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JOAN DONLEY: FIGHTING WORDS

For the past 12 years Joan Donley has been fighting for the future of New Zealand's domiciliary midwives. Now she has written a book aimed at taking the battle one step further.



OVE: Joan Donley (right) weighs two-week-old Sophie Ruth Rowley assisted by proud parents, Iris and Murray. She wants to make women aware of how "their maternity care has been taken over so it is not meeting their needs." Photograph: Michael Willison.

As a grandmother of 70 plus, Joan Donley could be retired and relaxing among memories of births and babies — the many photos pinned to the wall of her comfy Mt Albert home.

This grey-haired woman with the soft Canadian accent and a wooden tiki around her neck has chosen a harder road.

She is a domiciliary midwife who has written a book called *Save the Midwife*, just published by New Women's Press.

Joan Donley has been fighting for the future of midwives (trained to deliver babies in their mothers' own homes) since 1974.

The first baby she delivered was her own grand-daughter. Since then, she says with some

pride, she has delivered 536 babies at home. In order to be such a midwife, Joan Donley and the 20 to 25 other midwives scattered around the country, have had to be prepared to battle with bureaucracy.

The New Zealand medical profession is overwhelmingly in favour of large base hospitals filled with gleaming technical equipment, starched nurses and highly-qualified specialists for the delivery of this nation's young.

Joan Donley is among a growing number of New Zealanders who want the clock turned back, to give women a more equal opportunity to have their babies at home — as their forebears did in the old days.

She believes a hospital birth is

more likely to require some form of intervention — such as drugs for pain relief, oxytocin, forceps or a Caesarian.

And she believes the bustling schedules followed in a busy hospital can intimidate a woman in labour, so that her labour may stop altogether.

"When a woman goes into hospital she will be in a walloping good labour, then she will stop. If you leave her alone, give her a cup of tea and a warm shower, she will start again in due course.

"But they have this augmentation of labour thing, plus a woman is not supposed to be in labour for more than so many hours, so they rupture the membranes. Because she is frightened,

nothing happens. So they give her oxytocin, which normally your posterior pituitary produces, so that what you are doing is forcing a body and foetus to go ahead in a physiological process they are not quite ready for."

The lack of intimacy — and speedy removal of the baby to the resuscitation table can lead to feeding difficulties and failure to bond, she says.

A woman should be able to give birth wherever she feels comfortable and where her needs will be met, Joan Donley believes.

"At home is the best place for that; on her own turf with the midwife as a guest."

Because of her views Joan Donley has been regarded as a bit of a maverick by some sections of

the medical profession.

In about four to five per cent of her cases labour does not proceed normally and the labouring woman must be transferred to hospital. Joan recalls occasions when her arrival has been badly received by hospital authorities.

"I remember going out to my car and howling my eyes out. I was angry that they made me feel like a backstreet abortionist. Why the hell should I feel like that? Because when it came down to it I was doing a better job than they were."

More recently she remembers transferring a 35-year-old primigravida to the delivery suite. An eminent professor on the hospital team ordered Joan onley into the corridor and tore a strip off her.

What did she mean by trying to deliver a woman of this age at home when she was bearing her first child?

Donley said nothing in defence. After all, she had successfully delivered a 40-year-old of her first child just the week before...

Joan Donley was born in Saskatchewan, Canada, in 1915. She was the eldest of three children, brought up in small town Regina.

She left school during the Depression, just after her parents separated. Because of her circumstances, Joan chose to train as a nurse instead of a doctor.

She was married at 25 and had her first baby at 26.

"That was quite interesting. The doctor had been a missionary

in China. I wasn't into natural childbirth, but I just went over to the hospital and got on with it. My husband sat in the hospital kitchen and had a cup of tea with the cook. They didn't offer me any sedation and I didn't ask for any. I had a nine pound boy, with my perineum intact.

"I think that has always coloured my attitude towards childbirth. That's why I feel it is very important for women to have their first baby at home. If they go into hospital, get stuffed up and have a really bad birth, then decide they want to have their next baby at home, they will still have to work through that painful experience."

Four more children followed. Her fifth arrived when Joan was 41 years old.

Over 20 years ago she emigrated to New Zealand. Joan repeated her maternity training, which took six months at National Women's Hospital in Auckland. Then she had to wait six months to get into the next midwifery class, afterwards working for two years at Waitakere Hospital.

In 1974 she left to work as a domiciliary midwife. Conscious of the watchful eyes of the medical profession, she joined forces with another midwife, Carolyn Young.

These days Joan Donley works alone.

The calls come in clusters — frequently around the full or new moon and when it's dark and stormy.

"It's something to do with elec-

tromagnetic forces," she says.

Joan Donley sets off in her station wagon laden with a birthing chair, acupuncture needles for pain relief, a sphygmometer and other equipment.

She will already have paid the pregnant woman three antenatal visits.

She will be with the labouring woman for four hours at the very least, spending two hours "mopping" up after the delivery.

In her book, Joan writes that support during labour takes the place of sedation.

"It can involve many people or only a few. The support the midwife can give is determined by her philosophy and sensitivity and depends on her level of alternate skills, her ingenuity and resourcefulness.

"Years before waterbirths hit the headlines, Auckland's domiciliary midwives were using relaxing warm baths to ease labour, with cold compresses to head and neck, and a sip of cool water between each contraction. They use towels wrung out of hot water on an aching back, over the pubic area, and/or on the perineum. They employ effleurage or deeper massage. They may suggest kneeling, squatting, pelvic rocking, or getting down on hands and knees.

"Many use homeopathic remedies and/or acupuncture. There are no rigid routines, only the needs of the labouring woman. Her needs and moods — even bitchy — are primary. Her labour is never hurried so that the midwife can go off duty (that's a

hospital concept) and because she is in her own territory, backed by her supporters, the mother is in control. Therefore, the midwife can never give orders; she can only make suggestions and provide explanations."

Joan Donley believes babies born in this environment, unседated and without trauma, breathe quickly and are alert and responsive, soon sucking vigorously at the breast.

Joan Donley follows up each case with 12 post-natal visits.

What does she get paid by the Health Department for efforts that make six to eight babies a month a very heavy caseload?

The grand sum of \$180.

It works out at \$6 per antenatal visit and \$9 for postnatal visits with \$56 for the delivery. In comparison the GP in attendance at the birth (in accordance with the law) gets paid \$185, although the doctor rarely delivers the baby.

Joan's book aims at giving women the courage to stand up and fight for a restructuring of the maternity services by making them aware of how "their maternity care has been taken over and perverted so it is not meeting their needs."

For in the present difficult economic times, it becomes more obviously cost effective for women to have their babies at home or in smaller hospitals, Joan says.

"I hope to make women so damned angry and politically knowledgeable that they can fight to win."

— MAGGIE BLAKE

Up until World War I, most New Zealand births took place at home under the care of a midwife, according to Joan Donley in her book *Save the Midwife*.

Doctors were available for the rich and for emergencies.

It was the introduction of sedation that changed this situation and saw women rushing in their hordes into hospitals.

"Twilight sleep" began to be used increasingly from the 1920s. It shut off the higher nerve centres, promoting relaxation and therefore shortening labour.

The mother, however, was left with no memory of the birth. She slept off the effects of the drugs for hours afterwards, and her baby was born limp and drowsy. Nevertheless, women demanded the sedation available in hospital.

By the 1940s, the domiciliary midwife as an autonomous practitioner was fast disappearing. And in hospitals midwives were becoming surgical nurses working under the direction of GPs. Then along came the specialist obstetricians and gynaecologists, who in turn squeezed out GPs.

The Nurses Act of 1971 further diminished the role of the domiciliary midwives.

Until then they were able to conduct deliveries in homes on their own responsibility. The law now requires every pregnant woman to be under medical supervision. The doctor does the antenatal care and makes the final decision as to whether or not a woman is suitable for a low-risk home birth.

Most of the practising domiciliary midwives in New

Zealand trained under the St Helens midwifery programme which was phased out in 1970. A few are "direct-entry" midwives, mostly from the United Kingdom, who registered with the Health Department before the Nurses Amendment Act 1983 prohibited further registration of direct-entry midwives.

Today, most midwives are over 35. For there is no longer adequate training in New Zealand.

There is the technical-school based Advanced Diploma of Nursing with a midwifery option, but it takes six years to obtain this qualification and it provides only 18 to 20 weeks of obstetrics.

The graduates have difficulty gaining recognition as midwives overseas. Although they are eligible for registration as domiciliary midwives here,

they feel in need of more clinical experience.

Not all prospective parents are able to choose to have a baby in their own home because of the shortage of midwives and increasing pressure on sympathetic GPs to move out of obstetrics and leave it to the big boys.

Nevertheless, home birth numbers have increased. In 1977 there were 176 planned home births, in 1978 289, and in 1980 320.

In 1978, the Home Birth Association was formed and by 1980 it was grown up enough to hold a national conference and form a national association.

As a pressure group it cannot be ignored. It believes more than 75% of women are eligible for a home birth. In reality, less than two per cent can actually get one.