Just for the records!

20073-92-010

Submission: to PARLIAMENTARY SELECT COMMITTEE ON HEALTH AND WELFARE.

NURSES AMENDMENT BILL - 1983.

1. I wish to make submission to the Committee on those parts of the Nurses Amendment Bill related to proposals for the order and control of the practice of midwifery in New Zealand. I do so as a teacher of seven years experience, a recent mother of a baby born in healthy and joyful circumstances at home, and a person with deep interest in the provision of care for women at the time of birth and in early motherhood.

2. I oppose those sections of the Bill that restrict further the availability of midwives for New Zealand women in hospital and at home by restricting the registration of trained midwives who have not had general nursing experience. Such restrictions remove choices already held and valued by New Zealand women to have midwives from this background attend them at time of birth. These restrictions also threaten the legal status of a whole group of people who provide vital care to mothers at time of birth, especially mothers in Maori and Polynesian communities.

3. I question seriously the move in the Bill towards a system for the training of midwives which has its emphasis on academic training in a tertiary institution rather than on learning by first-hand experience in a practical setting, along with the necessary and appropriate academic learning. My experience of a home-birth midwife has confirmed my long-held belief that the qualities of profound attention, loving care, clear intuition, and continuig commitment to the new mother are the most important qualities a woman can receive from a midwife. Such qualities abound in the midwife who attended me and many other midwives, who, like her, would be restricted and excluded from practice by the provisions of the Bill in its present form.

4. At a number of points the Bill restricts and limits the choices New Zealand women already have about how and where they want their babies born. These provisions in the Bill will have a particular restrictive impact on Maori mothers and their attendants at birth. At a time when as a whole nation we are re-examining the complexities of our multi-cultural society it seems not only prudent but also crucial that our lawmakers refrain from imposing restrictions on those procedures around childbirth that are valued in minority cultures.

5. I submit my strongest opposition to Clause 16, section 58(2) of the Bill which gives sweeping powers on vague authority to the Medical Officer of Health to suspend midwives from practice.

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6. In conclusion I submit that the Bill should be re-drafted to encourage more midwives to practice and to retain (at least) the choices New Zealand women already have rather than to compound the current shortage of midwives in New Zealand by imposing further restrictions. Overall the Committee and Parliament would best spend time and energy seeking to provide for New Zealand women a system for the training and deployment of midwives that has been both highly successful and greatly valued by women in the U.K. and in much of Europe. This system does not require general nursing taining and yet does provide intensive and effective training for the tasks of the midwife.

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