are going to bring reality into line with our ideas of what we should be, then we are going to have to make some very difficult decisions at this Conference. No longer can we just discuss the issues. If we fail to grasp the opportunity presented at this Conference to determine our future, then I suggest that we select several of our best specimens so that in due course they can be embalmed and placed in the museum alongside that other extinct species, the moa.

There has probably never been a better time in recent history in which to seize the initiative in determining the role and status of the New Zealand midwife. Not only is the whole country in a chaotic state of 'market led' restructuring and therefore very conscious of cost effectiveness - and midwives are cost effective, women, the consumers and our natural allies are rebelling against the medicalisation of childbirth.

However, it's not going to be easy to reclaim midwifery as an independent profession to meet the needs of women as they define those needs. It measn changes in our own ideas and practises as well as fighting to regain our lost territory. Such a mighty battle requires a plan of action that is based on a realistic analysis of the historical, political and social conditions. This is known as a 'strategy' i.e. a plan to change something.

The strategy I am proposing is that we form our own independent professional organisation which is the primary step in speaking for ourselves. This idea is not new, it has been in the wind for several years. One of the stumbling blocks has been our historical dependence on the NZNA which itself began as a professional association, and our present reliance on NZNA to negotiate our industrial conditions. The recent labour legislation has limited our industrial options and thus made our choices easier. I will deal with that one later. First, I want to discuss the other impasse - our relatively recent conditioning in perceiving ourselves as nurses.

Ever since Eve ate that apple midwifery has been distinct from nursing. While nursing and midwifery are two branches of the same strong tree of caring, midwifery grew out of the age-old covenant between women, while nursing developed from caring for the sick and wounded in ~~nunneries~~ convents, on the battlefield, in poor houses and finally in hospitals under the dominance of doctors. Despite the fact that birth has become more medicalised under medical dominance and nursing is developing a more holistic approach to illness, that does not change either the historical roots nor the basic concepts between caring for people who are ill and supporting well women to do what their bodies were designed to do.

In fact, it is the medicalisation of childbirth that has blurred the differences between nursing and midwifery. Hospital-based, medicalised childbirth has led to the conversion of the midwife into a sophisticated obstetric nurse and placed midwifery firmly under nursing/medical dominance. This same development has led nursing to expand its parameters to engulf the midwife's role, not only in N.Z. but throughout the Western world. In N.Z. this was officially stated in the 1981 NZNA Policy Statement on Maternal & Infant Nursing, the very title of which is significant!

This document was prepared in haste when it was feared that domiciliary midwifery could get beyond the NZNA/medical control. Its stated purpose was to reinforce the role of the nurse in the area of maternal and infant health in line with the changes in nursing education. Even while saying that 'midwives are the backbone of maternal and child health nursing services in New Zealand' (p9) it firmly classified midwifery as 'nursing services', defined the midwife as a nurse and midwifery as a post-basic nursing

qualification. It therefore set the philosophical base for the Nurses Amendment Act, 1983.

It stated 'there is failure to agree on the most basic question, "Who is a Midwife?"' (p19) then went on to urge nurses 'to strive for recognition as a powerful professional group advocating changes and innovations in the delivery of maternal and infant care'. (p20)

To facilitate the final devolution of the midwife, it proposed the 'family health nurse' who is primarily a generalist with specialist qualifications such a community health nursing or midwifery (p13) based on the premises that (i) the origens of health care are within the family; and (ii) the nurse is the professional most suited to nurture the health potential of this group. (p6)

This was a blatant take-over bid which went unnoticed at the time as midwives looked for ways to control the mavericks in their midst - the domiciliary midwives. The bid was legalised in the Nurses Amendment Act 1983 which reinforced the role of the obstetric nurse permitting her and several others to carry out maternity care under medical supervision.

This Act did have one good aspect - it roused midwives from their long slumber and politicised them very quickly! Since then midwives together have worked for and gained NZNA endorsement for the WHO/ICM definition of a midwife (1985), have prepared midwifery Standards of Practice, Service and Education; have gained a separate midwifery education to start next year, and with consumer support have forced revision of the 1981 NZNA Policy Statement. This has been replaced, in part, by a Midwifery Policy Statement, an excellent document which will hopefully be endorsed by NZNA Conference next month.

While these are impressive gains, it is important to realise that those who hold power do not give it away. Under pressure they do make short-term accomodation to diffuse opposition, especially if they are in a weak position. As yet the NZNA have not clarified their position on the role of this family health nurse in maternity care.

So while there has been a slight shift to accomodate the noisy midwives, we still have to contend with the bureaucratic mind-set of many NZNA executive members, polytech HODs and departmental advisors, all supported by the politically powerful medical profession.

At present the NZNA represent us on the Board of Health. Since one of the basic functions of any organisation is to protect the interests of its members, how can NZNA represent the interests of nurses and midwives when we are contending for the same territory? This is called 'a conflict of interests'. It would be politically naive, if not downright stupid, for us to believe that NZNA could represent our interests. In fact, the Minister of Health, David Caygill noted when reviewing documents that the midwives have different views on their education and role that that of the Nurses Association. (Letter to Norma Campbell, 14.1.88). If we want legislative changes in order to reclaim our autonomy and our territory we will have to fight for these. That's what wars are about - territory, trade, power. The first step in any struggle is to be able to speak for ourselves, and we can only do that through our own professional organisation.

How can we say midwifery is a profession in its own right, then depend on some other body to speak for us? Further, while this body defines us it is questionable if we are a profession. While a profession is defined as an occupation requiring an education, according to the NZNA Policy Statement on Nursing in New Zealand, 1976, only midwives who have taken a post-basic nursing education (nurse practitioners) can qualify as professionals. This questions the professional status of many of us, and it ties us more firmly to nursing.

While I have some reservations about the elitism of professionalism, that is the accepted power base from which we must operate to regain our independence. So long as we remember that our survival rests with satisfied consumers, 'professionalism' shouldn't corrupt us. Caygill has said, that in view of our problems and the shortage of midwives, he can't understand why we haven't formed our own organisation before this. He also stated that should midwives form such an association he would be forced to address that body on midwifery issues rather than the NZNA (Interview with Karen Guilliland, 28.11.87).

This would certainly ne a step in the right direction. However, the Minister is only a figurehead. He still has to run the power blockade in his own department, which is a bureaucracy. A

bureaucracy is defined as a concentration of power exercised by administrators. In this case, these are the nurse advisors whose concepts of what a midwife is are defined by NZNA policy statements and their own nursing backgrounds. The most powerful nurse advisor to the Minister of Health is Sally Shaw, who is not a midwife. She is a RGON with a BA & MPH and is adamant that a midwife is a nurse. While two of the nurse advisors have a midwifery certificate, they were not nominated by us to represent our interests. In fact, we have no process through which we can directly influence departmental decision-making and this was clearly evident in the recent decision to continue the midwifery option within the ADN as well as initiating the three-year pilot separate midwifery course. We definitely need out own representatives on the Board of Health and the only hope we have of achieving this is through our own organisation.

So what are we waiting for? Conditions were never more propitious: we are united, more politically aware, more women-centred in our practice, have more consumer support and we are even displaying some tendencies towards sisterhood. Our opposition are all in the process of restructuring which is subjecting them to changing roles and uncertainly. The Department of Health is under pressure from Treasury, from Maoris, from consumers and from midwives. And, as mentioned earlier, the recent labour legislation has made our decisions easier. We can only form a professional organisation. Since we are already covered by an award, we are now prohibited from forming our own industrial negotiating body, regardless of how many members we have, or may have in the future. (1988 Labour Relations Act, Part IV). In fact, until 31 March 1989, NZNA has unchangeable and exclusive coverage of midwives under the State Sector Act. After that date, whether we like it or not, we are up for grabs on the industrial front. Then, we can remain under the restructured NZNA when we finally find out what that will be, but it appears that Sections will have to reorganise. Or we can liaise with NZNU, or PSA, or the HOtel & Hospital Workers, or Childcare Workers, or ATTI (Assoc Teachers in Technical Institutes), or any other union interested in representing our industrial interests.

In order 'to overcome the legal problems that the new Labour laws have created for special interest groups' the NZNU has proposed a Federation of all unions representing nurses, and this is yet another option.

In a recent paper (July 1988) the National Midwives Section assessed the situation and suggested two options if we formed our own professional association. These are:

(a) We can forgo industrial representation. Under NZNA membership rules, midwives are already negotiated for under the title 'nurse', i.e. we get industrial representation by default as do nurses who do not belong to NZNA/NZNU. We take the stance that it is more important to keep choices for women in childbirth and retain the status of the midwife as defined by WHO. We form an association whose primary aim is to promote midwifery in order to survive as a profession The membership fee would be high in order to meet this committment on a national level and all funds are for this purpose. The association would be the voice for midwives;

(b) We accept the (a) hypothesis but as individuals we choose to belong to NZNA (or other suitable union) for industrial representation, and to the Midwives Association for our professional needs. This committment would also be expensive.

In view of all these factors I am proposing that today we make history and officially form our own

AOTEAROA COLLEGE OF MIDWIVES.

Copies of the provisional constitution are available along with membership forms. The provisional sub is $50. We need a working party to draft a final consititution for incorporation.

I would like to end by quoting Shakespeare.

'There is a tide in the affairs of men, Which taken at the flood, leads on to fortune; Omitted, all the voyage of their life is bound in shallows and miseries. On such a full sea are we now afloat, And we must take the current when it serves, Or lose our ventures.'

Midwives are now on such a full sea. Today we must decide whether we become midwives or moas.

Citation: Joan Donley, 'Midwives or moas?', Save the Midwives, 16, (August 1988), pp. 22-26. (Available in Anne Sharplin, 'Further papers relating to domiciliary midwifery and home birth, 1982-1997', (2004/1.2), held by Wise Woman Archives Trust, Hamilton.)