20001-113-009

REPORT ON DIRECT ENTRY TASK FORCE COLLECTIVE ROUND TABLE DISCUSSION & PLANNING MEETING, 29.11.87 with MARILYN WARING.

Present: Judi Strid, Chairperson, P.O. Box 183, Ruakaka. No phone
Kim Conway, Lone Kauri Rd, Karekare, R.D. Piha, 8128 759
Judy Larken, 24 Ashton Rd Mt Eden (STM) (02 301
Gill White-Eyers, 2/67 Sarsfield St, Herne Bay 767 004
Manurere Dimitrioff of Te Ara Hou, counsellor/RN
Brenda Hinton, (Ak HBA) 2 Sherwood Ave. Grey Lynn 787 614
Micky Harrower, Fern Flat Rd, Peria, R.D.3, Kaitaia.
Lynda Williams, (MA) 16 McEntree Rd, Waitakere, 8109 442
Joan Donley, 3Hendon Ave, Mt Albert (Dom mw) 887 759
Karen Guilliland, 136 Springfield Rd, Chch 1, 559 579
Apologies: Sarah Hodgetts, 37 Juliette Ave, Howick, 534 5075
Anne Sharplin, 58 Simpson Rd, Papamoa, R.D.7 Te Puki 420 200.

Jillaen Cole
C/ Carrington Tech
Bag 180

Marilyn Waring stressed that midwifery education should be seen as a women's issue - not an education or a health issue - as this gives it a broader political base, guaranteeing that feminist groups will rally to the call.

A working party (task force TF) should coordinate everything in one place. Coordinator is Judi Strid. Members & supporting groups should be kept fully and well informed. When action is required, groups should be briefed a fortnight in advance and each group should be briefed in the same way, being provided with terms of reference and all relevant information.

It is essential to network with all women's organisations. (Judi has already compiled a list of these abd will send it out to TF members). Provide these organisations with a summary of aims, background information, current legislation/status, proposed time table, correspondence, contacts etc. i.e. all relevant information.

MW mentioned a few organisations: NCW, WEL, Business & Professional Women's Club, Maori women's groups. Target these at both the local and the national level. Maori groups she suggested were MWWL, Kohanga Reo, National Council of Maori Nurses, Aroha at Rotorua & Waihi. In networking with Maori groups, first learn some protocol then organise a hui. Here explain what pakeha women are trying to do, & why, and is any of this offensive to Maori women? Then leave it to the Maori women to do their own thing in their own time. Encourage some Maori women to come onto the TF.

Start to build networks in January in readiness for action by April. Having gained support of various groups, advise each group <u>what</u> jobs they are to do and <u>when</u> these jobs should be done. A time frame is important so a private member's bill can be presented by August in time for October supplementaries.

Re women's groups, TF members and their supporters should attend all ♀-oriented AGMs (watch supermarket notice boards, local paper), get on the committee - they're always looking for workers - put forward your remit. Once it has been passed you don't necessarily have to attend any further meetings as constitutions require that these remits then have to be put at national conferences.

It is also necessary to attend and get on party political committees, and put your remit there. Legally political party membership is only .50¢, although you'll probably be asked for more. Marginal seats (marked *) are good areas for political lobbying. In fact, Doris Gordon outlined this strategy in <u>BAckblocks Baby-Doctor</u> - the 'technique of pressure politics' which 'represents petticoat government at its best and it is a system seldom known to have failed' (p170).

She advised, immediately after a general election one contacts the national leaders of the main women's organisations. The issues are explained to these leaders and for the next two years they indoctrinate thousands of women in hundreds of branches. In the tihird year, election time again, strong deputations are made to the appropriate ministers. Doris Gordon was pushing for doctor oriented maternity services (sedation) which she interpreted as 'better maternity care'. Today we hope to reverse this trend and we are starting with the Labour Women's Caucus (LWC), which incidentally is where the endorsement of the home birth option originated through the efforts of Mary Nacey, wife of Bob Tizzard!

MW suggested that Sonja Davies (Pencarrow, +6194) (+=majority of) should be asked to present the case for changes in midwifery education/legislation to Caucus in April, because her age precludes any aspirations to a cabinet position. (The opposition referred to her as 'granny' to which she replied that was a badge of honour. In her maiden speech she said, 'I come into this House as a feminist, a socialist, a trade unionist and a peace activist, all of which are lifetime committments'. She may even have been on Doris Gordon's bandwagon for 'better maternity services'!

Chairperson of LWC is Elizabeth Tennet,(Island Bay +6466) (She is sympathetic to the home birth option and was a union organiser). There are two ♀ Cabinet members: Margaret Shields , (Kapiti + 2325*) who is Minister of Women's Affairs, Consumer Affairs & Statistics. Of course the Ministry of Women's Affairs is very sympathetic to women's issues; Helen Clark, (Mt Albert +6163) is Minister of Housing & Conservation. (I lobbied her at the time of the home birth option and found her sympathetic to midwifery issues).

Fran Wilde, (Wellington Central + 3641) although not in Cabinet is Associate Minister of Women's Affairs, Housing & Conservation. She also has shown herself to be sympathetic to midwifery issues. Annette King, (Horowhenua +1179*) is Under-Secretary of Employment, Youth Affairs, Tourism & Social Welfare. (She opened the National HBA Conference in Palmerston North in 1986).

Other ♀ Labour MPs are Judy Keal, (Glenfield +688*) who sponsors Maternity Action (MA). MW felt that she is a well organised and efficient MP. Titikatene Sullivan, (Southern Maori +8848) and Jenny Kirk , (Birkenhead +1583*) is sympathetic to voluntary organisations providing services in health and housing.

National Women's Caucus is headed by Kathy O'Reagan, (Waipa +6303). MW suggested that LWC be given only limited time to endorse midwifery education/legislation, then contact O'Reagan. She advised asking LWC for strategy guidelines but not necessarily following these especially if it opposed lobbying the opposition. Opposition spokesman for health is Paul East, (Rotorua +2425*).

In putting the case for legislative changes it will be necessary to provide briefing papers for the sponsors and speakers to the private member's bill. This means reviewing all previous legislation relevant to midwifery. (I have sent a copy of my paper, The Status & Role of the Domiciliary Midwife, presented at National Midwives Conference, Sept 1986, which traced these legislative changes from 1925). Then get a lawyer to draft the changes (suggested Virginia Thompson who is a midwife and a lawyer). The most obvious changes

concern return of midwife autonomy and upgrading her role in the health services. MW considers that this should be a straightforward matter of amendments to existing acts. My opinion is that it is not that simple as no legislative changes can be made until there is a major philosophical shift and the terms 'midwife' and 'midwifery' are clearly defined. Referring to midwives as nurses and midwifery as 'obstetric nursing' has a long history of insidiously and firmly embodying these terms in all Acts & Regulations from 1971.

The Nurses Act, 1971, Section 52 1(b) converted the midwife into an obstetric nurse - henceforward she must work under medical supervision. Obstetric nursing was defined as (a) attends a pregnant woman in an obstetric nursing capacity for the purpose of providing ante-natal service or ante-natal advice; (b) attends a woman in childbirth, or during the next succeeding 14 days in a nursing capacity.

Prior to this, under the Nurses & Midwives Act 1945 & Obstetric Regulations 1963 (Sections 56-60) the midwife was required to call a doctor only in clearly defined 'certain (abnormal) circumstances'. Only the maternity nurse was required to work under medical supervision.

The Nurses Act 1977 made a further important philosophical shift - the maternity nurse became the 'obstetric nurse' i.e. involvement in care during abnormal birth, indicative of the growing power of the obstetricians and the declining role and status of the midwife.

By 1979 the term midwife was merely nominal - a quaint hangover from the past. Now, under the Nurses Regulations 1979, Section 26, any nurse - general/obstetric, comprehensive, enrolled etc could carry out 'obstetric nursing' under medical supervision. One could be a midwife but it wasn't essential or relevant. In 1983 this was transferred from Regulations to Nurses Act 1977 via the Nurses Amendment Act 1983, Section 54 (2).

This Nurses Amendment Act 1983, Section 54,3 (a)&(b) requires that only a nurse-midwife can carry out obstetric nursing outside an institution, i.e. after 1 April 1984 no direct entry midwife could register to become a domiciliary midwife. Those already registered could continue to practice. This has major relevance to any direct-entry training programme.

The current legislation: Nurses Act, 1977, Nurses Amendment Act, 1983 and Obstetric Regulations 1986 are all peppered with these terms, 'obstetric nursing' and 'nurses' indicative of the perverted attitudes towards childbirth and midwives. A midwife may be a nurse, but a midwife is NOT a nurse with a post-basic midwifery qualification, i.e. an obstetric nurse, a doctor's handmaiden. A midwife is a member of the midwifery profession and a practitioner in her own right. Furthermore, midwifery practice is NOT obstetric nursing!

We must be very clear about defining these terms. It's not a mere matter of semantics, it's a matter of philosophy. Certianly, consumers are becoming aware of these concepts and they are the ones who have the voting power, but there can be no meaningful legislative changes until they are generally accepted and able to be forced upon the medical profession, the Health Department and the NZNA.

Now, back to lobbying! Start lobbying MPs NOW. In making personal contact always leave a written summary of the issues involved and your supporting arguments. Also, always leave him/her with a task to perform for you, eg information, statistics to research. Karen

reported that three Chch midwives had had a 45-minute session with David Caygill (St Albans +5945), Minister of Health & Trade & Industry on 28.11.87 (more on this later). MW felt it was also important to lobby Geoffrey Palmer at this point (Chch Central, +8449), Deputy PM, Attorney-General, Minister of Justice and for the Environment. He is also head of the Social Equity Committee. It is necessary to be clear about the requisite legislative changes, why they are needed and stress the cost effectiveness of midwives in maternity care. She didn't see much point in lobbying Phil Goff (Roskill +4139) now as, in her opinion he is a male chauvinist. Goff is Assoc Minister of Education, Minister of Employment, Youth Affairs & Tourism.

This is a good time to write to your MP re midwifery issues and to ask questions, as during this Xmas period the letters are given to secretaries to answer and these give you documentation of unadulterated departmental opinion. It is essential to know the arguments put forward by your enemies, therefore copies of all submissions made by Health Department, NZNA, medical association to Select Committees on nursing legislation (1977, 1979 & 1983) should be obtained. Jenny Johnston, DMW, 1 Cardell St, Newtown, 898 258, and Madeline Gooda, 92 Ellice St, Mt Victoria, 842 628 are to be asked to go to the General Assembly Library to get these. (Madeline is on DMW Negotiating Committee). Also important to obtain is the speech notes from the New Plymouth Regional Labour Vonference and the National Conference where a remit endorsing direct entry midwifery training was passed. I have written to Mary Vella, RD 7 Dannevirke for this information as she was the one who put the remit forward. The remit is 163 (f) That the Government (i) reintroduce direct entry midwifery courses; (ii) establish adequately funded domiciliary midwives in all areas; (iii) promote the positive aspect of home births and freedom of choice for women.

In discussion as the the venue of D-E education, Northland Polytech is prepared to set up a task force to look at this possibility,and there is a good possibility that Judi Strid will be a member of this. It was mentioned that although Polytechs are autonomous, they are mainly pro-NZNA, which is logical considering that over 25% of their enrolments are nursing students. Another point is that Northland is pretty much in the hands of National - Bay of Islands: Carter, +2123*; Whangarei: John Banks +3687: Kaipara: Smith +5798. The only Labour MP is Dr Gregory (Northern Maori +3529).

Another suggestion was Rotorua Polytech because of its large Maori population. Karen reported that Caygill was on the Chch Polytech Council for eight years and was au fait with the Carpenter Report which initiated the transfer of nursing education to tech. Although he felt that changes needed to be made in nursing educaiton he felt these could have been made in hospitals and he didn't have much faith in polytech nursing! Interesting, eh? Caygill couldn't understand why midwives didn't have their own organisation to represent them. He said he would be prepared to take advice from such an organisation just as he is taking advice from the newly formed Nurses Union. He was very interested in the cost effectiveness of midwives in realtion to GP care and wanted to have another interview with the midwives concerning this.

MW stressed the importance of not seeking out media attention during this preliminary period - not until after the LWC endorses the legislation. Any publicity should be incidental and come from groups acting as fronts, i.e. don't alert your opposition as to your plans and progress, or that publicity is being organised. It is better to let the Establishment think you are in disarray and any submissions coming in are from disparate groups. Once the Establishment is aware that you are well organised, their alarm bells ring and they marshall their forces.

International support is important. This can be obtained from ICM, 57 Lower Belgrave St., London SW1, U.K. The ICM Council Meeting, The Hague, 25.8.87 brought forward a statement of beliefs among which were that the midwife has the primary responsibility for developing and supervising extension of the maternal and child services in collaboration with other sectors in achieving the goal of "safe Motherhood" world-wide; and In Education, midwives with the appropriate support of international. governmental and non-governmental organisations will develop educational materials appropriate for the various levels of training in maternal and child health, according to the respective country's needs.

It can also be obtained from the newly-formed International Home Birth Movement, 55 Dartmouth Park Rd, London NW5 1SL, and from The Association of Radical Midwives, c/ 8A The Drive, Wimbledon, London, SW20, U.K.

MW felt it was important to obtain a copy of the recent A$2m Australian Report on home birth. I have written to Maggie Lecky-Thompson, Sydney domiciliary midwife who was a member of the Committee to obtain a copy. This was reported briefly in The Dominion, 5.11.87 as "Home Births BAcked as Safe".

And that about winds up the session which MW suggested was a means of

SHARING THE POWERLESSNESS.

J. Donley
5.12.87.