

Midwifery: a survey of services

What do people think about current midwifery services and what would they like to see provided? An NZNA committee which was set up last year to rewrite the 1981 Maternal and Infant Nursing Policy carried out a public survey recently to find out. One hundred organisations were contacted and, of those, 140 responses were received from 38 groups. The following is a summary of the findings.

OVER 60% of "consumers" responding to the NZNA poll on midwifery services indicated a very positive view of midwives and the service they provide. Many of the comments focused on personal characteristics, such as "warm", "enthusiastic", "supportive" and "caring". Others identified midwives' professionalism and their focus on a non-interventionist, health-oriented approach to birth. The role of effective communication in midwifery care was reflected in many responses.

"The patient's wellbeing and confidence is enhanced by a midwife's presence. The midwife maintains an interest in mother and baby throughout the labour and birth and so builds up trust in the mother."

These remarks highlight consumer's focus on the process of labour and birth. Other responses identified antenatal care as the area where midwives were seen to be most valuable. Others focused on the superior standard of care given by the midwife in the home, after the hospital stay. Twenty-five responses (11%) tem-

pered their acknowledgement of the excellent service given with the comment that midwives do a great job given their harrowing working conditions — eg, their low status in the hospital hierarchy and low pay for domiciliary midwives.

A substantial number of consumers detailed difficulties in the relationship between midwives and doctors. One consumer group claimed that midwives do much at a birth but doctors get much more praise, profit and prestige.

The survey pointed to a clear differentiation between hospital birth and home birth.

"The service provided by domiciliary midwives is first rate. Consumer satisfaction with home births is incredible — in no small part due to the policy of midwives being sensitive to the needs of birthing women and seeing the birthing process as belonging to the woman and her family."

Continuity of care was cited as a central feature of domiciliary midwifery.

Another submission stated that the present clinical system does not cater for

the cultural needs of Maori women and other cultural groups. Present child birthing practices only alienate Maori women further from their whanau. Maori women very rarely practise the return of the placenta-whenua to the land-whenua.

The inadequacies in the current midwifery service were often seen by respondents as a reflection of the structures in which midwives work rather than a criticism of midwives themselves.

A few responses recorded their negative experiences of midwifery services, saying midwives don't support women in labour as much as they should.

Future midwifery services

The second question asked consumers what they would like midwifery services to provide in the future. Their responses reflected a broad understanding of the current limitations of the midwife's role and an expressed faith in the potential of the midwife to provide a greatly expanded service in the future.

A chance for the woman to meet, during pregnancy, the midwife who is to attend the birth was stated by a significant



Photo: Scottish Health Education Unit

small number of responses. The crucial nature of the experience of labour was reflected in several pleas for the midwife attending the woman in labour not only to be known to the woman previously but also to stay with the woman throughout the entire process of birthing. Ideally, the same midwife should attend the woman in the first days after the birth.

Choice is the underlying concept behind the 30% of responses who stated that future midwifery services should include a nation-wide domiciliary service.

Several replies focused on the necessary change in legislation to allow a midwife to practise autonomously.

Suggested changes to hospital services included an extended ante-natal education programme, greater choice in the physical environment, eg birthing centres. Respondents were clear that, in the post-natal period, support in breast-feeding was the top priority and the area where midwives lacked expertise.

"For advice on breast-feeding, I don't think I would ask a midwife. Some midwives are very insensitive about their handling of the mother's breast and baby when trying to help. This can be very upsetting to a shy mother."

There was a need for consistent ward

policies and practices, and better educational preparation for midwives on breast-feeding.

Suggestions for midwifery education covered recommendations for the basic preparation as well as a plea for compulsory in-service and refresher courses. Support for direct entry programmes came from several respondents. One response said:

"Making entry into midwifery less tedious with attractive incentives might alleviate the staffing shortages that are present in many centres."

Current involvement in decision-making

The vast majority of consumer groups believed they had no current involvement in decision-making about midwifery services. Those who responded positively contributed to decision-making at the local level by individual and group discussions with midwifery staff in maternity hospitals, submissions to area health boards, service development groups and obstetric review committees.

Future involvement in decision-making

Some respondents did not know of any ways in which they could be involved in

decision-making about midwifery services. The majority of respondents, however, supported the idea of consumer involvement at every level from individual to national.

"The real decisions about midwifery services should be made by women, not an isolated elite of experts who seek to impose their own value judgements on the process."

General comments

Only half the responses contributed to this section. For some consumer groups, power was seen as the central issue.

"The heart of the problem is the balance of areas of responsibility between obstetric specialists, the general practitioners and the midwives. As the specialists encroach further on the territory of the general practitioner, so the GP will take over what has previously been the territory of the midwife."

In conclusion, the essence of consumer group contributions appears to be encapsulated in the following statement:

"We commend the midwives' support and understanding of each mother's particular needs, and ask that the New Zealand Nurses' Association continues to make this the focus of any policy changes."