

35 replies.

WHAT EVERYBODY THOUGHT ABOUT EVERYTHING:

This is my attempt to bring together the comments made by each of you in response to the Professor Field Midwifery Seminar -

- I tried to put my own opinions to one side
- I tried to decipher all the writing
- I tried to pluck the significant comments
- I apologise to any person who feels they have not been heard

I complete this task feeling that we are indeed working together. We are looking forward with enthusiasm, recognising our strengths and our weaknesses, with our focus firmly on the families in our care. There are many aspects of care that fell to the axe of limited time, and received but brief mention over the four days, for example post-natal care. They shall provide the impetus for a future gathering. Perhaps too, we need to consider a collaborative gathering of all those, be they professional participants, consumers, or watchdogs, involved in the childbirth process.

One person described the seminar as -
'establishing a collective way forward'

Another commented -

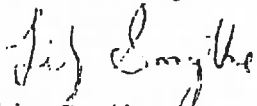
'I was able to evaluate my position and not lose heart'

Another reminds us -

'Midwives are not as flexible as they think, particularly when working within a medical model system'

All recognised the input we gained from Professor Field. She offered to us the historical perspective, the current world perspective, and what is happening in Canada. Through her eyes, we were better able to see ourselves. Local speakers, once persuaded to recognise their own expertise, enabled us to see beyond our own individual span of vision.

Thank you for coming.
Thank you for participating.
Thank you for your enthusiasm.



Liz Smythe,
On behalf of the Organising Committee.

WHAT EDUCATION DOES THE MIDWIFE REQUIRE?

There were many varying suggestions as to the format for the education required to become a midwife:

- Present program not acceptable
- A School of Midwifery within the Technical Institute
- Separation from Advanced Diploma of Nursing
- Basic nursing, then specialising
- Advanced Diploma
- One year basic core nursing - then specialising into Midwifery option
- Direct Entry - would give more professional recognition and status
 - increase number of entrants
 - be cost-effective
 - more appropriate, more on target
 - allow more emphasis on the physiological event than the disease process

Constraints:

Must not inhibit the midwife in further career options

Content suggested as appropriate for a midwifery program included:

- | | |
|--|---------------------|
| broad base | communication |
| behavioural science | counselling |
| sociological theory | stress management |
| research skills | community resources |
| assertiveness skills | family planning |
| teaching skills | law and statutes |
| more time in clinical setting, including home births | |

The need for continuing inservice education, with a suggestion of a refresher course every 5-10 years, was a frequent comment

The Role Of A Midwife Has Seen As Encompassing The Following:

- Practitioner in own right
- Advocate
- Educator
- Collaborator
 - to assess
 - to be accountable
 - to be 'with women'
 - to be the guardian of normal childbirth
 - to recognize and deal with abnormalities if they occur
 - to focus on mothers and babies, not obstetricians
 - to give value for money
 - to extend into the community
 - to have sound theoretical and practical knowledge
 - a midwife gives support, understanding, a listening ear, is a mediator, a friend
 - midwifery is empowering women to be confident mothers.

ANTENATAL CARE - What Does It/Should It Achieve?

It is an opportunity to begin a relationship

It should promote healthy living and give education

-but it is already too late

Midwives should get into the education system much earlier

It should be directed at all pregnant women, not just those 'at risk'

It may not be effective where most needed e.g. smoking

It should be appropriate

- parents must be consulted

- care and explanation should be at their level of understanding

- the parents should feel comfortable in the environment, not intimidated

- more publicity needed about early booking-in

Learn about the physical and emotional changes of pregnancy/childbirth/parenting

A time for the new family-to-be to discuss and share problems, anxieties, fears related to the coming events

Education allows free choice

We need better communication

- innovative ways of providing health care

- continuity of care

- involvement and support of the community

- smaller A/N classes, more flexible programs

- personalised, culturally relevant care

We should measure consumer satisfaction by evaluation of current programs

NEC-NATAL CARE - What are the ethical dilemmas/parents rights?

Dilemmas

the value of life to the infant

the value of the infant's life to the parents

who should be treated

who is the nurse advocate for - the baby, the parents, or society?

parents rights foremost - but the ultimate decision should be made by some-one else

what are we sending the baby home to?

Parents Rights

to be respected

to give informed consent

to participate in decision making

to have equal access to health care

need to be made more aware of their rights to information about their child

need to recognise that parents quickly become experts

feelings and concerns of parents are important

totally honest communication between professional and parent should be undisputed right and reality

parents rights must be considered as if from another professional consultant, of equal value, but should not over-ride the professional who 'supposedly' has more knowledge than the lay person

There is a lack of pain management in neonatal care.

TEENAGE PREGNANCIES - How Can We Help?

There was a widely held opinion that as midwives we need to 'get into schools' much earlier to give appropriate education.

The times suggested were:

Sex education from birth
Form 1 & 2 Form 3

There was also strong support for a campaign of
"It's O.K. to say NO to sex"

AIDS strongly reinforces the need for such a campaign.

We need to find something other than 'having a baby' to put before them as a goal.

We need to reinforce their strengths, to encourage self-esteem.

We need to recognise the social disease that this is a symptom of.

One person suggested a submission from the Midwives Section to the Department of Education.

Teenage pregnancies should include those up to 18 years of age.

There should be close liaison with Plunket and Public Health Nurses antenatally.

There should be appropriate cultural staff
community support
support groups of teenage mothers
more post-natal follow-up
more mothercraft before decision to keep/adopt

Teen clinic staff should attend the delivery, with a midwife delivering.

We should be supportive, more receptive and caring, avoiding judgement and criticism.

PAIN MANAGEMENT - What Are The Implications?

We need:

an open mind on alternatives and shared knowledge
midwifery skills to increase the production of endorphins
adequate education of choices available
a good rapport between patient and midwife based on trust
opportunity to learn about alternative measures
refresher courses in pain management

Comments:

From a student midwife - we need lots of information on alternatives, both at school and, even more, from midwives we are working with clinically. From a wide choice we can then select what feels best for us and our patients, e.g. Pethidine or hot towels - but at least we'd know some choices.

Medication and epidurals are appropriate in some situations, but ^{not} as a routine.

Patients' choice should be supported not criticised.

Some examples by some speakers unrealistic and too good to be true.

We need assessment of individual needs and use of midwifery skills.

Pain perception can be so easily influenced e.g. by over tiredness.

WHAT IS THE PLACE OF RESEARCH WITHIN MIDWIFERY?

For our survival
To support change
A place of priority
To prove the value of the midwife
To provide a scientific basis
To validate our care
To explore for the future
To right wrongs
To improve midwifery service
To challenge habits
To keep abreast with needs of parents
To achieve a high degree of expertise
To make us think 'it is possible'

It Needs To Be:

Encouraged
Made available, in print, accessible
All ADN students to offer their research as a beginning
Done in the wards in which we work
Done at grass roots level - by working midwives as well as educationalists.

We Need:

Funds - full time researchers
Opportunity to do research
To teach ADN's research skills
To start a common interest group research project

WHAT DO YOU THINK THE COUNTRY NEEDS NOW?

The loudest response was

More New Zealand trained midwives.

Some went further to specify a midwifery course separate from the Advanced Diploma of nursing.

Another clear response was

More political action from midwives

Other comments

A balance between what is safe and what women want
Autonomy
More job satisfaction for midwives - less interference from doctors
Midwives together
Money into health prevention
Our own organisation not dominated by the N.Z.N.A.
Cohesive approach of all midwives
Support and encouragement of colleagues
The right for women to be cared for by midwives
More consumer input
Clearly defined areas of responsibility
Midwifery input into Public Education surrounding pregnancy - labour- birth
De - institutionalisation
More frequent seminars, refresher courses
Qualitative research

We need a special, easily recognisable badge to be worn New Zealand wide by all midwives, around which we can build a campaign for recognition. We need to market ourselves and our skills, and that can only be done by people recognising the quality of our practice.