20001-113-011

National Midwives Section of New Zealand Nurses Association

Submission re: Future of Midwifery Education in New Zealand

Introduction

Since 1970 midwives in New Zealand have been seeking to improve the level of preparation for registration and practice as midwives.

The decision by government in 1978 to establish the midwifery course as a sub-option within the Advanced Diploma of Nursing, has caused serious concern to midwives in New Zealand and has been a subject of continuous debate within the nursing profession and technical institutes.

In 1979 the National Midwives Section of NZNA recommended to government that education for midwifery practice should be undertaken in a separate course.

In 1980 the New Zealand Nurses Association Conference passed a resolution urgently requesting "the Minister of Education to make provision for a separate midwifery course leading to registration to replace midwifery registration as an option in the Advanced Diploma programme in technical institutes, thus leaving the Advanced Diploma course for registered midwives wishing to further their education."

This resolution was passed at NZNA conference again in 1982 and 1985.

In 1987 the Department of Education released its report - An Evaluation of the Advanced Diploma in Nursing Courses, which was commissioned in 1983. This report contained no definite recommendations relating to midwifery education.

Rationale for separation of the midwifery course from the ADN course

The National Midwives Section of NZNA believes that the midwifery course must be separated from the Advanced Diploma of Nursing for the following reasons:

1. The purpose of the ADN courses is to enable registered nurses to be prepared for the role of nurse practitioner as defined in NZNA publications. Those nurses who have undertaken the midwifery sub-option are only fitted to practice midwifery at beginning practitioner level (see appendix I).

   The confusion arising from two levels of expectation within one course is detrimental to progress both within the course and to the newly qualified practitioners.

2. The time allowed for theoretical and clinical midwifery experience is compressed. This results in inadequate time for assimilation of experiences which are vital to the development of clinical skills across the range of midwifery practice. It also reduces the exposure to midwives in clinical practice which is deleterious to the proper development of the concept of the role (see appendix II).

   The Education Department report states that "significantly more midwifery for registration graduates were dissatisfied or very dissatisfied with the theoretical and clinical components of their course (especially the latter component) compared to graduates from other options." (Evaluation of ADN courses, pg 52).

3. The workload imposed on nurses undertaking the midwifery sub-option within the ADN courses is too great. These nurses are attempting to work at two levels of learning i.e. as a new practitioner in midwifery and as a skilled practitioner in nursing. This was identified as a problem within the report both by students and other respondents.

4. The present pre-requisite for entry to ADN courses is two years post-basic experience, one year of which is in the clinical area in which the diploma is sought. This is innappropriate for the midwifery course. These nurses may only practice obstetric nursing, not midwifery. This they can only observe. The quality of experience they obtain may be variable and unbalanced. The effect of a full year in a clinical area in which they are unable to exercise full responsibility for their practice because of lack of basic knowledge and skill, is either to undermine confidence or to discourge many nurses from pursuing their initial object.

5. For those midwives who have completed registration in the midwifery sub-option the possibility of later entry to an ADN course is not clearly defined. University education seems to be the only option, and many may not be suited to or interested in this. There is no possibility at present for any advanced study of midwifery. Nurses who have completed an ADN in another specialty e.g. Medical/Surgical nursing, appear to be precluded from entry to the midwifery sub-option should they later wish to make a career change.

6. The numbers of midwives training in NZ has dropped dramatically since the inception of the combined midwifery/ADN course in 1979.

1976-162	1982-13
1977-157	1983-24
1978-185	1984-23
1979-163	1985-27
1980-120 (combined hospital & TI courses)	1986-29
1981-18	1987-33

The National Midwives Section of NZNA believes that there are several reasons for this decline.

a) Dissatisfaction with the course e.g. workload, lack of clinical experience, cost pre-requisite experience. There is no other course of nursing which leads to a registration, which is combined with another course.

b) Funding
- students may be sponsored by Boards and are then bonded. This caters for a limited number and some Boards are less committed than others.
- students may fund themselves or apply for a bursary, both of which place a financial burden on students. Many midwifery students are mature students who often have extensive financial committments such as mortgages.
- the world wide trend is for mature women to choose midwifery as a career. This tradition works against midwifery under our present education system, unless funding allows such students immediate access to midwifery education.

c) Inaccessibility of courses

- only four technical institutes offer ADN courses with midwifery as a sub-option.
- the financial and family committments of many students makes travelling to another centre an unnacceptable option. e.g. South of Christchurch, all prospective students must move to Christchurch or further north for a full year. A small survey in Dunedin Hospital alone identified 20 nurses who wish to undertake midwifery training but are unable to leave Dunedin.

Recommendations

The National Midwives Section of NZNA make the following recommendations:

1. Separate midwivery courses must be established outside of the ADN courses, which provide quality midwifery education clinically as well as theoretically.

2. A separate course should include some subjects currently taught within ADN courses, which are entirely suitable for midwifery courses e.g. group process, client teaching, human growth and development, sociology of the family, multicultural studies, professional issues, counselling and communication, concepts of mental health, research, family planning, human sexuality, neonatal nursing.

   However, the emphasis should be on midwifery and the application of these subjects to that specialist field.

3. The pre-requisite year should be abolished. Midwifery is a profession geared to the practice of midwifery, not the practice of nursing i.e. the focus is on maintenance of normal human function as opposed to the dependency needs of the ill.

   The reason that the comprehensive nursing course was set up within technical institutes, was to allow students to acquire the principles and skills necessary to enable them to practice. The pre-requisite year is an anachronism in that it requires the student to practice before gaining the knowledge necessary for quality care. The employer is also required to have obstetric nurses working in positions which could otherwise be filled by midwives.

4. The midwifery registration must be retained. The registration has been in place in NZ since 1904, to ensure a minimal level of expertise for all midwives.

5. Midwifery courses should be available at all technical institutes, making midwifery accessible to many more students. As well as separate courses being available in technical institutes which currently teach midwifery, we suggest the setting up of pilot schemes in 1988.

   Otago Polytechnic and Southland Community College have already applied to the Education Department to set up a regional separate midwifery course, following submissions by the midwives section. The possibility of running this course from July to July has been considered, in order to make the best use of clinical areas at times when other students (medical/nursing) are not utilizing these, and also to maximise yearly trends in birth rates.

   It is not too late for planning of such courses to begin now for mid 1988.

(Foundation)

6. A central fund for student midwives should be available, as well as the present under-utilized system of Board funding, making funding more accessible to student midwives throughout the country.

   With the possibility of the phasing out of Bridging Programmes being mooted, we suggest using this funding for midwifery programmes. We realize this may need to be a gradual process.

7. The current shortage of midwives in New Zealand must be recognized as a serious problem. These shortages are in maternity units as well as community health services.

   Under the Nurses Ammendment Act, 1983, Section 54 (2) a, the potential exists for obstetric units to be staffed entirely by people completely untrained in midwifery. This can only be to the detriment of the health of women and children in NZ.

   Midwives have repeatedly made submissions to have this section of the act changed to read:

   Section 54 (2) a - "is a registered midwife, or registered midwife and registered general and obstetric nurse, or registered midwife and registered comprehensive nurse"

   This change has not yet occurred.

   Because of this clause, Boards are able to employ nurses instead of midwives and the potential dangers of having untrained staff working in specialist areas are of great concern to midwives. Midwives are trained to provide excellent care in an essential service.

   We urge that proper manpower studies are carried out looking at midwives, not nurses, and that long term workforce planning is taken into account when considering midwifery education.

8. The maternal and infant health option (not leading to midwifery registration) should remain within the ADN course, providing an opportunity for advanced education of registered midwives.

Conclusion

The development of maternity service at a national as well as local level, has for the past twenty years or so, been almost solely in the hands of one professional group - the obstetric specialist. While midwives do not question the need for specialist expertise in the treatment of difficult pregnancies, we do question the right or ability of this group to dictate the conditions under which normal birth should take place. Birth is, after all, not a medical problem, but a normal human function and we belive that to keep the general medical practitioner as the gatekeeper to maternity services is counter-productive to this concept of birth as a normal process.

It is noted also (Lancet, March 1987, p665) that it is those women in greatest need of early antenatal care who do not have a general practitioner, or for whom the present system of reporting pregnancy to a doctor may act as a deterrent to receiving such care.

New Zealand midwives are a rapidly diminishing population as a result of this medicalization of childbirth and our present education system. Hospitalization, subsequent infection and sedation quickly eroded the midwife's role as facilitator of normal childbirth, and the woman as the central controlling focus in the birth process.

Midwives propose changes to the maternity health services and midwifery education systems, in the belief that the expansion and reallocation of the midwives' resources reflect the community demand for greater choice and control over the birthing process, while also serving societies' need for a cost effective and health effective service.

Sally Pairman,
Chairperson,
Otago Midwives Section

Karen Guilliland,
Incoming Chairperson,
National Midwives Section

on behalf of the National Midwives Section
of the New Zealand Nurses Association