

## HAS THE N.Z.N.A. SERVED THE INTERESTS OF MIDWIVES?

- 1971, Feb. The Carpenter Report (June-Sept 1970) which made only very brief reference to midwifery, set the stage for our present dilemma. The Report dealt with the transfer of nursing from the hospital-based 'apprentice-type training' to technical institutes to resolve 'the conflict between the service needs of the hospitals and the educational needs of the students' (p19). The low esteem of midwifery is reflected in one short paragraph on 'certificate courses' which 'need to be examined in the light of the roles nurses are expected to fill, the advances in medical science and technology and the trends in education. The midwifery course is the only one which attracts an appreciable number of students' (p13) (Jan-June 1970, 90 students were enrolled in three midwifery courses). Although a wide range of officials were interviewed representing departments of health & education, hospital boards, universities, plunket and professional associations (including NZRNA Exec), no person directly representing midwives was interviewed! Midwifery training was a non-issue.
- \_\_\_\_\_ May At NZNA Conference a remit was passed THAT NZNA recommend to the Nurses & Midwives Board that the course of midwifery training be extended to a minimum of 12 months to include both normal and abnormal aspects of midwifery and obstetrics, and of sufficient depth to satisfy present day practice and requirement.
- The then Nurses & Midwives Board resolved not to extend the present course of midwifery training pending the proposed revision of all basic and post basic nursing programmes. \*
- \_\_\_\_\_ Dec The Nurses Act 1971 reduced the midwife to a maternity nurse. Henceforth she would be required to work under medical supervision.
- Not a murmur of protest from NZNA!
- 1972 Formation of the present Midwives Section in order to join ICM.
- 1973 At NZNA Conference a remit was passed THAT NZNA request the Nursing Council of New Zealand to give urgent consideration to the discontinuation of the maternity registration with a consequent lengthening of the midwifery course, at least part of which should be a student-based programme.
- The Nursing Council replied that it was studying the principles involved and would make appropriate recommendations in due course. A committee was set up †, questionnaires were circulated to recently graduated midwives and nursing and medical personnel who employed or worked with midwives.

- 1975, In response to the Carpenter Report a committee was set up which prepared A Proposal for a Midwifery Programme of one year which it believed could be implemented as an interim measure and be capable of translation to the tertiary education setting. This was presented to the Nursing Council & the Department of Education. However, any decision to extend and/or alter the midwifery programme was deferred until the whole problem of advanced education for nurses was resolved. 3.
- 1976 A NZNA Policy Statement on Nursing in New Zealand recommended re midwives that a programme to prepare the midwife as a nurse practitioner will increase her clinical skills and will also assist her to function at a higher general level than the nurse by increasing the breadth and depth of ability to make independent judgement and to initiate action with patients, families and other staff.
- 1978 The Advanced Diploma of Nursing (ADN), a 40-week course, was established in a technical institute. (The Carpenter Report had commented re the Wellington School of Advanced Nursing Studies course (1928-78) (a post-basic diploma programme) 'Students have inadequate knowledge upon which to build, because the school is unable to meet their needs in a nine-month programme' (p13)
- Yet, here was another nine-month course in tech which also included a midwifery option. What does this tell us about the value NZNA attached to midwives and their education?
- 1979, Dec. A meeting of Regional Chairmen of the Midwives Section again explored the role & function of the midwife and examined the new course within the technical institute. The Report from this meeting recommended that education for midwifery practice should be undertaken as a separate course. The NZNA response was that as the process of transfer had only just begun, action at this time was not seen to be appropriate!
- The final class of midwives graduated from Auckland St Helens.
- The midwifery allowance was dropped.
- 1980 At the NZNA Conference a remit was passed THAT NZNA urgently request the Minister of Education to make provision for a

1980  
(cont'd) separate midwifery course leading to registration to replace the current proposal of midwifery registration as an optional extra in the Advanced Diploma programmes in Technical Institutes, thus leaving the Advanced Diploma for midwives wishing to further their education. (32/80)

Instead of actioning this directive from Conference, NZNA 'addressed its substance as it poses professional and educational difficulties'.

Difficulties for whom?

The subsequent NZNA Position Paper on Nursing Education (1980) 'did not favour such costly duplication' (of a separate midwifery course) and affirmed their belief that 'midwifery is a post-basic (nursing) qualification'.

1981 April NZNA Policy Statement on Maternal & Infant Nursing, prepared by an ad hoc committee # was railroaded through Conference in May - 'vote for it now, debate it later'.

While acknowledging 'there is failure to agree on the most basic question - "Who is a Midwife"? the Association considers a midwife to be a nurse...who...is qualified to care for women during pregnancy, delivery and the postnatal period, and for the neonate...The detection of problems either actual or potential...requires that the midwife obtains medical assistance, although she is qualified to carry out emergency measures in the absence of medical help' (p19)

Remember that legally this midwife has had to practice under medical supervision since 1971.

Expressing nursing ambition for 'recognition as a powerful political group advocating changes and innovations in the delivery of maternal and infant care' (p20)

considerable space was devoted to three recommendations (13,14 & 18) concerning 'the relatively independent nature of (domiciliary) practice' and stating they did not 'support the demand for home confinement' but found themselves forced by circumstances to 'formulate policies that admit reluctant acceptance of a fait accompli'. (Appendix 1 piv)

1981 This Policy Statement caused seven domiciliary midwives to form the Domiciliary Midwives Society Inc in order to speak in their own interests and to counter the moves by NZNA.

1982 The Midwives Section again put the remit for a separate midwifery course and this was passed at Conference. Letters were sent to the Ministers of Education & Health, and the issue was raised with both Ministers separately by the NZNA president. A meeting with the Director of Nursing (21 June) indicated that the Department's view was that it was too early to decide whether a separate course was the most efficient way to achieve goals. (Annual Report 1982, p34)

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Had the midwives represented themselves would the results have been more positive? (Like Longfellow's poem, The Courtship of Miles Standish wherein Standish sent John Alden to Priscilla with a proposal of marriage and Alden married her himself!)

National Midwives' Seminar, Auckland expressed the need for a cohesive policy. Following a series of regional workshops the views were collated and resulted in a

1983 April Working Party on Midwifery Education which recommended

THAT:

- 1) The midwifery course be retained within the Technical Institute system;
- 2) Midwifery registration be retained;
- 3) The midwifery course be separated from the ADN and directed toward the preparation of the beginning practitioner in midwifery;
- 4) The clinical prerequisite year prior to entry to the midwifery course be abolished;
- 5) The concept of clinical teaching contracts in approved clinical settings be investigated to ensure that the optimum clinical experience is offered to students;
- 6) Discussion take place between the NZNA, the Midwives Section, the Nursing Council, the Departments of Health & Education and the Technical Institutes to reconsider the length and structure of the course;
- 7) Provision be made for the admission of midwives to the ADN in sufficient numbers to maintain development of the midwifery service;
- 8) The NZNA Policy Statement on Maternal & Infant Nursing (1981) be revised and updated in the light of current community needs and professional developments.

This Report was ratified by Section members with the addition of a recommendation for funding and that the prerequisite year not be abolished, but reviewed. The Report was sent to the NZNA Executive and the Director, Division of Nursing.<sup>5</sup>

Sept The Nurses Amendment Bill (Clause 15, Section 54,2(a)) undermined the role of the midwife in the maternity care system.

A submission to the Select Committee prepared by the National Midwives Section was embargoed by the NZNA Executive. The submission provided the W.H.O. definition of a midwife (who is a 'person' i.e. not necessarily a nurse) and said,

1983 Sept  
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'...within the team Midwives have a defined sphere of practice. It is essential that their role is recognised and respected by other professionals within the team. If the midwives' sphere of practice is eroded it is foreseen as having the effect of reducing the quality of care given to the mother, baby and her family. The skill and expertise of those providing health services at so critical a time as birth and the time surrounding it, is of paramount importance to the health and welfare of future New Zealand citizens. The quality of the service should not be compromised by any deficiencies in the personnel comprising the service.'

The Section also asked that 'the term midwifery practice' be written in the Act instead of obstetric nursing. 'Midwifery practice is not the same as obstetric nursing'.

The Bill was passed 24.12.83 and became effective 1.4.84. Henceforth a registered nurse who is not a midwife can direct and supervise obstetric nursing.

1984, May

The NZNA Nursing Education in New Zealand: A Review and a Statement of Policy recommended that the course of study in a technical institute leading to an Advanced Diploma in Nursing and registration as a midwife be retained. (No 17). This, despite a Conference remit for a separate midwifery course and repeated representations from the Midwives Section.

The preamble outlined NZNA's 'professional and educational difficulties' concerning a separate course.

Professional:

- (a) Health is the central focus of the statement on nursing ratified by NZNA. This is identical with the goal of practising midwives;
- (b) The knowledge and skills that identify a midwife amplify the body of knowledge that is nursing;
- (c) The scope of midwifery practice requires the practitioner to draw continuously on their nursing knowledge;
- (d) Practice and knowledge are inextricably related and complementary;
- (e) The existence of a register for midwives is incidental to these principles.

Educational:

- (a) The preparation of nurses in basic programmes/courses introduce them to the skills and knowledge that are utilised in all areas of nursing practice, including midwifery;

1984, May  
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- (b) The purpose of the ADN courses is to extend basic nursing skills with an emphasis on clinical practice;
- (c) It is impossible to develop new skills and knowledge in isolation from what already exists.

1985

This recommendation was put as a remit to the 1985 NZNA Conference by the Nurse Educators Section, Northern (no 13)

THAT the NZNA publicly support policy statements published in both Maternal & Infant Nursing (April 1981, recommendation 15, p19) and Nursing Education in NZ: A Review and a Statement of Policy (May 1984 p33) which outline the belief that the advanced specialised knowledge and skills of midwifery are built upon the concepts developed in the basic nursing programme. Six rationalisations were presented in favour of this remit which was defeated thanks to the organised action of the Midwives Section.

Yet again a remit (#33) for a separate midwifery course to be treated as urgent was passed at the 1985 Conference. Also passed was remit #32 that NZNA reaffirm its policy re a separate midwifery course outside the ADN but within the technical institutes. (32/80) commenting that 'it is time the debate stopped and the action occurred'.

Although the Nursing Education Review & Advisory Committee reported that concerns about the midwifery programme within the ADN had been conveyed to it by both employers in hospital boards and the Midwives Section (Annual Report 1984 p5) letters were sent in June 1985 to the Ministers of Health & Education. The Minister of Education replied (24.7.85) that a thorough evaluation of the ADN was being undertaken by the Research & Statistics Division of the Department of Education and that the Advisory Committee included the NZNA nominee Maureen Laws.

What feed-back did we receive from Maureen Laws about the arguments she presented on our behalf? Did she represent our interests or those of the Executive Director, Pat Carroll who pointed out (Chch) that there are only 600 midwives and more than 20,000 nurses who are NZNA members and such a small group of midwives cannot expect to sway the opinions of the nursing profession.

The Minister of Health (1.8.85) expressed concern that sufficient numbers of nurses are attracted to midwifery practice and referring to the ADN review said, 'I am not prepared to enter this debate until such time as the review has been completed' (Annual Report 1985 pp32/33)

1985  
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At a Seminar in Auckland where Dr Bassett answered prepared questions, Ann McQueen then National President of the Section reported that he was "unaware" of why midwifery status should be returned and what areas midwives should control. Obviously our representatives were not advising him adequately.

This 1985 Conference also saw passage of remit #14 THAT the NZNA use the ICM definition of a midwife in all future policy statements

July

A special meeting of Section was held with NZNA Executive, on Midwifery education. Departments of Education & Health declined to attend, the Nursing Council representative was absent/sick. It was agreed to hold a further meeting when the evaluation was completed.

A letter from HOD, Waikato Institute 'saw no basis for separating the ADN from the midwifery preparation'.

Wellington & Auckland also reaffirmed that midwifery education should remain within the ADN. Christchurch found a separate course acceptable.

1986, Sept

The first National Midwives Conference (3 days) was held in Christchurch. Lorraine Sivyler, NZNA President wrote a 'secret report' on it for NZNA Executive. Although she did not attend the Special AGM she wrote that the topic of a separate organisation was raised, which had evolved out of the Massey Workshop (Aug 1986) where 'midwives were really looking at their resources and ability to represent themselves. Our anticipation of a breakaway did not occur in reality. They will look at the feasibility of setting themselves up as an organisation. They had the information as to the cost and the implications of this. I sensed the climate was timid at the moment and certainly the political awareness was not as astute as we might have believed. However it was constructive'.

Maureen Lawton also submitted a 'secret report'. 'Discussion re breaking away from the NZNA was obviously an issue that was being expected to be raised. There was much division of opinion. The major reason for breaking away seemed to be the dissatisfaction at not receiving information from ICM... The 'off-side lobbying' I undertook at every break was exhausting but I believe was helpful.'

1987 May

Following several requests NZNA set up a committee to develop a new policy on Maternal & Infant Health. This committee has three midwives nominated by Section, PSA - one and National Exec - one plus Joy Bickley (Secretary). This is to be ready for NZNA Conference 1988.

1987 Finally the Evaluation of the ADN was published! It found that half the nurses who undertook the course, mainly to qualify as midwives said it was 'unsatisfactory' or 'very unsatisfactory'. They were either 'dissatisfied' or 'very dissatisfied' with both the theoretical and clinical components of the course. Twenty-two percent of the supervisors and senior nurse colleagues agreed that the midwifery option within the ADN was "a major weakness" - the workload was too great and the clinical experience inadequate. Most senior nurse administrators and some tutors felt that the midwifery qualification should be obtained before nurses undertook the Advanced Diploma in Maternal & Child Health. (pp 25 & 60) The Report also admitted that 'nurses who undertake a course leading to a midwifery registration have different requirements from most nurses seeking an advanced diploma' (p7) However, it made no recommendation for a separate course!

Aug Twenty-eight N.Z. midwives attended the ICM Congress in The Hague. Our official delegates - Carol Hosken & Ruth Moore - were not expected as such at the Council meeting because NZNA had communicated with The Hague instead of with ICM headquarters in London. They were further embarrassed to be told that out of 52 member countries only N.Z. had not paid their capitation fees for 1987.

Sept A meeting to discuss the future of midwifery education was held in Sally Shaw's office. Karen Gulliland & Sally Pairman were elected to represent midwives. Sally Shaw presented them with four options:

1. direct entry
2. separate midwifery course
3. status quo remains
4. combination system of ADN/midwifery and separate midwifery.

It was also suggested that midwives be deregistered.

There is to be a meeting shortly to discuss the option which has been decided upon.

So much for the years of struggle!