20001-43-035

Re: The Nurses Amendment Bill

SUBMISSION

We, the undersigned domiciliary midwives registered in the Auckland area, protest against a number of clauses in the Nurses Amendment Bill.

In general we feel the Bill undermines midwifery as a profession in its own right. In particular we consider that its draconian recommendations are designed to eliminate domiciliary midwives and thus deprive New Zealand women of options in childbirth. Already, the phasing out of the basic midwifery programme in 1979 has placed N.Z. in the position where midwives are having to be brought in from overseas to staff obstetric units and to maintain midwifery standards. Last year a number of hospital boards were given permission to advertise overseas for midwives. (Report of Department of Health to 31.3.83). Also, of 171 midwives registered in N.Z. for the year to 31.3.83, 147 (86%) trained overseas, and of this number, at least 39 (26.5%) were N.Z. registered nurses who undertook their midwifery training overseas. (Report of Nursing Council to 31.3.83).

It is relevant to ask why such a large number of N.Z. nurses reject the Advanced Diploma in Maternal & Child Health Nursing with Midwifery Option in favour of overseas programmes?

To understand this anomaly one must first understand that a midwife, by international definition (I.C.M. & W.H.O.) is a practitioner in her own right. The current N.Z. midwifery training is based on the concept that midwifery is merely a post-graduate course of nursing. Therefore, this post-graduate course with its midwifery option of 8 - 9 weeks is based on the comprehensive nurse training which contains a mere 10-week 'obstetric component'. It can't even pretend to train a midwife as a practitioner, yet it would legally define this graduate as a midwife - Clause 5 - Qualifications for registration and enrolment - subclause (3). This is why N.Z. nurses go to U.K. or Australia to obtain a one-year hospital based programme in basic midwifery skills.

The overseas Diploma of Advanced Midwifery also leaves this N.Z. course light-years behind. The overseas course is a full-time six month theoretical and clinical course after basic midwifery training plus at least two years practical experience. (Maternith Care in the World published by F.I.G.O. & I.C.M. Second Edition, 1976)

Therefore, concerning Clause 5 (3) - definition of a midwife - we would ask the Select Committee to look at it in relation to the I.C.M. & W.H.O. definition of amidwife (Appendix 1) and consider three points:

1) the long term effect this definition will have on maternity care in N.Z. - is it in the consumers' best interests to grant obstetricians a monopoly on childbirth?
2) the effect this definition will have on the more highly qualified overseas midwives seeking registration in N.Z. - will they be able to register only as 'obstetric nurses'? and
3) the concern expressed over basic midwifery training at the 1980 & 1982 N.Z.N.A. Conferences. Both times an 'urgent petition' was passed to the Minister of Education 'to provide a separate midwifery course leading to registration, leaving the Advanced Diploma for midwives wishing to further their education'. They also demanded retention of the midwifery register, but the Bill's definition of a midwife will eventually eliminate this.

Our arguments against Clause 15, concerning changes to Section 54 (3) of the Act - Offences relating to obstetric nursing - follow on from our criticism of the Bill's definition of a midwife and the inadequacy of the current midwifery training in N.Z. This Section will exclude the person trained as a midwife only, sometimes called the 'direct entry' midwife. Until the 1950s N.Z. trained such midwives - one is now a domiciliary midwife. England still trains such midwives, a number of whom are registered and practice in N.Z. One of these is a domiciliary midwife. In fact, there are approximately 200 such midwives currently practising in N.Z. England has recently extended the training time of these midwives to three years to harmonise qualifications under the E.E.C. Treaty of Rome. This is in line with midwifery training in Holland and France whose midwives are renowned for their competence and skill, and where training is predominately midwife only. Several other West European countries also train midwives only.

Professor G.J. Kloosterman, past president of F.I.G.O. and until

his recent retirement, Chief of Obstetrics at Wilhelmina Gastius Hospital, Amsterdam, makes this differentiation between "real nurses and real midwives." The former prefer to share responsibility with a doctor, and are very keen on seeing that everything the doctor asks for is done punctually. "Of course, we like to work with these...." The real midwives "like to be independent, to give their own opinions....In a hospital I think we need more nurses. But we also need a few midwives for their critical attitude. And at home we need real midwives because nurses become nervous at home, alone and without a doctor to fall back on." (Suzanne Arms, 'Immaculate Deception' p 365-6)
This basic philosophical difference was expressed in the recent Maternity Services Committee Report 'Mother & Baby at Home: the early days', prepared by a committee comprised mainly of male obstetricians. Recommendation 20 says: "...she (the domiciliary midwife) should make every effort to reinforce the doctor's opinion and encourage the patient to follow the doctor's advice."
The W.H.O. accepts the 'direct entry' midwife in its definition of a midwife, saying "A midwife is a person....." (not a nurse).
This move to eliminate the "real midwife" is a move to eliminate domiciliary confinements and thus deprive women of any option in childbirth.
We request that this Section be deleted.
We also protest against Clause 9 - Notification of suspected mental or physical disability of a nurse - a new Section 34 of the Act. This undemocratic clause breaches the confidentiality between doctor and patient. It contravenes the Declaration of Geneva and the International Code of Medical Ethics. It conflicts with Section 62 of the Hospital Act. Finally, it flouts the position statement adopted by the International Council of Nurses (ICN) and Council of National Representatives (CNR) at their meeting in Brasilia, June 1983. N.Z. was represented there by Sue Burrell, National President, Patricia Carroll, Executive Director, N.Z.N.A. and Joy Motley, Member of Board ICN.
This 'Nurses' Role in Safeguarding Human Rights' was "developed in response to requests of national nurses' associations for guidance in assisting nurses to safeguard their own human rights and those for whom they have personal responsibility. It is meant to be used in conjunction with the I.C.N. Code for nurses

and resolutions relevant to human rights..." (N.Z.N.J. Sept 1983) It specifically states: "It is essential that confidentiality be maintained" and "National nurses associations have a responsibility to participate in the development of health and social legislation relative to patients' rights and all related topics." Yet, here we have our national association endorsing a clause which undermines the very basis of the nurses' human rights!

We request that this Clause be deleted as it contravenes international codes and the I.C.N. position statement.

Two further clauses also infringe basic human rights and could be used to deprive women of options in childbirth by eliminating domiciliary midwives. These are Clause 10 (2) and Clause 16. Clause 10 amends the disciplinary powers of the Council. Subclause (2) gives the Council power to order that a nurse may only practice subject to conditions imposed by it. This 'divine right' clause clearly reflects the autocratic and heirarchal structure of the N.Z. nursing profession as concentrated in the Nursing Council. In her Report, 1970, Dr Helen Carpenter advocated changes in nursing training because of the "narrow outlook developed by the rigid heirarchal structure of hospitals which are a deterrant to personal growth." Although nursing training has moved from hospitals, the Nursing Council would still reinforce the heirarchal structure and narrow outlook of bygone days.

Clause 16 is also authoritarian and oppressive. This - Functions and powers of Medical Officer of Health in relation to obstetric nursing - substitutes a new Section 58 of the Act. It empowers the M.O.H. to suspend the domiciliary midwife on mere 'suspicion of unhygienic practice'. Public Health nurses are also under the jurisdiction of the Department of Health, yet this Clause does not apply to them.

We feel that the recent unfavourable publicity over water births is being used to eliminate home births, even though the Domiciliary Midwives Association have consistently opposed water births. It is quite unrealistic to suppose that this 'unbridled power' would not be used to harass and/or remove domiciliary midwives. Experience in the South Auckland Health District clearly demonstrates that even the present limited bureaucratic powers of the M.O.H. can be used quite effectively to harass domiciliary midwives - by holding back their maternity benefit (i.e. their

pay) and by refusing midwives permission to attend births on his assessment of their suitability. Recently, one consumer successfully petitioned the Ombudsman to obtain the midwife of her choice.

We petition that Clause 10 (2) and Clause 16 be deleted as both are discriminatory and can and will be used to deprive women of options in childbirth and further concentrate power in the hands of obstetricians.

In fact, despite the heavy fine of $1,000 (Clause 10 (3) Disciplinary powers of Council, for having a baby at home without the specified supervision, the actual result of the Bill will be to encourage the spread of lay midwifery as has happened in U.S.A. It will drive home birth underground, if not underwater!

The Committee needs to ask why women are dissatisfied with the present maternity services, rather than try to force them to accept institutionalised, technological childbirth under the supervision of obstetricians.

In a democratic society has the State the right to deprive parents of options in a natural process - childbirth - in the vested and professional interests of obstetricians?

Signed:

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for:

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28.9.83

APPENDIX

DEFINITIONS OF A MIDWIFE

W.H.O. DEFINITION

A midwife is a person who is qualified to practice midwifery. She is trained to give the necessary supervision, care and advice to women during pregnancy, labour and the post-natal period, to conduct deliveries on her own responsibility and to care for the newly born infant. This care includes preventive measures and the detection of abnormal conditions in mother and child, the procurement of medical assistance, the execution of emergency measures in the absence of medical help. She has an important task in health counselling and education, not only for parents, but also within the family and the community. The work should include antenatal education and preparation for parenthood, and extends to certain areas of gynaecology, family planning and childcare.

I.C.M. DEFINITION

A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognised in the country in which it is located has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery.

She must be able to give the necessary supervision, care and advice to women during pregnancy, labour and the post-partum period; to conduct deliveries on her own responsibility and to care for the newborn and the infant.

This care includes preventative measures, the detection of abnormal conditions in mother and child, the procurement of medical assistance and the execution of emergency measures in the absence of medical help. She has an important task in health counselling and education, not only for patients but also within the family and the community. The work should involve antenatal education and preparation for parenthood and extend to certain areas of gynaecology, family planning, and child care. She may practice in hospitals, clinics, health units, domiciliary conditions, or in any other service.