



DRAFT PROPOSAL FOR A 3 YEAR DIRECT ENTRY MIDWIFERY COURSE

Please find enclosed draft proposal compiled for evaluation by any Polytechnic with an interest in Direct Entry Specialist Midwifery Training.

Attached are various references and communications which may be of assistance in clarifying the present " climate " towards this issue. Further and more extensive information is available upon request.

As a further update, David Caygill assures us that midwifery issues will be dealt with during next years revision to the Nurses act. He strongly supports the need for midwives to function as autonomous practitioners but remains undecided on whether midwifery is a profession in its own right, or an extension of nursing. However, he is sympathetic to our concerns and we maintain an ongoing positive dialogue on the need to establish Direct Entry Training.

Please direct any correspondence or enquiries about this proposal to: Gillian White Eyres,  
Curriculum Planner,  
Save The Midwives DE Midwifery Task Force,  
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Proposal for a Direct Entry

Midwifery Course

Discussion Paper I

Gillian White Eyres

Midwifery Task Force

McKenzie Trust Foundation Award

This proposal remains the property of

Gillian White Eyres

To: -

### Background Information

There has been a call, in recent years, from midwives and consumers, to recognise the autonomous profession of midwifery. This has come about for various reasons:-

- \* Heightened consumer sensitivity about the increasing medicalisation of childbirth.
- \* Womens' desire to have control of their own body and childbearing functions.
- \* A health oriented approach to childbirth and childrearing.
- \* Awareness of cultural differences and needs.
- \* Inadequacies of midwifery services reflecting "hospital" structures and low staff morale.
- \* Inadequacy of midwifery training a) within the A.D.N., b) in terms of recruitment, c) in terms of retention.
- \* Recognition that many midwives working in New Zealand are on a short term contract from overseas.
- \* Lack of domiciliary midwives available for home births and the increasing number of early discharges of mothers and babies into the community for various reasons including, bed shortages, staff shortages, consumer demand etc.
- \* Current feeling that 'parenting' is deteriorating in New Zealand due to lack of community support and education about the development

of children.

- \* The present Nurses' Act which curtails the practise of midwifery as defined by international standards.
- \* A failure of the New Zealand Nurses' Association, in the past, to recognise midwifery as a separate profession to nursing, and seriously hampering progress in the field of early family care.
- \* A lack of postbasic graduate courses for midwives.

### References

Donley, J. Has The N.Z.N.A. Served the Interests of Midwives?

National Midwives Section of New Zealand Nurses Association

Submission re: Future of Midwifery Education in New Zealand.

Letter: To Judi Strid from Geraldine McDonald, New Zealand Council  
for Educational Research. Oct 12 '87.

Letter: To Cushla Murphy from Roslyn Penna, Dept of Health. 12 Jan  
'88/.

Letter: To Wendy Stevens from David Caygill, Minister of Health.  
27 Nov. '87.

Questionnaire re Maternal and Infant Health. Auckland Home Birth  
Association. 28 Nov. '87.

Letter: TO Mary O'Regan from Sally Shaw, Workforce Development.  
3 Dec. '87.

Letter: To Karen Guilliland from David Caygill. Minister of Health.  
15 Jan. '88.

Guilliland, K. (1988) Equity within the Maternal and Child Health  
Services.

N.Z.N.A. (1988) Midwifery: a survey of services. N.Z. Nursing  
Journal. 23-24.

- \* Referral and assistance when any medical intervention is necessary.
- \* Postnatal supervision including -
  - supporting and assisting with the parents preferred methods of childcare and rearing; anticipatory guidance and education about child development; promoting physical and emotional recovery from childbirth; assisting with the transition into early family life, where required; introduction to and liaison with child health nurses during the terminating period of postnatal care.
- \* Acting as a reference person on aspects of family planning.

### References

- White Eyres, G. (1988) Submission : To the Advisory Committee on the Medical Workforce.
- N.B. It is understood that the Medical Association blocked the committee's work on Obstetric care.
- N.Z.N.A. (1988) Midwifery Policy Statement.
- N.B. This has not been included as it is assumed that the Nursing Dept. would have a copy.
- Eberts, M. Creating the Midwifery Profession in Ontario.
- Guilliland, K. (1987) Minutes: Meeting with David Caygill, 28 Nov.
- Guilliland, K. (1988) Minutes: Meeting with David Caygill, 23 Jan.
- Save the Midwives Collective (1988) Submission on Midwifery Education.
- Downe, S. (1986) Summary of recent survey assessing Midwifery Training School's attitudes to Direct Entrant Midwifery Training. MIDIRS Information Pack. No.1 March.
- Scruggs, M (1986) Interview with Kate Newson about Direct Entrant Midwifery. MIDIRS Information Pack. No.2 July.
- E.N.B. for Nursing, Midwifery and Health Visiting, (1986) Direct Entry Midwifery Training Initiative. Midwives Chronicle & Nursing Notes. Nov.
- Milburn, C. (1987) Midwives in short supply. MIDIRS Information Pack. No. 5 August.

A grant from the McKenzie Trust Foundation has recently allowed a Direct Entry Midwifery Course feasibility study and curriculum proposal to be prepared by the Midwifery Task Force, under the guidance of Gillian White Eyres.

- A Direct Entry Midwifery Course recognises that -
- \* Midwifery is a separate profession from nursing.
  - \* Creates autonomy, prestige and status to midwives.
  - \* Offers a service to the consumer which orientates toward a health perspective of childbirth i.e. physically socio-culturally, mental - emotionally and spiritually.

Although a Direct Entry Midwifery Course is a specialisation in its own right, it is believed that the period preparing for conception, prenatal wellbeing, labour, delivery and postnatal health, including the establishment of early family life, is of vital importance and worthy of concentrated specialisation. By the second year of life, when most physical adaptations have been made, the infant should have reached a basic state of health, so that cognitive development and prosocial behaviour results with ease.

Midwives, prepared with this aim in mind, can fulfill the supportive role to parents which is lacking at present.

Midwifery functions may involve -

- \* Preparation for parenthood, including assisting with the education of schoolchildren, as appropriate.
- \* Antenatal supervision, education, counselling, including home visits, advice in preparing the home for a child, physical check-ups, referrals to other specialists e.g. doctors, dieticians, social workers, physiotherapists.
- \* Preparation for labour and delivery.
- \* Caring for antenatal women in poor health in liaison with a medical practitioner.
- \* Support through labour, including conducting normal deliveries.
- \* Assistance with any chosen method of pain relief or relaxation.