

THE INFLUENCE OF THE HOME BIRTH MOVEMENT ON MIDWIFERY IN NEW ZEALAND, by Joan Donley

Transcript of a paper presented to the 1992 New Zealand College of Midwives Conference by Auckland Domiciliary Midwife Joan Donley.

Today, New Zealand midwives stand in a favoured position - nationally and internationally. Nationally we have legal equity with doctors, internationally we are in the vanguard, having begun a movement to make changes to the ICM constitution to accommodate consumers - women and midwives in partnership.

I have no hesitation in claiming that these changes have come about because a so-called 'vociferous minority' - the NZ Homebirth Associations and a handful of domiciliary midwives - challenged a well entrenched group which was well on the road to establishing monopoly control of maternity services.

This was no haphazard protest. Although it began as a reaction of a few women against the increasing medicalisation of childbirth which went hand-in-hand with closure of small hospitals (known as regionalisation), the formation of the Homebirth Association in Auckland in 1978 was politically motivated to ensure the home birth option.

A small group of busy new mothers and four harassed and underpaid domiciliary midwives didn't have time and energy to waste. Every salvo had to be well aimed. We therefore did our homework. We researched history, we studied the Acts and the Regulations and the pompous official reports, then made political analyses. From here we developed realistic tactics and strategies to outflank the social and political aims of our opponents. One advantage we had - since we were outside the accepted social structure we were not bound by their

rules, and we learned from Parents Centre the dangers of becoming 'respectable'.

The opposition to the medicalisation of childbirth was gaining ground and had many creditable international supporters. The reasons for nursing opposition to the home birth movement was more obscure. It was this that the NZHBA eventually exposed, giving all midwives an understanding of their subordination to nursing.

The NZ Nurses Association (NZNA) responded quickly to the political organisation of the home birth movement. A mealy-mouthed Policy Statement on Home Confinement, February 1980, granted reluctant acceptance of a *fait accompli* and made a weak plea for improved attitudes among medical and nursing personnel. It then set out recommendations to strangle this infant in its cradle. It maintained that in order to protect women from the consequences of their decisions, 'in the absence of positive sanctions against those who condone and support the trend towards home confinement, the responsibility of the health services is quite clear'. The domiciliary midwife was threatened with 'disciplinary action for any laxity' if she failed to deny her services to other than low risk women, as defined by obstetricians.

This meagre and biased document was submitted to the Maternity Services Committee which was the advisor to the Minister of Health on all matters pertaining to maternity care. Within weeks the Committee decided to investigate maternity services in the community. This was published three years later as 'Mother and Baby at

Home: the Early Days' supporting the NZNA recommendations.

Earlier, the Maternity Services Committee had responded to the formation of the Auckland Homebirth Association by publishing a leaflet entitled 'Obstetrics and the Winds of Change' (October 1979). This asked 'How can we protect the lives and IQs of our future citizens and counter this move away from our hospitals?'

The Homebirth Association found this hilarious - if not hypocritical - since the Maternity Services Committee was made up predominantly of obstetricians and doctors, many of whom had been born at home. Had those who were born in hospital under 'twilight sleep' managed to outwit those born at home?

Meantime, the NZNA produced a more comprehensive Policy Statement on Maternal and Infant Nursing (April 1981) which despite its careful wording revealed its acceptance of the 'midwife' only as a post graduate obstetric nurse. In fact, the NZNA definition of a midwife was a 'nurse' who, although qualified to care for women and the neonate, was required to obtain 'medical assistance' except in an emergency. This was tacit acceptance of the medical model of childbirth and implied completely subsuming midwifery as a profession in its own right.

NZNA therefore saw the need to curb the 'relative independence of the domiciliary midwife who worked outside the control of the medical hierarchy and threatened the longterm aims of nursing which were expressed as recognition as a powerful political group advocating changes and innovations in the delivery of maternal and infant care' (p.20). One of these 'innovations' was the 'family health nurse' who provided continuity of care from birth to

menopause, a logical extension of the comprehensive nursing concept.

Alarmed, Auckland HBA made a scathing analysis of this Policy Statement, claiming it was 'elitist, authoritarian and retrogressive,' based on worn-out concepts which conflicted with the Government's commitment to the WHO primary health care initiative, 'Health Care for All by the Year 2000'.

By this time, 1980, the national NZ Homebirth Association Inc had been formed. This provided a national executive and spokesperson. Auckland sent its analysis off to the national executive for distribution to branches for comment. However, the national body was concerned about respectability and was trying to establish an amicable relationship with NZNA - so Auckland's document was not circulated.

By December 1982 a draft copy of 'Mother and Baby at Home...' had been leaked to NZHBA. It contained all the NZNA recommendations. It was rumoured it would be published before Christmas. So Auckland sent a copy of its analysis to the Minister of Health, Aussie Malcolm, to the Director-General of Health, George Salmond, and to every MP!

By February, NZNA was complaining bitterly at this 'tirade' and demanding an apology - which the NZHBA national executive provided. The result was three years of acrimonious argument over whether to be respectable or to continue with guerrilla tactics. Finally in 1985 the NZHBA's incorporated patriarchally structured society was disbanded and restructured as autonomous branches with a common philosophy and aims.

The AHBA received valuable support from some regions of the NZNA Midwives Section who were unhappy with the NZNA

Policy Statement. For a number of years they had been critical of the 'midwifery option' within the Advanced Diploma of Nursing. They had also been concerned about the role of the midwife - but as part of the system they had to work according to the rules. But they backed the domiciliary midwives and the HBA and their official protest was much appreciated.

Throughout this period the Homebirth Association kept their MPs up-to-date concerning home births and domiciliary midwifery - especially the Labour women MPs. The Labour Caucus Committee on Women's Issues publicly challenged Malcolm on his 'opinionated and unsubstantiated' views on home birth. They declared that 'choice is important' and endorsed planned home births with qualified midwives. This was in 1982, prior to publication of 'Mother and Baby at Home...' (1983).

Following on the heels of 'Mother and Baby at Home...' the Nurses Amendment Bill, 1983 was introduced. It was home birth women in Auckland who formed 'Save the Midwives' to fight this legislation. Through its national newsletter it raised the political awareness of all midwives that midwifery is a profession in its own right and NOT a postgraduate course of nursing. It provided them with the necessary arguments to back their convictions.

In giving evidence at the Select Committee one of the home birth representatives accused NZNA and the Nursing Council of trying to do away with midwives by conning the Committee into believing that all relevant international bodies recognise the indissoluble connection between nursing and midwifery. The WHO definition of a midwife as a 'person', not a nurse, was provided by the NZHBA.

Save the Midwives also made midwives

aware that two professions competing for the same turf cannot use one organisation to negotiate in the interests of both. This provided the rationale for midwives to break away from the NZNA to form the NZ College of Midwives.

After the legislation was enacted, Save the Midwives formed a Task Force and turned their energies to working for Direct Entry midwifery training - a clear break with obstetric nursing. This is now a reality - but not ensured beyond the pilot project stage.

It is therefore reasonable to say that it was the politically astute home birth movement that was primarily responsible for leading NZ midwives out of their nursing bondage to form the NZ College of Midwives. As part of that movement, the domiciliary midwives brought the consumers with them as part of the College's decision-making process.

The NZCOM was launched in 1988, at the end of the year-long Cartwright Inquiry which not only questioned medical ethics, it also stressed that the patient must be involved in decisions concerning her management'. The College constitution incorporated consumers on to its regional and national executives - the only professional body to do so.

This placed us at odds with the International Confederation of Midwives (ICM). Karen Guilliland (spokesperson NZCOM) got dropped into this difficult situation at the ICM Congress in Japan, 1990, which she handled in her usual expert manner. At the recent Asia Pacific Regional ICM meeting in Melbourne this year two remits presented by NZ were approved: 1) Endorsement of right of NZ to operate in partnership with consumers; 2) To endorse this partnership on a global basis.

Another area in which the NZHBA has led the way has been in the monitoring of the practice of domiciliary midwives. This was a response to the NZNA's continuing efforts to curb the 'relative independence' of domiciliary midwives. The first tactic was to try to have the DM contracts transferred from the Department of Health to hospital boards, placing us under direct medical supervision. Their 1986 NZHBA conference subscribed \$1500 to hire an industrial lawyer to renegotiate the 1939 domiciliary midwives' contract with the Minister of Health and to lobby for a realistic increase in the DM's Maternity Benefit.

Having lost this round, NZNA initiated a move to have the practice of DMs monitored by the Obstetric Standards Review Committees (OSRCs) - to protect the public. So sure were they of the outcome that selected token midwives were nominated to OSRCs. The HBAs & DMs decided to beat this move by establishing their own monitoring committees comprised of equal numbers of health professionals and consumers. This was in accord with the Cartwright Inquiry and with the WHO document 'Appropriate Technology for Birth' (1985). A consumer was defined as a woman who has had a home birth - only a woman who has had a home birth is competent to judge whether she has had a satisfactory experience, and if not, why not. These Domiciliary Midwives Standards Review Committees were endorsed at the 1988 Home Birth Conference, and presented to the Department of Health as yet another 'fait accompli'. (These DMSRCs are now being adapted as the prototype to monitor the practice of the independent DOMINO midwives)

Since midwifery independence, 1990, the relationship between the midwives and

the NZHBA has changed in a number of subtle and not so subtle ways. As 'independent practitioners' with pay equity, these midwives no longer need the HBA to lobby for improved status and income. Like teenagers having a fling they are leaving home while the HBAs are coping with feelings of rejection, in the process of letting their kids go.

Besides supporting DMs, the HBAs performed other functions. It was the HBAs that established holistic antenatal classes, informing women about the risks of sedation and interventions, encouraging them to challenge and resist these practices. Today there are a number of independent active/normal childbirth antenatal classes available. While some HBAs continue to provide antenatal classes, these are not as essential as before.

Despite the level playing field and 'user pays', the HBAs still organise and attend the domiciliary midwives reviews - for free. When Auckland was preparing its 'Project Proposal' contract the cost of these reviews was estimated at \$20 per birth. This includes paying all those participating in the review and the cost of the venue, administration, etc. The HBA still collects and collates the home birth statistics. The charge for this is \$3.00 per form. Despite the increased incomes, some DMs begrudge even this small fee.

At the Domiciliary Midwives Society meeting held prior to the 1992 Homebirth Conference (May), these attitudes were discussed. Anne Sharplin (DM Tauranga) expressed regret that many midwives were 'walking off with the power and the glory and the money, completely denying the unpaid contributions of the consumers'. We also heard of midwives advising women that there was now no need to join their

HBAs. These were some of the factors that influenced the decision to retain the Domiciliary Midwives Society.

Aside from the moral debt that we owe the HBAs, I feel that failure to support them is politically short-sighted. We are not out of the woods yet! Medical opposition to midwifery independence and pay equity continues unabated. Only women who understand the political as well as the health advantages of a midwife can provide the support we need.

What is called our health care system is in total chaos and anything could happen there, especially when Crown Health Enterprises (CHEs) want to control community midwifery along with a contract for access. At the aforementioned DM Society meeting it was recommended that all contracts for independent midwifery be developed with the regional Homebirth Association and midwives as equal partners.

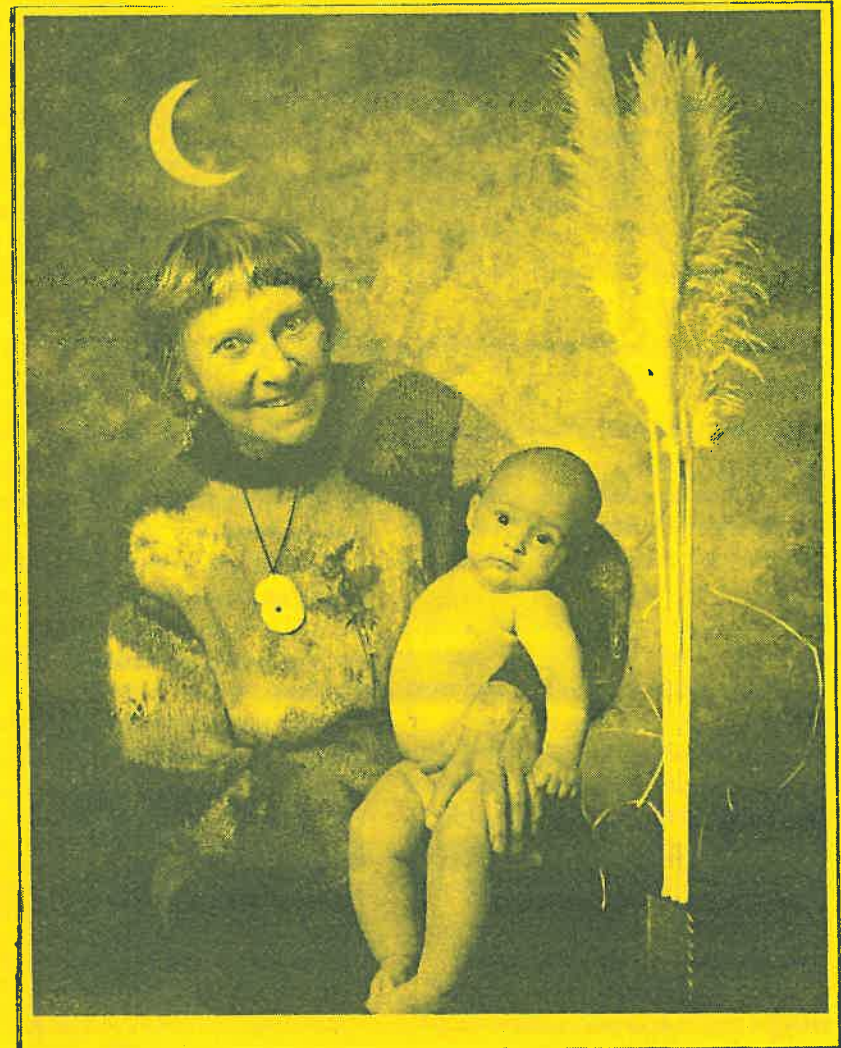
What is not so obvious is the continuing opposition to the so-called 'narrow specialisation' argument against direct entry midwifery training; that is, midwifery as a profession in its own right is still being questioned. A Department of Health Backgrounder prepared for Katherine O'Regan and obtained by a home birther via the Official Information Act makes these points. It says there is still debate as to whether midwifery is a separate profession to nursing. NZNA want to ensure that obstetric nursing (the medical model) remains part of the comprehensive registration requirement while NZCOM have it on their agenda to reduce this.

While not expressing open opposition to direct entry training NZNA is concerned about the potential loss of opportunity for nurses to achieve midwifery registration. It proposed that the experimental DE programmes be evaluated for their effect on nursing. In this NZNA is supported by our 'friends' across the Tasman who are opposed to direct entry particularly as initial discussion has already occurred on reciprocity of registration for nurses and midwives.

In the face of these threats, how can we cast aside this well organised group who understand the politics of having a baby at home, ie independent midwifery? Our destiny depends on working with them. However, I am well aware that working together won't be easy. There are still patriarchal vestiges among some Homebirth members - those who strive for personal control which self-destructs the group. On the other hand, outside the home birth movement there is a large body of women who have been conditioned over decades to be 'under the doctor', to give their power to the caregiver. These women are easy prey for the 'nice' midwife who offers 'options' - as defined by her. These are the women who should be encouraged to join the HBA to learn about options from the consumer point of view; to learn the real difference between the medical and the midwifery model.

The midwifery model is the cornerstone of the partnership between women and midwives. I would like to see this Conference make a commitment to this partnership, as well as acknowledge the contribution made to midwifery by the home birth movement.

HOME BIRTH WHANAUTANGA



NEWSLETTER • No 56 • SUMMER '92 / '93