



Save The Midwives Collective,
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Ruakaka.
23.1.88

SUBMISSION ON MIDWIFERY EDUCATION:

Save The Midwives was formed in 1983, and presently has a national membership of 300. Approximately 50% are midwives, and the remainder are a mixture of other professionals and parents.

The Aims are - To support and promote midwifery.

- To protect the rights of parents to information and choice in all aspects pertaining to child-birth.

The organisation is currently working -

- To encourage women to participate fully in their pregnancy, birth and motherhood.
- To share skills, information and ideas, and explore alternative patterns of care.
- Towards Direct Entry Specialist training for midwives.
- For improved remuneration for domiciliary midwives.

Save The Midwives has -

- Successfully opposed parts of the 1983 Nurses Amendment Bill that were detrimental to midwives.
- Formed "Maternity Action" - a coalition of the 16 major parents and womens groups in Auckland.
- Successfully opposed the closure of Aucklands small maternity hospitals in 1985.
- Made some changes to the quality of midwifery training in Auckland since the 1985 intake.

The Save The Midwives Association is committed to the establishment of midwifery training that enables the midwife to practise competently as a practitioner in her own right - as the specialist of normal childbirth.

We see midwifery as a profession quite separate from nursing, and the medical model as quite inappropriate for the role of the midwife in caring for the pregnant and birthing woman and her baby if no pathology is present.

A Midwife may be a nurse, but a Midwife is NOT a nurse with a post-basic midwifery qualification ie. an obstetric nurse, a Dr'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!

Midwifery is a profession geared to the practice of midwifery, not the practice of nursing; the focus is on maintenance of normal human function as opposed to the dependency needs of the ill.

Although good midwifery practice involves co-operation and collaboration with various members of the health team, we feel it is essential that Midwives determine their own policy decisions, philosophical matters, terms of reference and curriculum content.

Save The Midwives is concerned with the quality of maternity care provided in NZ, both from the perspective of the Midwife and the Mother. We are an Association of health professionals and parents who work together towards the same end: the highest quality of maternity care compatible with freedom of choice in childbirth.

Our concern includes the quality of midwifery training. The present training is geared to producing obstetric nurses or as a promotional step for nurses. This is reflected in the erosion of both the role of the Midwife and in the reduced numbers of Midwives being trained. It is hardly surprising that NZ is experiencing a crisis in midwifery, and that midwifery is fast becoming an extinct profession in this country.

NZ Midwifery training of the future must be in line with international standards and requirements so a NZ trained Midwife is acceptable in other countries. Our recommendation is of a Direct Entry Course of at least 3 years duration.

In a recent issue of Nursing Times - UK Midwife Caroline Flint (author of Sensitive Midwifery) stated in her article " Should Midwives Train as Florists? " that the time had come for the profession of Midwifery to re-think its attitude to the training of Midwives.

She considers the scenario of having to have nursing training before you train to be a Midwife as absurd. Undoubtedly useful knowledge is gained during the nursing training, but perhaps Midwives should also train as Chiropodists to help them learn communication skills, or as Florists to ensure a satisfactory standard of floral arrangements in the labour ward. (Flint'86)

The present tradition in NZ is that -

- Midwifery must have a nursing pre-requisite
- Midwifery training completes nursing training
- Midwifery is a necessary qualification for promotion within the nursing profession.

In reality, this means that significant numbers of midwives in training have no desire to practise as Midwives. It is hard to justify such a waste of resources and personnel.

Upon completion of training, graduates work either as a nurse or midwife: so why train to be both when you will only work as one or the other. This does not make good economic sense, and reinforces a structure that encourages and promotes self interest and achievement rather than quality of care.

The nursing profession controls the profession of Midwifery because it controls certification and registration and dominates the education of Midwives. While this situation is maintained, midwifery cannot determine its own destiny.

Midwives must take control and determine the type and direction of their own education programmes - clearly defining the philosophy, role and practice of Midwifery.

Midwifery must be seen to be an autonomous profession. It is not merely an extension or branch of nursing.

A profession can be characterised by a number of criteria (Moore 1970), many of which are found in Midwifery.

- Midwifery is service orientated in the provision of care.
- Midwifery has a formal body of knowledge concerning the management of normal labour; birth and the puerperium.
- There are skills that can be described as midwifery skills that may partially overlap but are separate from what can be identified as nursing skills.
- There is provision in midwifery to practise as an independent practitioner within its own ethical constraints.
- There are both historical and philosophical arguments for the independence of midwifery as a profession.
- Midwives have a professional body that can represent the interests of the profession - The Midwives Section.

One further feature of a profession is the presence of an ongoing standardised formal education and training programme that is co-ordinated by members of the profession.

It is in the control of the education programmes that Midwives lack professionalism. (Catherine Willis 1987)

Historically, the profession of midwifery developed independently of nursing, until maternity services were moved to the hospital and male Drs began to dominate the field of Obstetrics. Medical domination continues to direct and control the role of the midwife, midwifery practise and the training of midwives (or lack of it).

We recognise the high level of success in countries where Midwifery has a high profile.

In The Netherlands, a country with international recognition for its successful birth outcomes and unique midwifery service - 80% of Midwives are Direct Entry trained. The other 20% generally work in hospital under medical supervision where they nurse pregnant women with medical problems.

Before deciding what midwifery training should include, it is vital to be clear about what the role and status of the Midwife is and should be.

A midwife is a practitioner in her own right, skilled in the care of normal pregnant women. The Midwife must be able to detect the abnormal and seek medical advice and aid when required. She must also be equipped to deal with emergencies.

It is not the role of the Midwife to treat the abnormal - but to refer such cases to the medically trained Dr.

Obviously the professions of midwifery and nursing have fundamental differences in their philosophies. Nursing is a profession that deals with the normal physiological function of childbearing.

Midwifery educators recognise that there is a considerable amount of unlearning necessary for nurses who undertake midwifery training.

With such fundamental differences in the philosophies of these two professions it seems inappropriate and inefficient to use a nursing qualification as the pre-requisite for midwifery training.

The World Health Organisations definition of a Midwife outlines the skills and role of a Midwife, and is a good base on which to construct a midwifery education programme.

" A Midwife is a person who is qualified to practice midwifery. She is trained to give necessary care and advice to women during pregnancy, labour and the post natal period, to conduct normal deliveries on her own responsibility, and to care for the newly born infant.

At all times she must be able to recognise the warning signs of abnormal or potentially abnormal conditions which necessitate referral to a doctor and to carry out emergency measures in the absence of a doctor.

She may practice in hospitals, health units or domiciliary services. In any one of these situations she has an important task in health education within the family and the community. Her work may extend to certain fields of gynaecology, to family planning and to child care. "

The Role and the Practice of the Midwife:
(from the UK Assoc. of Radical Midwives Educ. & Practices
Working Party)

The Midwife is the primary person responsible for the care and support of the childbearing woman and her baby. She monitors the progress of pregnancy, labour and the puerperium and takes appropriate action if she detects abnormality.

She is the expert in the normal and must be recognised as such. If medical assistance is required, there should be mutual recognition of complementary roles, the midwife still providing the principal care. The midwife should have direct access to a consultant obstetrician or paediatrician when necessary.

The midwife is in an ideal position to provide information to the woman both in the hospital and domiciliary situation. She is able to identify the individual women's needs and offer information to enable the woman to make informed choices with regard to her own care and that of her baby.

The midwife also provides support and information through group teaching. She has a responsibility to keep up to date on topics relevant to midwifery, to be aware of research findings in her field and also to be familiar with the current trends of thought and levels of knowledge among the public.

The midwife must be accountable for her practice to the women she cares for; and should play an active part in establishing policies and guidelines on practice within her particular work situation, and to take responsibility for her actions.

It must be emphasised that the midwives caring attitude, principally in labour but also throughout the sphere of her practice, is of prime importance and cannot be replaced by technical proficiency alone or electronic support systems.

The art of midwifery "with women" is a skill which requires empathy as well as clinical judgement.

Midwives must recognise the importance of childbirth to the mother and in choosing to be involved with this major life experience must respect her as a person and attempt to enhance her experience.

It is well known and documented that throughout the industrialised countries of the world, the ones with the best outcomes in terms of low mortality and morbidity are those with the largest proportion of midwives. The countries with the most rapid and significant recent improvements have been those with systems based on midwifery.

Summary:

1. Emphasis on birth as a medical event, the national shortage of midwives and the lack of adequate midwifery training have all contributed to undermining the very existence and status of the midwife in NZ.
2. The present system of midwifery education is wasteful of resources and not cost effective.

Midwifery needs to be recognised as a profession in its own right. Why train to be a nurse if you want to be a midwife? A Direct Entry specialist midwifery programme would have students highly motivated towards midwifery. In the UK it has been shown that there is a high retention rate within the profession following graduation.

DE midwives are more likely to continue practising as midwives which is a vital characteristic in the effort to relieve the chronic nationwide shortage of midwives. Large numbers of women are demanding an education programme to train as specialist midwives without requiring a nursing pre-requisite.

3. Direct Entry Training will provide -:
 - More professional recognition and status.
 - an increase in the number of midwifery students
 - a cost effective training programme.
 - a more appropriate holistic approach than the pathological treatment/management orientated nurse/midwife training. More emphasis will be on the natural physiological event than the disease processes.
4. Midwifery should encompass the following basic principles -
 - midwifery is empowering women to be confident mothers.
 - the pregnant and birthing woman is the central figure in the provision of care.
 - all women should have continuity of care.
 - women must be able to choose the place of birth and those in attendance if this is compatible with a state of normal health.
 - midwifery services must be accountable to the consumer.
 - the criteria for selection and curriculum design must be in the hands of midwives - after all it is their profession therefore their responsibility. Evaluation with consumers will ensure this is on target.
 - the education of the midwife must equip her to practice competently, sensitively and with confidence - as the specialist of normal birth.