

20001-22-010

SOME OBSERVATIONS ON THE NORTH AMERICAN SCENE

San Francisco, Ca 12.5.84

In the state of California 3.6% of births took place outside of hospital in 1979, and the trend is increasing. Today there are 339 Certified Nurse Midwives (CNM) and over 350 'lay' midwives delivering babies at home.

There are three CNM training programs in Ca which require a Bachelors degree in nursing, but some preference is given to nurses with a masters degree. These midwives practice legally, being registered with the Board of Nursing; they are not popular with the medical community.

The 'midwives' on the other hand, practice without benefit of licensure - overtly or covertly depending on the medical response which ranges from tolerance to hostility. Since 1974 27 of these midwives have been charged with practicing medicine without a licence. Two have been convicted: Rosalie Tarpensing, Madera, 1979, as a result of a neonatal death of a babe born at home but died in hospital. She received two years probation. Delea Burns, 1980, Simi Valley, maternal death from pulmonary embolism, sentenced to 30 days in jail and two years supervised probation. She had no funds for appeal and disappeared.

The California Association of Midwives (CAM) have prepared a resume of all these cases entitled 'Midwives & Other Outlaws'. CAM also puts out a good newsletter. We arranged to exchange newsletters, stats, etc.

These courageous midwives not only practice without legal sanction, they also lack physician back-up, have difficulty in obtaining hospital admission for transfers, lack access to laboratory testing, have no third-party reimbursement, have no standards for practice and face prosecution. They are organising consumer support to define the scope of midwifery practice in statute, to increase accessibility to midwifery training, establish standards of practice and provision to certify lay midwives.

I met with four California midwives and the interview was taped for publication in Mothering Magazine. The midwives were Pacia Sallomi who practices in Albuquerque, N.M. where lay midwives are legal. Pacia is articles editor for Mothering and compiled 'Midwifery & the Law' an outline of midwifery status in each state plus contact information for Canada, U.K., Australia & N.Z.; Connie Laitenen, secretary of CAM from San Jose; Elizabeth Davis, author of 'Heart & Hands' and MANA co-ordinator; and Karni Seymour from Ventura. Karni was in the process of an appeal to the state supreme court having been convicted for practicing without a license following a neonatal death, Jan 1983, result of a prolapsed cord with transfer to hospital.

I found the dedication and caring of these young midwives to be truly inspiring and I feel privileged to have met them. We had a stimulating meeting and laid the groundwork for a communications network.

California addresses:

California Ass'n of Midwives, P.O. Box 3306, San Jose, Ca 95156
MOM - Mothers & Others for Midwives, 5481 Santa Catalina Ave,
Garden Grove, Ca 92645

Mothering Magazine, P.O. Box 2208, Albuquerque, N.M. 87103
sub - JUS 12 p.a.

Bay Area Guild of Midwives (BAGOM), c/ Melanie Austin, CNM.
3054 22nd Street, San Francisco Ca

Mi Bronium

Have sent this out to all the Dom news.

Joan

Ontario, Canada, 25.5.84

In Ontario, as in all other provinces of Canada, it is illegal for midwives to deliver babies - in hospital or at home? Michael Dixon, registrar of the Ontario College of Physicians & Surgeons said he does not consider it proper for midwives to be involved in birth either at home or in hospital! (I wonder if it's O.K. for women to be involved?) He said, "It would certainly be our position that midwifery is part of obstetrics and is therefore part of the practice of medicine as defined in the provincial Health Disciplines Act..." The College warned its members, "It is professional misconduct for a member to permit, counsel or assist any person not licensed as a physician to engage in the practice of medicine." 1

Later, the chairman of the College's Ad Hoc Committee on Out of Hospital Births, Ray Beckett, MD, FRCS(C) asked for a brief on 'where midwives fit into the birth process' !!!

Whereas in New Zealand the struggle against homebirth is orchestrated from the Post-Graduate School of Obstetrics & Gynaecology, in Canada the doctors have not yet been so completely 'squeezed' out through centralisation into base hospitals, so it is the individual provincial Colleges who are fighting the groundswell of homebirth in Canada made possible by midwives - nurse-, direct entry and lay - who risk prosecution every time they attend a homebirth.

The Alberta College of Physicians & Surgeons prohibit doctors to attend homebirths. In one case a woman had difficulty in finding a doctor who would register a birth for her. Despite this stricture, in 1982 between 80 - 100 homebirths took place in Edmonton.

Theo Dawson, mother, midwife and editor of the newsletter 'Issue' wrote, "It is becoming very clear to me that I cannot allow fear of legal retribution to guide my actions and beliefs any more than fear of birth should guide the birth attendant in decision making around the care of birthing women. I need constant support and feedback from those I try to serve in order to keep fear at bay..." 2

But, homebirth is supported by a number of progressive doctors. The Medical Reform Group (Ont) formed in 1980, passed a resolution in support of safe alternatives in childbirth and the legalisation of midwifery.

In 1981 the Ontario Association of Midwives (OAM) was formed by Ava Vosu. Ava studied midwifery at Shari Daniels' Maternity Centre in El Paso and now practices at Commando. OAM began the newsletter 'Issue' which is now published by the Midwifery Task Force (MTF), an organisation of health professionals and consumers working for legalisation of midwifery in Ontario by 1985. While homebirths and midwives were quietly proliferating, a neonatal death early in 1983 brought the issue to public attention. Predictably, the medical profession used the incident to try and curb the growing popularity of homebirth.

The inquest jury made two recommendations: 1) that literature should be made available on the pros and cons of home and hospital births; 2) that the Ontario College of Physicians & Surgeons and the College of Nurses get together and set up standards eventually leading to the licensing of midwives.

In view of the circumstances surrounding the neonatal death, the midwives made a recommendation that small hospitals that cannot afford a full-time obstetrician should have an experienced nurse-midwife available 24 hours a day, who is empowered to deliver babies in emergencies.

This event drew the midwives in Southern Ontario together to work for a common cause. Ava Vosu made contact with the Midwives alliance of North America (MANA) as a step towards unification and national recognition. She is now Canadian representative for MANA. Following the inquest the midwives and sympathetic doctors decided to work on guidelines for homebirth practice. The homebirth doctors of the Hamilton-Toronto area met and agreed to appeal to their

clients to write to the College of Physicians & Surgeons expressing their views on homebirth. Although having indicated that College "deliberations" would probably accept home births "providing very adequate safeguards are built in...." 3 a Position Paper, March 1983 said "out of hospital births should be discouraged because of the additional risks to the mother and the baby....Patients are encouraged to discuss their views regarding childbirth with their doctors....A physician should not, however, be expected to compromise his position, or to accept conditions which would make it impossible to maintain the standards of practice of the profession...." It then lists the usual risk factors which tend to eliminate the majority of homebirth candidates.

Some media articles strongly favoured midwives and homebirth. ...

A Toronto Star journalist, Michele Landsberg wrote (5.4.83) "... Home births are no more dangerous than hospital births and there has been no epidemic of tragedies. But to win your support in its power-play against midwives, the medical profession wants you to think that having a baby at home is the selfish whim of hippy dippies who care more about good vibes than healthy newborns." She pointed out that while there were decent individual doctors, "the organized medical establishment is something else: It defends its own turf with the paranoia of a street gang, and its monopolistic bully boy tactics make a group of tough Teamsters look like a convention of creampuffs." She claimed that "Canada's intransigence about midwifery, puts it, ignominiously, among the most backward nations of the world....in feudal backwaters like Burundi and El Salvador 4 ...because women's health means big bucks (dollars) that's what it's all about." This, she claimed is why doctors feel threatened by about 25 midwives working in Ontario.

Another article in the Kitchener Record (undated) quotes Dr. Dorothy Hall who said that claims by the medical doctors that home birth was unsafe was "a lot of rot," and the doctors "are selling the Canadian public a bill of goods." Dorothy Hall recently retired from W.H.O. after directing nursing education for nine years in 32 European countries, and before that for 17 years in 10 Asian countries. She also has a BSc degree and an honorary doctorate from Western University and a M.A. in Nursing from the University of Washington in Seattle.

The OAM responded to the College of Physicians & Surgeons by compiling a Bibliography of recent medical literature on homebirth for distribution to doctors and legislators. It also advised the College that since it did not reveal the sources of information on which they based their conclusions OAM considered their conclusions untenable and questioned their motives. OAM also rejected the College's use of Britain as a model because of the way the stats were compiled and because of the different political, social and economic factors involved.

Currently there is a move to eliminate the supportive doctors through insurance fees. A doctor in Guelph has decided to discontinue coverage for home births because his medical insurance fees to cover this service have been increased 'out of all reason'. No doubt the midwives will carry on!

Most of the midwives in Canada were trained elsewhere. Although there are three Canadian nurse-midwifery courses training 16 - 24 midwives yearly 5 these are primarily to train midwives for out-post nursing, i.e. above the 60th parallel, in the frozen north where doctors won't go.

Despite these anomalies, Canada is a member of I.C.M. The Ontario Nurse-Midwives Association (ONMA) are sending a delegate - Lil Dunn - to the I.C.M. Congress in Sydney in September. Lil did her midwifery training in Scotland and is currently working at Blenheim, N.Z. She came here hoping to gain midwifery experience! The midwife I met in Ontario - Elsie Cressman of Kitchener - is hoping Lil will decide to work in the Kitchener/Waterloo area on

her return. There the Mennonite community have provided a centre at nearby St Jacobs from which classes in prenatal education, breast feeding, STEP parenting and nutrition can be maintained along with a lending library "until such time as birthing homes are recognized as part of the health care system by the Government of Ontario," says their brochure soliciting funds and support for the home.

Elsie, a member of ONMA & MTF did her midwifery training in England - East London. She spent 20 years nursing lepers in East Africa. She is so optimistic about the future of midwifery/home birth in Ontario that she is resigning her part-time job on a busy medical ward two years short of superannuation in order to cope with the growing demand for homebirth.

In general a spirit of unity and cooperation pervades the relationships between the lay and nurse-midwives in both Ontario and British Columbia. Since the struggle throughout Canada is for the legalisation of midwifery the nurse-midwives need the support of the numerous lay midwives because these have widespread consumer support! In Ontario OAM & ONMA have proposed to unite formally. ONMA was formed in 1973 and published a statement on nurse-midwifery 6 - the first Canadian nursing organisation to do so. The Canadian Nurses Association (CNA) 7 endorsed this statement the following year. In 1975 ONMA was granted affiliate membership in the Registered Nurses Association of Ontario (RNAO) - the same year that Canada was admitted to full voting membership in ICM. So ONMA unity with ONA reflects on RNAO which favors the training of nurse-midwives certified to deliver babies, but the College of Nurses oppose lay midwifery saying that lay people should be allowed only a "supportive role - which absolutely would not include responsibility for delivering babies."

The Alberta Association of Registered Nurses (AARN) also actively opposes lay midwifery. In submissions to the Legislative Act which determines their practice they include 'assisting in childbirth' as part of their 'Exclusive Nursing Practice' and submit a sub-clause 'to protect the public from anyone other than a registered nurse providing assistance during childbirth such as the lay or self-taught midwives.'

The Registered Nurses Association of British Columbia (RNABC) also endorses the practice of nurse-midwifery in a Position Paper on Midwifery in 1978. The B.C. Medical Association opposed midwifery but went along with the nurse-specialist in obstetrics! They quoted C.N.A. on midwifery as "only one tentacle of a thrust in the direction to take over general practice." 8 That really tells us why the medical profession fear midwives, but because they need skilled attendants for their high technology births are prepared to support the so-called 'nurse-specialist' under their control. It also neatly clarifies the role of the nursing profession in undermining midwifery.

Louise Mangan points out "that the medicalization of midwifery in other parts of the world has jeopardized the status, role and skill of the midwife, that international experience shows a nursing background is not necessary to quality care and that the status of the Nurse-Midwife in the United States has been threatened by traditional doctor-nurse relationships." 9

Louise is past chairperson of the Interdisciplinary Midwifery Task Force (B.C.), which along with the Midwives Association of B.C. (MABC), founded in 1980 are working towards legalisation of midwifery in B.C. They are also developing criteria for the education and licensure of midwives.

Much of the unity among the Canadian midwives can be credited to MABC. In B.C. they have had success in uniting both formally trained and self-trained midwives to work towards their common goal. In their second 'Labour of Love' Conference, 1983, the dominant theme was a union of the profession of midwifery undivided by categories - "unqualified midwifery".

This Conference called for:

- 1) Recognition of midwifery as a distinct and valuable profession;
- 2) Midwives as independent practitioners working in consultation with physicians rather than supervised by them;
- 3) Creation of a separate 'Midwifery Act' rather than subsuming midwives within the Nursing Practices Act;
- 4) Separate and distinct midwifery training leading to highly skilled practitioners;
- 5) Midwives should be self-regulated professionals with an advisory board which might also include nurses, physicians and consumers as well as midwives.

Following this Conference, Karen May, a direct entry midwife, U.K. and a founding member of MABC attended the National Action Committee (NAC) on the Status of Women Conference in Ottawa as MABC representative. NAC is "the most powerful lobby for women in Canada." It passed the following resolutions: Endorsed the International definition of midwifery; supported legalisation of midwifery services in Canada; supported the coverage of midwifery services by provincial medical insurance programs; and supported the inclusion of midwifery services in the extended insured services in the new Canada Health Act, 1983. (This Act consolidates health services under the federal government whereas before health care was a provincial responsibility. It goes hand-in-hand with cut-backs in funding, is doctor/hospital oriented.)

All this energy culminated in the formation of a National Association of Canadian Midwives - a network of midwifery organisations across Canada who can use each other to keep informed on midwifery status in each province and as a basis for unity of purpose and support. They are collating a list of relevant organisations in each province and exchanging newsletters and publications.

This organisation was born across Canada on May 8th, Mother's Day, this year. What a positive way to celebrate Mother's Day! It was called 'Celebration for Midwives'. In Victoria, B.C. 100 people marched, Vancouver - 150, Edmonton - 40, Winnipeg - 100, Toronto - 150, Montreal - 100, Nova Scotia - 100. Calgary and Ottawa midwives marched in the Peace march while Saskatchewan midwives met for a workshop. Seattle, Wa, USA 'Friends of Midwifery' also celebrated with a turn out of 250 people. Every group got press coverage.

So, across Canada midwifery is rising from the ashes. It is becoming a force to be reckoned with - legal or illegal! So much so that the Canada Council Explorations Program has awarded a six-month subsistence grant plus some travel funds to Eleanor Barrington, Ontario, to research a book about the re-emergence of midwifery and homebirth in Canada.

MABC are sending delegates to ICM Congress in Sydney, September. They sent two delegates to ICM Congress in Brighton, 1981 and "continue to maintain cordial relations with them."

At the Sydney Congress MABC are sponsoring a remit to encourage the unity of all midwives - lay, direct entry and nurse-midwives. To date they are supported in this by the Dutch midwives and the American College of Nurse Midwives. Dorothea Lang, president of the latter, earlier recommended that MANA 10 work towards joining ICM as "North America is being looked upon as setting new trends in midwifery. There is an obligation to set a good example for other nations to follow." Perhaps American support for this remit will influence midwives from other countries to also endorse it. Let's hope so! In N.Z. the Midwives Section, NZNA certainly came out in support of the direct entry midwives at the time of the Nurses Amendment Bill. In fact this was the reason the NZNA would not let their submission go forward to the Select Committee - it contradicted the NZNA Policy Statement that midwifery is merely a post graduate course of nursing, not a profession in its own right.

Therefore, this MABC remit is very significant as it aims to re-

establish that midwifery IS a profession in its own right. If midwifery is going to make a come-back, then this premise is fundamental. Let's hope that countries where midwifery is recognised can come to terms with their nursing elitism and recognise that midwives adequately trained outside the nursing/hospital setting i.e. lay midwives, are also midwives. The W.H.O. definition of a midwife says, "A midwife is a person who..." i.e. she is not necessarily a nurse! Most of the births in Third World countries are handled by Traditional Birth Attendants - TABs.

MABC delegate to ICM Congress is Deborah Farnsworth. She is originally from Wellington, N.Z. After the Congress she is coming to N.Z. to visit her family. Hopefully, while she is in Auckland we can arrange a meeting so she can meet our midwives and HBA members. While in Vancouver, I met both Debbie and Karen - 5.6.84 -

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Of relevance to the N.Z. situation was a controversy which had taken place among RNAO members. Following a "think tank on leadership" RNAO board of directors identified "entry to practice as a priority" and set baccalaureate preparation for all members of the nursing profession by the year 2000, i.e. four academic years after Grade 13 (Standard 7). In 1977 RNAO mailed to all members a copy of this Proposed Policies Related to Issuance of Certificate of Competence which would disenfranchise approx 50% of the hospital trained R.N.s and Registered Nursing Assistants (RNA) currently practicing. This was to be accomplished by turning the Certificate of Competence into a work permit with provision for automatic expiry and uncertain provisions for reinstatement, as the College had not even established what the 're-entry program' would entail!

A group of London (Ont) R.N.s formed an organisation, N.U.R.S.E. 11 to fight this move. The 30 starting members increased to 3500 within a year. They prepared a brief and lobbied all their MLAs. Even though the CNA endorsed the RNAO position in 1980, the Ontario Ministry of Health turned it down, saying: "Current activities of your association aimed at marketing and implementing the baccalaureate requirements for all registered nurses, without documenting its relationship to the quality of health care, is not in the best interests of either the nursing profession or the people of Ontario. We would encourage you to work with the employers of nurses to identify areas and levels of nursing practice, out of which appropriate educational prerequisites should emerge." 12

Meanwhile, the Baltimore, Md Sun came out with an article, 'New Ways to Teach Nurses' about the prestigious Johns Hopkins University and two Baltimore hospitals "re-inventing the wheel, in part.." by starting a two-year program leading to bachelor of nursing degrees for students with two years of pre-nursing training. "The emphasis will be strongly clinical...(and)..much of the training will be in hospitals, not classrooms." The article points out that everyone agrees nurses need more technical background as medicine becomes more complex. But four-year baccalaureate nursing programs at universities sometimes stress academics at the expense of clinical training, while two-year community college programs don't offer enough of either." (25.2.83).

And, finally, a few words about the Grange Royal Commission inquiry into the 36 infant deaths on the cardiac ward of Toronto's Hospital for Sick Children between 1 July 1980 to 31 March 1981. Briefly the nurse who was charged with murder was acquitted and has launched an \$850,000 law suit against the police for wrongful arrest and malicious prosecution. I mention this because the story goes that our Minister of Health, Aussie Malcolm, was in Canada when this story broke. This influenced him to insert Clause 10, 'Notification of disability or suspected disability' 13 into the Nurses Amendment Bill. Even though this infringed privacy, doctor/patient relationships and civil liberties, Aussie was going to preclude the possibility of any nurse killing babies on N.Z. wards! Too bad he didn't spend more of his time discussing baccalaureate programs with the Ontario Ministry of Health instead!

1. 'Issue' vol 2, no 2, Summer 1982
2. 'Issue' vol 3, no 3, Summer 1983
3. Letter 23.9.82, Issue vol 2 no 3 Fall 1982
4. Canada is one of nine such countries. The others are Venezuela, Panama, Honduras, Dominican Republic, Vanuata and Columbia.
5. These are: Outpost Nursing & Nurse Midwifery Program, Memorial University, St Johns, Newfoundland.
Outpost Nursing Program (incl midwifery), Dalhousie University, Halifax, Nova Scotia
Advanced Practical Obstetrical Program, University of Alberta, School of Nursing, Edmonton
6. "The nurse-midwife blends the expertise of nursing with advanced knowledge and skills in maternity and infant care, and is prepared to manage the normal cycle and to provide expert care under medical direction to high risk patients."
7. All provincial registered nurses associations are members of CNA
8. BCMA President, Dr Mel Petreman, B.C.M.J. July 1980 quoting CNA presentation to the Hall Commission. Reported in MABC 'Midwifery is a Labour of Love', 1981 p 94-99. from MABC
9. Restoring Health to Birth: Midwifery in British Columbia
10. MANA was founded in April 1982 to build cooperation among midwives and to promote midwifery as a means of improving health care for women and their families. The impetus for organization came from midwives with diverse educational backgrounds who believed that the time was ripe for unity.
11. Nurses United for Registration Security & Employment. I have relevant documents which are available for cost of xerox and postage.
12. Letter to RMAO 10.1.84 reprinted in RMAO News March/April 1984
13. in any case where a registered or enrolled nurse is unable, because of mental or physical disability, to perform his professional duties satisfactorily...the Medical Superintendent of a hospital, medical practitioner in attendance, Medical Officer of Health or head of nursing services SHALL give written notice to the Council...

ADDRESSES

Ontario Association of Midwives P.O. Box 85, Postal Stn C
Toronto, Ont M6J 3M7

Midwifery Task Force (Ont), Postal Stn T, Box 489, Toronto M6B 4C2
sub \$20 p.a. single

Ontario Nurse-Midwives Ass'n, c/ Rena Porteous, Pres,
1323 Sherwood Crt, Burlington, Ont L7M 1C8

Medical Reform Group of Ontario, c/ B. Lent, 929 Waterloo St.
London, Ont N6A 3X2

Midwifery Task Force (BC), 926 School Green, Vancouver, B.C. V6H 3N7
sub \$15. p.a.

Midwives Ass'n of British Columbia, P.O. Box 46698, Stn G
Vancouver V6R 4K8 sub \$20 p.a. incl sub to

Maternal Health News, Box 46563, Stn G, Vancouver V6R 4G8 sub \$10

National Association of Canadian Midwives, 3692 West 37th Ave.,
Vancouver V6N 2V9

Ava Vosu, Commando, Ont POH 1J0

Elsie Cressman, 406 Karn St, Kitchener N2M 2C1

Theo Dawson, General Delivery, Locust Hill, Ont LOH 1J0

Karen May, 9089 Cedar St, Mission, B.C. V2V 5X4

Deborah Farnsworth 2912 Abbotsford B.C. V2S 5W4

Eleanor Barrington 141 Browning Ave, Toronto M4K 1W4

Midwives Alliance of North America, c/ Concord Midwifery Service,
30 South Main St., Concord N.H. 03301.
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Joan Donley
3 Hendon Ave, Auckland 3
New Zealand