SAVE THE MIDWIVES

No 14.

CONTENTS

A NEW DIRECTION

for "SAVE THE MIDWIVES"

After 4 years in operation it has come time for a fresh direction for our organisation. For some time now the vital energy of STM workers has been directed towards Specialist Midwifery Training, or direct-entry training, as it is called in England.

We see midwifery and nursing as divergent professions; the one skilled in the care of normal healthy women, and the other ably caring for the sick. This is the fundamental difference between the two professions and is the reason that attitudes engendered by nursing training are a handicap , not an advantage, to a midwife.

The economic argument here is a sound one too. Presently N.Z. trains nurse-midwives, and yet women will only work as the one or the other. The training is lenghthy and expensive, both for the woman who has to support herself while she undergoes it and for the taxpayer who is funding a double qualification and only using one.

We believe that the future of midwifery in New Zealand will depend on the introduction and maintenance of Specialist Midwifery training courses, producing midwives who will work as professionals equal in responsibility, status and pay to the doctor.
The care of normal childbirth will then return to the midwife.

So as of 1988 Save The Midwives will become a newsletter devoted to specialist midwifery - the name will remain the same, and the newsletter will be edited by one of our S.M. Task Force members, Judi Strid, and Brenda Hinton, who is also President of the Auckland Home Birth Association.

I am sorry to be leaving STM, but my marriage breakdown and my need to relocate myself in new housing means I must take time out now. Thank you for all the support you have given me and Save The Midwives over the last four years - I wish Judi and Brenda well with the future of the magazine and I wish all of you a very merry Christmas and a happy new year.

Judy Larkin.

BITS AND PIECES

- A POLITIKIT to help community workers put forward their points of view has been compiled and is available from the N.Z. Association of Continuing and Community Education, PO Box 448, Blenheim. It contains valuable tips on lobbying and using the media, and a comprehensive list of national organisations, with whom you may be able to network to achieve your goals. Well worth getting a copy.

- The Board of Health has sponsored the production of the Woman's Health Record.It is a passport sized record, for your personal use, that includes written information on health checks, life stages, and health rights anedd responsibilities, as well as a menstrual chart, a section for your own health history. and space for recording useful telephone numbers and all your contacts with the health system. Available for $5.00 a copy from NZ Health Book for Women Inc., PO Box 40613, Upper Hutt.

- The Ministry of Women's Affairs has a new booklet called "Government Policy and You" , an excellent guide to people interested in changing laws and policies. It explains how parliament works, and how all the sub-committees etcetera function.This is very useful information for people becoming involved in lobbying, and is available from the Ministry's Information and Liason Division, Private Bag, Welleingtom.

- The Ministry also is operating a "Women's Skills File ", to help women get into touch with one another on a local, regional or national level. This will not be a file of "experts" in the way that word is usually understood. The Ministry recognises that all women are 'experts' in something - in child-rearing or running a home, or looking after other people, in speaking Maori, or working on a farm or dealing with a disability, for example. Write to the Ministry, adress above, to obtain their easy-to-use form to record your interests.

- The Auckland Hospital Board has produced its "Future Organisation of Aucklands Health Services" (August 1987). This details the proposed structure of the intended Area Health Board, and is well worth a read. Copies from the Board (they probably charge) , at PO Box 5546, Wellesley St, Auckland.

LETTERS

Dear Save The Midwives,

The Seattle Midwifery School is a private, non-profit educatiobal institution dedicated to improving the health and well-being of childbearing women and their families through the provision of training for midwifery. Presently, we are in the process of committing resources towards the development of a library and information center to support the education of students, and the needs of staff, research faculty, board members and community based childbirth educators and consumers. We are also interested in making our resources available to the public-at-large as a community service.

With the belief that our library could, if guided, develop into a national resource for midwifery and related information, we seek to structure our aquisition and selection policy so that the collection is:

- current in nature, satisfying present information requests; and
- archival in nature, preserving the non-recurring records of midwifery.

To satisfy the above goal, we would like to obtain information regarding any and all publications of your organisation. We would like to subscribe to your newsletter and ask you tp consider an exchange- your publication in return for the Newsletter of the Midwifery Association of Washington State. Enclosed is a copy for your review.

Thank you for your assistance, in advance, and I look forward to your response.

Sincerely,
Susan Jamison,
Librarian, Seattle Midwifery School, 2524 16th Avenue South, Room 300, Seattle, WA 98144, U.S.A.

Dear Save The Midwives,

Thank you very much for your generous donation. ((of $100)). I am sure you know how much these campaigns cost and how many things there are to spend money on. Although the government assistance with legal fees is a huge relief we still have many expenses in preparing evidence and most importantly seeing that Sandra is able to have a

continoous presence at the hearings. It looks as though we are in for a very long haul so we do greatly appreciate your support.
Yours sincerely,
Phillida Bunkle,
FERTILITY ACTION, P.O. Box 17-056, Karori, Wellington.

Dear Save The Midwives,

I have great pleasure in including another donation to "Save The Midwives" from Riverside Community. With my participation in community life and the fact that people here are aware of the work I do as a domiciliary midwife, we are very happy to support an organisation working to retain and fully utilise the skills of New Zealand's midwives.

Kind regards,
Bronwen Pelvin,
Riverside Community.

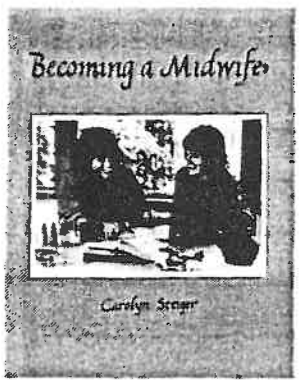
(We thank Riverside Community for their generous donation of $200).

Send $19.95 (US) +$10.50 airmail or $2.25 surface mail to Hooper House 2615 SE Morrison #4 Portland, Oregon, 97214.

Presenting An Exciting New Book:

BECOMING A MIDWIFE

by Carolyn Steiger



This landmark book is essential for anyone who cares about the future of midwifery and home birth. It i both a practical how-to book on apprenticeship and a celebration of the art and spirit of midwifery. Becoming a Midwife is a complete apprenticeship program in three phases, including reading lists, projec assignments, skills checklists, evaluation forms, detailed guidelines for assisting a midwife, delineations c the teacher's and student's responsibilities and much, much more.

But Becoming A Midwife goes beyond the subject of apprenticeship to address the issues midwives face, from the impact on the midwife's family to fear, respect for women, patience, politics, and life and death. It is a book about relationships, attitudes and the midwife's approach to birth and birthing women.

Becoming A Midwife will be a practical and inspiring addition to your library.

"...a remarkable achievement!... At long last, a model for apprenticeship has been articulated in this thorought, comprehensive and inspired work. Carolyn Steiger at once defines the no-nonsense bottom-line skills essential to practice **AND** the critical personal preparation that distinguishes the true caregiver. The sections on Assisting are brilliant, just what student and teacher need to know to get along. And the chapters on character attributes such as honesty, humility and self-knowledge are not to be missed! Thank you, Carolyn, for writing from the heart and providing us with an invaluable guidebook." - **Elizabeth Davis, Author,** *Heart and Hands* **A Midwife's Guide to Pregnancy and Birth.**

Contents

CRISIS IN MIDWIFERY EDUCATION.

Are mothers and babies important to New Zealand?
If so, we need more midwives!
Since 1979 when midwifery training was transferred from the St Helens hospitals to the technical institutes, N.Z. has trained a total of only 138 midwives - an average of 23 p.a. (1980-85) Under the St Helens programmes an average of 157 midwives were trained each year.
In 1981 there were 3621 midwives holding an annual practising certificate. In 1986 there were 2982 - 639 fewer. Not only that, a mere 8.78% (262) of these are under 30 years of age, while 25.2% (753) are over 50 years of age; 62.4% (1861) are between 30 - 49 years. (Table 1).
Most of our midwives (85%) now come from overseas. Approximately 28% of these overseas trained midwives are N.Z. nurses who have gone overseas to gain a midwifery certificate. (Table 2). At the Midwives Conference, Christchurch 1986, Margaret Peters, Deputy Director of Nursing, Royal Women's Hospital, Melbourne, accused N.Z. of using the Australian health dollar to train its midwives. She said that the state of Victoria would no longer accept out-of-state nurses for midwifery programmes.
Last year (1986) the Nursing Council registered 206 midwives of which 177 trained overseas. Even with this high intake from off-shore there are insufficient midwives to meet current needs. Furthermore, these midwives are not necessarily permanent residents, i.e. aside from being bludgers we cannot depend on this source for our longterm needs.
The current N.Z. midwifery trainig is merely a 'midwifery option' within the Advanced Diploma of Nursing (ADN). Although this course provides a broader education in general, a recent Evaluation of this course by the Department of Education (1987) found that half the nurses who undertook the ADN course, mainly to qualify as mid-wives, said it was 'unsatisfactory' or 'very unsatisfactory'. They were 'dissatisfied' or 'very dissatisfied' with both the theoretical and clinical components of the course. Twenty-two percent of 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

TABLE 1

N.Z. MIDWIVES REGISTERED/TRAINED IN N.Z. AND OVERSEAS

Year ending 31.3	Registrations Total	Trained in N.Z. no	%	Trained overseas no	%	N.Z. nurses who trained overseas no	%
1973	241	151		90			
1974	321	161		160			
1975	218	160		158			
1976	283	162		121			
1977	283	157		126			
1978	291	185		106			
1979	259	163		96			
1980	216	120		96			
1981	146	18		128			
1982	134	13		121			
1983	171	24	14	147	86	39	26.5
1984	196	23	11.73	173	88.26	56	28.57
1985	144	27	18.75	117	81.25	39	33.3
1986	206	29	14.	177	85.9	39	22.

Sources: Save the Midwives, vol 1 No 2 Jan 1984 (1973-1982)
Reports of Nursing Council of New Zealand(1983-1986)

TABLE 2

MIDWIVES PRACTISING IN NEW ZEALAND 1986

Category	Age 19-29	30-49	over 50	not recorded	60+
Midwife	2	107	55	1	11
Gen/obs midwife	234	1709	672	98	126
Comp/midwife	17	17	...	1	...
Bridging	9	28	26	6	5
Totals	262	1861	753	106	142
%	8.78	62.4	25.2	3.5	4.7

COMPARATIVE TABLE - 1981 and 1986

Year	No registered	under 30	30-49	over 50
1981	3621	13.5%	60.9%	25.3%
1986	2982	8.78%	62.4%	25.2%
	-639	-4.72	+2.5	- .1

Sources: The Nursing Workforce in New Zealand 1986 p71
Bazley, Margaret, Midwifery Manpower for New Zealand in the 80's and 90's, Midwives Seminar papers pp 18-28, May 1982

nurse administrators and some tutors felt that the midwifery qualification should be obtained before nurses undertook the Advanced Diploma in Maternal and Child Health. (pp 25 & 60).
In fact, the Evaluation admits that the midwifery issue was 'the most notable' one as midwifery is regarded as a basic level registration and 'nurses who undertake a course leading to a midwifery registration have different requirements from most nurses seeking an advanced diploma'. (p7).
Since 1980 the Midwives Section (NZNA) has been 'urgently' petitioning the Minister of Education to provide a separate midwifery course leading to registration, leaving the ADN for midwives wishing to further their education. The Evaluation now actually endorses this saying the ADN is a 'post-graduate course to provide in-depth post-basic courses outside universities for registered nurses with leadership potential' (p1) The present midwifery option within the ADN is attempting to cram both a basic and a post-basic midwifery training into one academic year.
The National Midwives Section now recommends

> That midwifery be separated from the Advanced Diploma in Nursing. This new midwifery course will need to be restructured and must retain its registration.

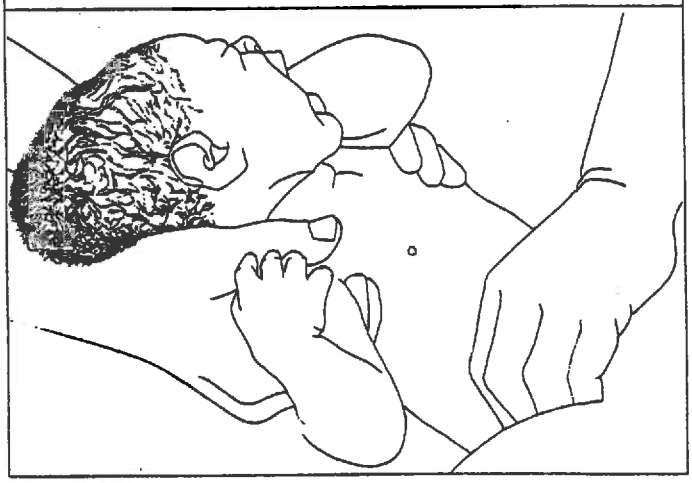
J.D. July 1987.

taken from 3 with thanks

These 16 recommendations are based on the principle that each woman has a fundamental right to receive proper prenatal care; that the woman has a central role in all aspects of this care, including participation in the planning, carrying out and evaluation of the care; and that social, emotional and psychological factors are decisive in the understanding and implementation of proper prenatal care.

BIRTH IS NOT AN ILLNESS!

16 Recommendations from the World Health Organization



• The whole community should be informed about the various procedures in birth care, to enable each woman to choose the type of birth care she prefers.

• The training of professional midwives or birth attendants should be promoted. Care during normal pregnancy and birth, and following birth should be the duty of this profession.

• Information about birth practices in hospitals (rates of cesarean section, etc.) should be given to the public served by the hospitals.

• There is no justification in any specific geographic region to have more than 10-15% cesarean section births [the current U.S. cesarean section rate is estimated to be about 23%].

• There is no evidence that a cesarean section is required after a previous transverse low segment cesarean section birth. Vaginal deliveries after a cesarean should normally be encouraged wherever emergency surgical capacity is available.

• There is no evidence that routine electronic fetal monitor-ing during labor has a positive effect on the outcome of pregnancy.

• There is no indication for pubic shaving or a pre-delivery enema.

• Pregnant women should not be put in a lithotomy [flat on the back] position during labor or delivery. They should be encouraged to walk during labor and each woman must freely decide which position to adopt during delivery.

• The systematic use of episiotomy [incision to enlarge the vaginal opening] is not justified.

• Birth should not be induced [started artificially] for convenience, and the induction of labor should be reserved for specific medical indications. No geographic region should have rates of induced labor over 10%.

• During delivery, the routine administration of analgesic or anesthetic drugs, that are not specifically required to correct or prevent a complication in delivery, should be avoided.

• Artificial early rupture of the membranes, as a routine process, is not scientifically justified.

• The healthy newborn must remain with the mother, whenever both their conditions permit it. No process of observation of the healthy newborn justifies a separation from the mother.

• The immediate beginning of breastfeeding should be promoted, even before the mother leaves the delivery room.

• Obstetric care services that have critical attitudes towards technology and that have adopted an attitude of respect for the emotional, psychological and social aspects of birth should be identified. Such services should be encouraged and the processes that have led them to their position must be studied so that they can be used as models to foster similar attitudes in other centers and to influence obstetrical views nationwide.

• Governments should consider developing regulations to permit the use of new birth technology only after adequate evaluation.

These recommendations are taken from a report on Appropriate Technology for Birth published by the World Health Organization in April 1985. Copies are available from the WHO Regional Office for Europe, 8 Scherfigavej, Copenhagen Ø, Denmark.

As part of a worldwide effort to inform the public, these recommendations are also being circulated:
in Italy by MINA
in the United Kingdom by the Association for Improvement in the Maternity Services (AIMS)
in France by Nouvelles Dimensions Familiales
in the United States by Childbirth Alternatives Quarterly

ARENA

Pat Turton, Steve Goodwin, Tom Bolger, Julia Neuberger, Caroline Flint

Should midwives train as florists?

This suggestion, says Caroline Flint, is only slightly more absurd than asking midwives to train as nurses before they can train to be midwives. She argues that nurse training is not only unnecessary, it can be positively harmful

JUST imagine that you want to be a solicitor. You go along to your local solicitors' practice and say, 'I would like to become a solicitor', and the answer is, 'You can't become a solicitor until you have first trained as a policeman.'

'A policeman? But I don't want to be a policeman, I want to be a solicitor.'

'It's very useful for you to be a policeman first — you learn about the criminal mind, you learn a lot of basics of the law, you learn about court procedure, you learn how law affects ordinary people. You need to have been a policeman first before you become a solicitor; you learn so many useful and basic things for your future role.'

Or perhaps you feel like becoming a dentist?

'I'm sorry but before you train to be a dentist you have to do a medical training first. You must first train to be a doctor — so much of what a doctor learns in his training is enormously useful to a dentist.'

Or perhaps you want to be a midwife?' 'Well, before you train to be a midwife you have to train to be a nurse. It will be enormously useful to you. As a nurse you will learn to take care of bedsores and to prevent them, you will be able to scrub in theatre for amputations, you will be able to look after diabetics and you will understand the signs and problems of diabetes. You will learn about congestive cardiac failure, how to make a bed, the care of people with coronary thrombosis, subarachnoid haemorrhage, concussion, how to give an injection, kidney dialysis, giving medicines — all thoroughly useful knowledge which no sane person could do without before becoming a midwife?'

Or is it?

Is it as nonsensical and wasteful as training a solicitor to be a policeman first? Or a dentist to be a doctor first? Would it be better if midwives trained to be chiropodists first? That would help them to learn how to communicate with patients, after all. Or perhaps we ought to train first as florists? We would have much prettier flower arrangements in the postnatal wards then.

But surely, you will say, it is really useful for a midwife to have a basic nurse training before she embarks on her midwifery training? It isn't as if she has to unlearn any of the things she has learned as a nurse, is it?

But, I would reply, what about her attitude to patients? Midwives don't have patients — they are *with women* as they go through a huge and life-changing experience. They are partners and colleagues. They work as a team, but a team of equal decision-makers. The woman is not ill, she is going through a normal physiological process, like having your bowels open, or breathing, or making love.

Perhaps a midwife needs a different attitude to the women she is with from the nurse with her patients? When you are nursing patients, they are ill. Women going through childbirth are not ill.

What about the midwife's attitude to doctors? Does that need to be in any way different to the attitude of the nurse? Surely the doctor and midwife are there for the same thing? Working as a team of professionals. Well, yes and no. Not for nothing does the midwife call herself the 'guardian of normal childbirth'. And as childbirth becomes increasingly technological, and more and more new tests and sophisticated diagnostic tools are used, a growing number of women have Caesarean sections or have their labour accelerated. It is the midwife who has the skill and knowledge to protect women from over-medicalisation. She can protect them from the over-enthusiastic use of tools which might help one woman enormously, but which might be inappropriate for another woman, and may indeed interfere with the normal physiological progress of labour.

What about the attitude of the nurse to illness? Might it not be very harmful to healthy women to be dealt with by people who had become conditioned to people being ill, who need 'care' rather than just emotional support? Is this, perhaps, why the majority of women in this country who are in labour are actually lying neatly in a bed — the most physiologically undesirable position for them to be in? Why are they lying in bed? This is a position which engenders maternal hypotension, fetal hypoxia, less effective uterine contractions, and the need for more analgesia as well as failing to utilise the effect of gravity on the descending fetal head.

Is it perhaps because most midwives trained as nurses first?

In this country and in Europe it has always been possible to train as a midwife from the start of training and not to train as a nurse first. The training is longer than post-RGN qualification — it is a period of three years in this country at the moment. But unfortunately there is only one midwifery school doing the direct entry training now, and there are about six applicants for every place.

We need to rethink our training of midwives. I'm glad to say that we are — both the Royal College of Midwives, the Association of Radical Midwives and the midwifery committees of the UKCC and the national boards. Are you thinking about it too? Isn't it time other midwifery training schools took the initiative and began training people who want to be midwives without training them to be nurses first? Or perhaps I'm wrong. What about being chiropodists first? It would be a useful sideline wouldn't it?

● A survey assessing attitudes of midwifery training schools to direct entry training has been produced by the Direct Entry Campaign of the Association of Radical Midwives. It is available from 18 Livingstone Road, Derby. **NT**

Caroline Flint is a midwifery sister at St George's Hospital, Tooting

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ANNUAL FINANCIAL STATEMENT

31 August 1986 - 31 August 1987

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INCOME

Brought forward from previous year

Subscriptions

Donations

Total Income

EXPENDITURE

Postage

Printing
*Note this is for three issues, not four.

Statimery

Photocopying

Subs to other journals

Advertising

Miscellaneous (hall hire, subsidies for coursee)

Total Expenses

BALANCE

Accelerated Savings Account:	$992.57
Cheque Account:	$237.92
	$1203.49

* NOTE: cost of next newsletter (approx $400.00) will come out of next years financial statement, although it is shortly to be paid, so cash-in-hand is approximately $800.00.

Judy Larkin

Judy Larkin

Secretary.

SUBSCRIPTION RATES

have risen with this issue. We need to charge a bit more to cover increased printing and postage costs, particularly since we haven't had an increase for two years. But we have kept the minimum sub low so that it remains affordable for almost everybody.

SENDER:
Save The Midwives
Box 183, Ruakaka, Northland,
New Zealand.

MIDWIVES
DELIVER
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