THE MIDWIFE AS AN INDEPENDENT PRACTITIONER November 1989

On 10 November, the Nurses Amendment Bill was introduced in Parliament by the Minister of Health, Hon Helen Clark. This amends Section 54 of the Nurses Act, 1977 to "allow a registered midwife to undertake the sole responsibility for the care of the (low risk maternity) patient". This places the registered midwife "in the same position as a medical practitioner for the purpose of Section 54". It restores to midwives the independent status they had prior to 1971.

Great! But the question is, have midwives the courage to pick up this golden opportunity? Are we ready to be responsible, to be accountable? Or, are we going to let the medical profession keep us in the subservient position of 'obstetric nurses'?

In order to assess our prospects I think it is essential to examine the political climate, the attitudes and trends that allowed the events of 1971 to happen without even a murmur of protest; and then look at the forces which have led to this Amendment.

How did we see ourselves in 1971?

In 1950 the midwife's training had been transformed into a post-graduate course of nursing which was the beginning of our loss of identity as midwives. The midwife was replaced by a hybrid who could be sufficiently skilled to perform the arduous and time-consuming tasks involved in labour and assist at the birth - even catch the baby if the doctor was late - but not so skilled as to threaten doctors or obstetricians.

Integrated into the bureaucratic heirarchy as the doctor's hand-maiden, our loyalty was to the doctors rather than to the women, because that was where our power lay. In fact, when women rebelled as they did in the 1950s when Grantly Dick-Reed's'natural childbirth' became popular, it was the 'dragon' midwife who defended the status quo, protecting the doctors from direct attack. This identification with the doctors gave midwives an illusion of power, which is a time-honoured method of keeping slaves from questioning their slavery.

But women were not to be easily put down. They organised into Parents Centre and battled against sedation which resulted in forceps deliveries. There was a brief upsurge in home births and domiciliary midwifery. But the forces against them were too

strong. The Postgraduate School of O&G was in its heyday,well supported by politicians and business interests. National Women's Hospital was under construction. Parents Centre succumbed, modifying its 'natural childbirth' to 'educated childbirth' which accepted pain relief. It turned its energies into hospital reform, in particular demand breast feeding and rooming-in.

In 1960 the Nurses & Midwives Board which had been the advisor to the Board of Health on maternal & infant welfar was scuttled. The new advisor was the Maternity Services Committee, a group of predominately white, male doctors.

In 1970 Dr Helen Carpenter was assessing nursing training in New Zealand. Her Report published in 1971 was critical of the basic, hands-on training of midwives at St Helens hospitals. Is it any wonder that midwives were depressed and apathetic?

While all this was happening out front, behind the scenes the O&Gs were consolidating their power base. The Maternity Services Committee was conducting a survey of N.Z.'s maternity services with a view to regionalisation. Regionalisation means centralisation of services into a limited number of base hospitals, which meant closure of numerous rural maternity annexes, private maternity hospitals and cottage hospitals. Hand-in-hand with regionalisation went medicalisation of childbirth as technology and specialisation proliferated. Both these factors limited women's options. Their only escape was to have a home birth.

The present trend commenced in 1974 with only three domiciliary midwives throughout N.Z. who conducted less than 100 births in that year. In fact, of this number quite a few were the unplanned births that happen in ambulances, taxis, etc.

By 1978 the number had grown to the point where the Homebirth Association was fromed. Officially referred to as the 'vociferous minority' it was seen as a threat. A Maternity Services Committee pamphlet,'Obstetrics and the Winds of Change' suggested making hospitals more home-like with curtains and easy chairs and even advised that staff should change their attitudes in the interests of the IQs of our future citizens.

In 1979, in response to the Carpenter Report the last class graduated from St Helens. Henceforth midwifery education would consist of a 10-12 week 'midwifery option' within the Advanced Diploma of Nursing (ADN). At their lowest ebb, midwives were questioning - a dangerous practice for handmaidens.

Meanwhile the Maternity Services Committee continued to look for ways of stamping out home births by trying to find some politically acceptable method of monitoring domiciliary midwives out of existence. Finally, they hit upon the idea of adapting the 1981 N.Z.N.A. Policy Statement on Maternal & Infant Health which had been passed at Conference into the Nurses Amendment Bill if 1983. This eliminated all midwives. Since midwives were defined as nurses, any nurse could carry out or supervise 'obstetric nursing' so long as she was under medical supervision in a hospital - which was where the majority of midwives worked.

This was the spark that lit the fire in the fern! The hospital midwives and the domiciliary midwives between whom there was considerable antagonism, united to save midwifery as a profession. The domiciliary midwives brought with them the women who were organised into the now politically strong Homebirth Association. They also brought their faith in the normalcy of birth.
From this point things moved quickly. At the 1984 NZNA Conference the midwives managed to have the ICM definition of a midwife restored. They also defeated a section of the NZNA Policy Statement on Education which proposed to retain midwifery training within the ADN. Heady stuff!

Behind the scenes the move to primary health care had been launched at Alma-Ata in 1978. Many consider that this was primarily to improve the deplorable health conditions in the Third World. While this rationale gave it the appearance of altruism, an equally important reason was the global economic crisis. This was placing the western nations in the position of being unable to meet the huge budgets demanded by the technology and specialisation that were centralised in hospitals. By moving health care into the community and making people responsible for their own health status the various medical monopolies could be fragmented and brought to heel and costs cut. Cost effectiveness and accountability became the buzz words.

The government, having endorsed primary health care now passed the Area Health Boards Act and set about 'restructuring' the health services

With the change of government in 1984 this process accellerated. We not only gained a number of supportive women M.P.s, we also gained a Ministry of Women's Affairs which was equally supportive of women's issues.

In the area of childbirth, W.H.O. made a contribution with two very important documents: Appropriate Technology for Birth, 1985, and Appropriate Technology Following Birth, 1986 which recognised pregnancy and birth as normal, stated that midwives are the appropriate health professionals to care for women and challenged the bureaucratic structures and vested interests that medicalised this normal process and from its power base continues to hold women and governments to ransom.

The Cartwright Inquiry of 1987/88 undermined a lot of the power of the obstetric empire. The day that the Cartwright Report was released was the day that the New Zealand midwives cut the umbilical cord with nursing. We formed the N.Z. College of Midwives to speak for ourselves and became the sisters rather than the children of nurses.

This year, after a decade of struggle we finally gained separate midwifery courses in three centres, based on the ICM definition of a midwife - that is as an independent practitioner. These independent practitioners have just written their State exams.

These events and the continuing struggle of midwives and women united in a common cause has resulted in a very important official document currently being finalised. This is 'Policy Recommendations for Care for Pregnancy and Childbirth'. emanating from the Department of Health. It is a document which will have crucial and far-reaching effects because it defines pregnancy as 'a natural physiological event, whcih in the majority of cases will have a normal outcome'.

Now this completely undermines the obstetric definition that 'birth is only normal in retrospect and that every pregnancy and birth carries a potential for disaster'.

This is the first time since the early 1930s that the Department of Health has stated that childbirth is a normal healthy process. At that time, Dr Doris Gordon, founder of the Obstetrical Society, advised members that they needed to educate the public to accept the alternative view that maternity is "highly dangerous". They succeeded beyong their wildest dreams.

Whether a midwife can become an independent practitioner will depend upon which definition of childbirth she espouses!

The midwife's attitude to childbirth will influence the options of women. If we believe that birth is normal we empower women and they will trust their own bodies and us. If we believe that birth is only normal in retrospect etc (our fear will undermine their confidence, disempower them and.) women will opt for medical supervision and we will again become handmaidens. This is the real challenge of midwives as independent practitioners!

Before I put the question - are you ready for this challenge? I want to tell you a little more about these Policy Recommendations. These propose to cut routine antenatal visits to six decision points. The rationale for this cost effective measure is that if pregnancy and birth are normal, then women do not have to sit around in antenatal clinics and doctors' surgeries to be told this is so. This not only reaffirms that pregnancy has a potential for disaster, it also creates anxiety. I must also tell you that one of the leading GPs has already gone to Wellington to put the case for all women to be seen four times by a doctor, i.e. they want to guarantee medical control of childbirth which limit women's options.

Finally, independent practice not only implies responsibility and accountability, it is the first step towards a declaration that midwifery is a profession in its own right and towards autonomy which is control of this profession through determining our own standards and education. We have already taken some steps towards this.

What else do we have going for us in 1989?

* we are primary health carers;
* we are cost effective;
* we are united and vigorous;
* we have government support
* we have the support of many women

Can we afford to let these newly graduating midwives down?
Can we afford to let Helen Clark down?
Can we afford to let women down? and
Can we afford to let ourselves down?

Have we the courage to give it a go?

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