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NEW ZEALAND COLLEGE OF MIDWIVES

MEMBERSHIP FORM

Regional Information

NAME : _____

ADDRESS : _____

TELEPHONE : _____ Home _____ Work _____

PLACE OF WORK : _____

TYPE OF MEMBERSHIP:

FULL MEMBER (Registered Midwife Full or Part Time)	\$52.00	<input type="checkbox"/>
FULL MEMBER (Student Midwife or Registered Midwife on Maternity leave or Unwaged)	\$26.00	<input type="checkbox"/>
ASSOCIATE MEMBER (Other interested individual)	\$52.00	<input type="checkbox"/>
ASSOCIATE MEMBER (Unwaged interested individual)	\$26.00	<input type="checkbox"/>
AFFILIATED MEMBER (Other Groups e.g Parent Centra, Le Leche League, etc)	\$26.00	<input type="checkbox"/>



National Information

P O Box 21-106, Christchurch

NAME : _____

ADDRESS : _____

TELEPHONE : _____ Home _____ Work _____

PLACE OF WORK : _____

Practicing Certificate Index Number (if Registered Midwife) : _____

Type of Membership : Full Associate Affiliate

Name of Group if Affiliate Member : _____

NZNA Member : YES NO

PLEASE FILL IN AND SEND BOTH PORTIONS OF THIS FORM AND MONEY TO YOUR LOCAL REGIONAL TREASURER
NEW ZEALAND COLLEGE OF MIDWIVES

ADDRESS :

Notes

From the BOARD OF MANAGEMENT

Dear Members,

We're past the shortest day, therefore Spring can't be too far away. Hope you're finding the cold weather an ideal time to curl up in front of the fire with a good midwifery book or article.

The National Body of the NZCOM was finally incorporated in Christchurch on the 10th June 1989, it turned out to be quite a task. Be prepared those regions which are going to incorporate.

Karen Guilliland is presently representing the College by presenting a Paper and Workshop at the ICM Western Pacific Region Conference in Hong Kong. She also attended the Australian College of Midwives Conference in Darwin where she hoped to speak on our transition from a Midwives Section of the NZNA to the NZCOM. We'll look forward to reading her report, hopefully in the second issue of the Journal.

We need to apologise for a number of mistakes in our last newsletter, including the Constitution. The National Committee list has been corrected and reprinted - sorry Norma and Marjorie. Sorry to Judy Stridd for misspelling your name on page 18 - highly inappropriate! Pages 17,18 and 19 were also in the wrong order which made reading a bit confusing. You'll be even more confused if you hadn't picked it up.

We have enclosed an erratum to be attached to the Constitution, which corrects 7.4.1.

We are also very aware of the overwhelming amount of stress many individuals and regions are under related to the need for huge cuts in the area health board budgets. It is extremely important that we support each other at this time. We are in the midst of change and need to work hard to ensure the best outcomes for midwives, women and their families.

We haven't received any of the six outstanding regional reports but are pleased that a number of regions are sending regional inserts to be included in the newsletter. We realise that some regions have their own newsletter.

NB: The next Newsletter will be scheduled for the middle of August, therefore please ensure articles and/or regional inserts are sent to us by Friday the 11th August. Thanks.

Board of Management

News and Views

Notes

NZCOM Journal

The first Issue of the Journal should be available through your regional committee by September, and promises interesting reading. Subscription forms for future issues will be available later and will make obtaining issues a lot easier.

Don't miss out on a copy of your Inaugural Journal. Supporting the first issue will also help toward its future success.

Cost of First Issue - \$4.00

Proposed Changes to the Nurses Act

Christchurch PRESS 10/06/89

"Midwives in spotlight"

Midwives could get wider nursing responsibilities under a Health Department review. The Minister of Health, Ms Clark, said yesterday the department would, in its review of the Nursing Act, examine the ban on midwives carrying out obstetric nursing unless a doctor was in charge of the woman giving birth. Ms Clark said midwives and consumers had challenged this restriction. Legislation should also acknowledge the growing role played by nurses in private practice, she said. The department would seek nursing groups' views on the profession's disciplinary procedures. - PA.

With regard to Helen Clark's comments, at long last it appears that the changes to the Nurses Act midwives and consumers have been striving for are occurring. But as we are aware, the main motivation for such a change to the Act is money. Therefore, it is vitally important that we do not sit back and wait but continue lobbying to ensure the appropriate changes are made.

Familiarise yourself with the article "How to Lobby your MP", printed in the last newsletter and start lobbying. Consumer groups have done most of the hard work to get things this far, but it is now time for midwives to take responsibility for this vital change in our role.

Why Should I Nurse my Baby? and Other Questions Mothers Ask About Breast Feeding
by Pamela K Wiggins, IBCLC, 1988, 51 Pages \$4.95

This easy reference guide for mothers provides short explanations which cover topics from preparation for nursing and getting started to weaning and working and breast feeding.

URGENT

Fielding Hospital requires an experienced midwife to provide a high standard of care to mothers and babies during the Ante Natal, Birthing and Post Natal Period.

Full time rostered day duty but Part time would be considered.

Fielding Maternity is an 18-bed unit which has approximately 130 births per year.

For further details and application forms, write to:

**Susanne Barnes
Principal Nurse
Fielding Hospital
Fielding**

NZCOM Ball Point Pens

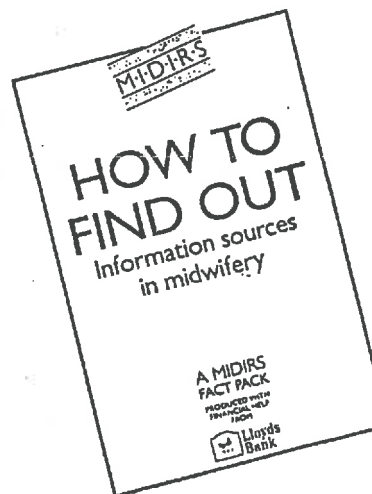
The BOM recently took the opportunity to have some pens printed with the College's name and address.



We hope to sell these to the National Committee representatives in July. They will therefore be available from your local committee for \$1.00 each in August.

MIDIRS How To Find Out Pack

How To Find Out Pack



The How to Find Out Pack is now available. Costing a mere £2.95 this is an invaluable guide to key midwifery books, journals, indexes, databases, and government statistics. It is essential reading for any midwife interested in research, or who has to write an essay, give a talk or challenge hospital policy. The mysteries of libraries are explained and the reader is taken through a step by step guide to conducting a literature search.

Helpful hints on how to organise your own filing and retrieval system are also included.

International Confederation of Midwives News

International Midwives Day

- ICM is endeavouring to find a suitable date for this day that is agreeable with all of its affiliated countries. It will be good to see a day recognised specifically for midwives.

Japan Congress 1990

The 22nd ICM Congress is to be held in Kobe from the 7th-12th October 1990.

Registration Fees :	¥50,000	<i>early</i>
	(\$617)	
	¥55,000	<i>late</i>
	(\$679)	

(Exchange Rate of ¥81=NZ\$1.00 on 03/07/89)

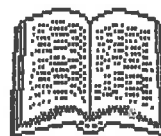
The deadline for submission of abstracts will be 31st January 1990 and full papers should be received by 30th June 1990.

We will give you more information regarding registration as it becomes available.

Vancouver Congress 1993

The theme for this Congress is:

"Midwives, Hear the Heartbeat of the Future"



Books & Videos



Childbirth - A Turning Point

Last December, Michel Odent toured New Zealand, holding seminars in various centres. A transcript of the seminar held in Christchurch is now available.

Cost - \$5.00 Plus \$1.00 for Postage and Packaging

Send orders to **Barbra Pullar**
25 Hartley Avenue
Christchurch

Telephone (03) 555-229

Prenatal Tests

by Robin J R Blatt, 1988, 269 Pages \$9.95

This consumer guide provides women with the information they need to decide whether or not to undergo prenatal testing. It provides the facts on some of the most frequently used tests as well as on some of the newer techniques e.g. Amniocentesis, Ultrasound, Chronic Villus Sampling.

The Mad Madonna

by Susan A holton, PhD, 1987, 205 Pages \$11.95

This book explores the reality of the vast range of normal emotions experienced by both women and men during pregnancy. The honest emotions and experiences of men and women are shared in this unique book.

Active Birth

by Janet Balaskas & Video on Life Productions, 1988, 40 Minutes, colour/black & white/sound, VHS \$75.00

A British video which shows two couples giving birth - the first in hospital and the second at home. The women give birth in a very active and empowering way. This is a movie which shows noise, positioning and good labour support.

Caesarean Birth : Presenting the Options to Parents

by The Caesarean Birth Assn of Montreal, 1987, 87 Pages, \$9.00

This manual is expressly designed for midwives, childbirth educators and physicians to facilitate the introduction of caesarean birth and vaginal birth after caesarean (VBAC). It focuses on strategies for presenting well-documented information on both caesarean birth and VBAC, giving special attention to the emotional and physical needs of the birthing family.

Some Women's Experiences of Epidurals: First Look at a Report

by Janice Pearson

Sheila Kitzinger is collecting data for her study *Some Women's Experiences of Epidurals*. Her ongoing research is taking two forms, the first part in the United Kingdom and the second in Australia among the readers of a parents' magazine. Kitzinger is allowing *Journal* readers to see the results of the first part: four hundred fifty-five answers to a questionnaire in a *National Childbirth Trust* magazine, 1985 Summer. She warns that because NCT clients tend to be middle class, her findings cannot be generalized.

For forty-seven percent of the women, the epidural was described as a "completely positive experience" with no regrets expressed, although there was a tendency to feel others were critical. Nineteen percent (eighty-seven of the four hundred fifty-five) considered their relationship with their caregiver as a positive one, while twenty-two percent reported it was negative. Eighty-six or nineteen percent said they had side effects, including one severe headache from an accidental spinal anesthesia, but most often tingling or numb patches and backaches were reported.

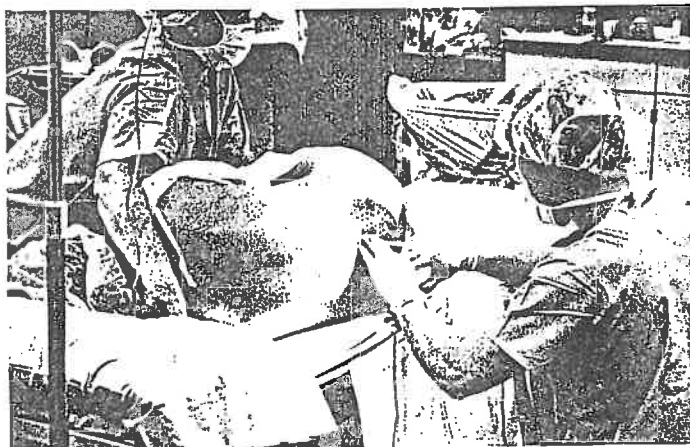
There were several important factors which emerged regarding cesarean birth. Twenty-four percent (one hundred nine) had epidurals followed by a cesarean. Seventy-five percent (seventy-six) had induced labors. Kitzinger feels that induction leads to further need of pain relief and that, in turn, leads to fetal heart rate abnormalities and failure to rotate. The forceps rate in this sample was twenty-four percent. However, women having cesarean births were more likely to be positive about their experience with epidurals and expressed fewer regrets. On the other hand, they were more likely to report pain while the epidural

was given, a sudden drop in blood pressure, shaking and vomiting and more side effects after the first postpartum week.

Of the four hundred fifty-five women, fifteen percent reported the epidural provided incomplete pain relief. Forty-seven women said they had relief on one side only, twenty-three had no relief at all, three reported extreme pain during the cesarean operation and thirteen had post spinal headaches following a dural tap. Kitzinger notes that when things went wrong, only seven women made any complaint in writing. The most common reason for not complaining was the feeling of powerlessness: The issue of control is an intriguing one and colors the woman's perception of her experience. For some an epidural may mean being under the control of others, particularly when further intervention accompanies or follows it. For others the epidural allows maintenance or regaining control.

Women who felt positively were those who did not feel pressured to have the epidural. They also did not feel pressured to have any other intervention which led to the epidural being strongly advised. Kitzinger concludes, "We need to explore ways in which a woman's decision to accept or to decline the offer of an epidural can be made as one expression of her autonomy in childbirth, rather than as a consequence of powerlessness and despair." Finally, she notes that epidurals were sometimes given in the absence of emotional support and in place of human caring and midwifery skills.

The completed report was expected to soon become available through the National Childbirth Trust, 9 Queensborough Terrace, London W2 3TB England.



19/IJCE/May 1987

(International Journal of Childbirth Educators)

FUTURE EVENTS

Midwives Workshop

29th-30th July
Manawatu Polytechnic (Grey Street Site)
Palmerston North

A weekend workshop for hospital and community based midwives. Topics include:

- *Innovations in Antenatal Education*
- *Current Trends in Breast Feeding*
- *Patient Centred Pain Relief*
- *Promotion of Natural Childbirth*
- *Alternative Remedies*
- *KYM (Know Your Midwife Scheme)*
- *Boundaries of Midwifery Practice*
- *Domiciliary Midwifery Services*

Programme and Application Forms available from:

Judy Watkins
Nursing & Health Studies
Manawatu Polytechnic
Palmerston North

Women's Studies Conference XII - Counting for Something

25th-27th August 1989
Rangi Ruru Girls School
Christchurch

The Association is a feminist organisation formed to promote social changes through the medium of women's studies. They believe that a feminist perspective necessarily acknowledges oppression on the grounds of race, sexual preference, and class as well as gender.

This year, the conference committee is particularly interested in papers and workshops which recognise the value of women's paid and unpaid work.

Closing date for offers of papers or workshops is 30th June 1989.

Closing date for registration is 20th July 1989. Programme and Registration forms are available from:

Avril Toohy
Women's Studies Conference
P O Box 31-065
Christchurch



National Midwives Day

01st September 1989

An ideal way to increase the public's awareness of midwives. What are you and your region planning to do?

Anne Oakley Tour

17th-26th September	Auckland
30th September	Dunedin
03th-05th October	Auckland

Anne Oakley, the world renowned English Sociologist and supporter of midwives, will be visiting New Zealand this year as the ASB Visiting Professor. We will continue to give you more information as it becomes available.

NZCOM Biennial Conference

31st August-02nd September 1990
Dunedin

The Dunedin Conference Committee are requesting :

- abstracts of papers for presentation at the Conference
- ideas for a theme, speakers and workshops
- ideas for fundraising. The conference is a major source of income for the College especially for the funding of representatives to overseas conferences, therefore innovative ideas would be gratefully received.

Please send this information to:

Conference Committee
Otago Region of NZCOM
P O Box 243
Dunedin North

Japan Congress 1990

- see information under ICM News



Balancing this, was the positive approach of the Dannevirke and Central Hawke's Bay Hospital Boards who made it possible for midwives to attend by granting three days leave and giving financial assistance.

The seminar content included topics ranging from communication skills to hormone functioning. Variation of different facilitators and presentation, and the informal environment, resulted in a very receptive and attentive group. Their evaluations indicated their learning and their appreciation of the seminar. The key note speakers were Karen Guilliland on 'Midwifery Education' and Joan Donley on 'Her Ideas and Ideals' for midwifery.

A Seminar activities included:

- a Press release, (prepared by Clare Crammond)
- a letter to the Editor, Daily Telegraph - (the midwives participating commended the Editor for presentation of womens' news)
- letters to the chair people of the National and Regional New Zealand College of Midwives - (the College was having their first annual conference in Christchurch on 12 April)
- a Daily Telegraph reporter interviewed the participants - (she had been asked to interview Joan Donley, who was unfortunately unable to attend because of Air New Zealand's strike. The information she gained was included in the article "Midwives Unit to Boost Image", 13 April 1989).

B Post Seminar activities included:

- letters of thanks sent to appropriate people
- Certificate of Attendance sent to all participants
- Report of Seminar sent to Head of Schools, Co-ordinator of Continuing Education, New Zealand College of Midwives Chairperson and Seminar Co-ordinators
- letters to Central Hawke's Bay Hospital Board and Dannevirke, thanking them for allowing their midwives time and financial assistance to attend
- letter to New Zealand Hospital Board asking for their support for future Midwives Seminars
- Co-ordinator's evaluation of Seminar

Outcomes:

- to plan another Seminar in Term 3, 1989
- to recommend to the Heads of Schools that they consider seriously the feasibility of offering Three Year Direct Entry Midwifery Training
- appointing a full time Continuing Education Co-ordinator

Ante natal awareness of caesarean births is just as important as education of vaginal births. I currently give talks to parents centres, ante natal classes and use the group's film "Family Centred Caesareans" as a visual teaching aid. The film is receiving very positive reactions from many organisations and caesarean birth groups that are using it.

Midwives, Nursing Staff, and Doctors can play a vital role in the success of caesarean birth groups throughout New Zealand. A good liaison between all concerned is most important and support given to those endeavoring to raise the level of awareness of caesarean births is also important. The caesarean birth network has achieved much and can continue to achieve.

Should you wish to know more about my/our role or perhaps subscribe to the newsletter (\$10 per annum), please write to me P O Box 49, Invercargill.

In our March newsletter, we asked if a midwife was prepared to take up the request made in the Caesarean Birth Group Newsletter and write an article entitled "Midwives Attitude and Opinion Towards the Caesarean Birth Issue".

We are not aware that anyone has taken up the challenge. Joan Hay would be happy to give more information to help in the writing of this article.

Report on Midwives Seminar

Hawke's Bay Polytechnic (N001), Taradale

29 - 31 March, 1989

During 1988, the members of the Eastern Central Midwives section asked for a seminar to be conducted for them at the Polytechnic through the School of Nursing and Health Studies.

In response to this, a questionnaire was sent to all midwives in the area, i.e., Otaki to the East Cape, gauging their interest areas, suitable days and times for their attendance. The response to this was immediate, indicating a real need and interest.

Diana Taylor, Joan Barton and Margaret Richardson, as co-ordinators, planned and mounted the seminar according to the needs expressed in the questionnaire.

Fifteen midwives attended over the three days, coming from as far away as Palmerston North. Concern was expressed that midwives from the Hawke's Bay Hospital Board did not attend because study leave and/or recreational days were not available when requested. The one or two midwives who did attend from Napier and Hastings, did so for part days, or single days only.

Articles of Interest

Caesarean Birth Awareness and Support

by Joan Hay
Invercargill Caesarean Birth Group

I first became aware about caesarean birth support when I had my first child in 1981 in Palmerston North Hospital. How I wished I had had more information and support as regards my caesarean.

It wasn't until the birth of my second son in 1983 that I established the Caesarean Birth Group in Tauranga and held regular get-togethers for caesarean birth parents. We left Tauranga in 1985 to settle in Invercargill and I immediately started a support group here under the umbrella of Invercargill Parents Centre.

I have seen the group grow in strength and establish a good reputation here in Southland. Indeed caesarean birth awareness has been greatly raised over the last two years.

It was a year and a half ago that I undertook the job as Editor of the National Network of Caesarean Birth Groups newsletter. Throughout New Zealand, caesarean birth support groups are becoming more established. There is an obvious need to provide ante natal education pertaining to caesareans and an opportunity for caesarean birth parents to discuss their birth experience or any problems, with people who understand. Many of the groups offer a wide variety of support, both to expectant parents and those who have had caesarean births. This support ranges from hospital visiting, holding regular meetings and chat groups, giving talks to ante natal classes and providing written information in the form of pamphlets and books.

Here in Southland I am fortunate to have set up a good liaison with hospital staff and currently visit caesarean birth mothers in both the post natal and ante natal wards. This is proving to be successful and is beneficial to parents who have the chance to discuss queries with me. I can, in turn, act as a mediator to the staff and parents. It is a job I thoroughly enjoy once a week, sharing with both nursing staff and parents and, I hope, easing some of the apprehension that sometime exists.

I am distributing a "kit" of information to caesarean birth mothers while I am on the ward. This kit contains various pamphlets and information pertaining to caesarean birth. This gives the parent/s something to read in their own time and they are always invited to contact me if they wish.

As I have previously mentioned, I am Editor of the national newsletter for Caesarean Birth Groups. Today this newsletter is reaching 37 groups and individuals who have subscribed. I see the newsletter as an important link between the groups - an encouragement for them to "keep on" and a support tool.

MIDWIVES UNITE TO BOOST IMAGE

Dealing with a natural process

Hawke's Bay midwives are joining hundreds of others throughout New Zealand in a new professional body aiming to promote midwifery and the health status of women and families.

By Sharon Coley
Staff reporter

comprehensive nursing course. Next follows a further year of polytechnic training to specialise as a midwife, and become qualified to deliver babies and care for women before, during and after birth.

The college aims to promote the profession of midwifery, education and research in the area, and to promote the health status of women and families, Julie says.

They also want the consumers, women, to have an input into the college.

To promote this, the college's national executive of 19 includes three consumer members.

Currently the idea of having a course specifically for midwives is being investigated.

While a lot of the areas of comprehensive training are relevant, there are some which a midwife would not need to cover, Julie says.

Midwifery is different to all other areas of nursing because it deals with "normal happening", Julie says.

While most hospital work is concerned with disease or illness, pregnancy and birth are natural processes.

A large number of the midwives at Arohaina also have the benefit of personal experience, having returned to the profession after bringing up their own children, she says.

Last week Napier hosted New Zealand's first seminar for midwives at the Hawke's Bay Polytechnic.

About 20 midwives from Palmerston North to

Napier took part in the programme which covered everything from hormonal influences during pregnancy to legal rights and ethical issues.

Joan Barton, from the polytechnic's school of nursing and health studies, was pleased with the success of the seminar.

As a result, organisers hope to hold further seminars, which would enable midwives to update their knowledge and learn new skills.



MIDWIFE Julie Kinloch (left) talks with Jan Jelliffe whose baby Vanessa was born at Arohaina. Vanessa is just one of the 1000 or so babies born at the unit each year.



MOTHER-to-be Marlene Smith discusses her pregnancy with midwife Irma Lupton in the ante-natal ward.

Southland region represented: *Southland Times*
2nd May 1989

National midwives' college formed

Women's health in the south has probably had the biggest boost to both its recognition and its solution with the development of a Southland region within the newly formed New Zealand College of Midwives says local president Margaret McDonald.

Ms McDonald, manager of patient services at the Winton maternity hospital, says the inclusion of women, individually and as representatives of interested organisations, adds a great deal to the composition of the college.

Although the College was formed as a replacement for the less than effective midwives branch within the New Zealand Nurses Association it has a different impact on the community because included in its aims is the wish to help all women in areas of health, to concern themselves with wellness right through the lives of women.

Mrs McDonald says that with the greatest hurdle to be overcome is the public perception of midwives which varies from "a nurse" to "a nurse" to "like my mother being there when I have my baby."

Endorsing through the last, it equals the others in being less than acceptable.

Midwives are trained nurses who have undergone additional, post-graduate training to enable them to practice midwifery, the giving of care and advice to women during pregnancy and labour, the safe delivery in normal circumstances and the aftercare which follows.

Midwives work in domestic or hospital settings, or may work in home environments; they may work with doctors or independently of them and they have the specialist responsibility throughout their professional lives of caring for the health of women, a charge which includes certain areas of gynaecology as well as obstetrics and with College health education and child care.

When the Southland region of the college held its inaugural meeting last month, the committee was drawn from mid-



Mrs Margaret McDonald, chairman of the Southland region of the New Zealand College of Midwives.

What Margaret McDonald wants now is for Southland women to see the local region as extending for them, to help meet their needs in terms of maternal and general women's health care.

She says the consumers of any service have the right to input and advice is that to be more clearly demonstrated than within their own area.

With the intention to bring to the public and to other health related professionals a representation of the Southland Women's Resource Centre, Plunket, Family Centre, Le Loeche League and Patients Rights and with College representation on the National Council of Women the affiliation links are firmly established.

The threat of single registration within the

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To this end members of the public are invited to their next meeting, on May 27 at the same time

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New course promotes midwives

17/4/89
SS REDGRAVE

Continuing care of the pregnant woman from the early ante-natal phase through to post delivery is the main thrust of the new Auckland Technical Institute's midwifery course.

Since the early 1970s midwives have fought hard to establish a separate one year midwifery course for trained

Midwives form professional organisation

New Zealand midwives have formed a professional organisation in response to a call by women for more control over their birth experiences.

The NZ College of Midwives will provide a focus or direct contact point for midwifery which will help stop the erosion of the midwife's role and women's choices, said college president Karen Gulliland.

"The college is unusual in that the women we work for are included as active members of our professional body, regionally and nationally," said Mrs Gulliland.

Until now, midwives had been represented both professionally and industrially by the Nurses Association.

Mrs Gulliland says historically midwifery and nursing were separate and it was only in the recent decades the two had merged. Midwives lost their traditional roles with the "medicalisation" of birth.

The management board of the new college is based in Christchurch.

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pregnancies, nine will be under a GP or hospital clinic, one will be a home birth situation with a domiciliary midwife and five will be abnormal pregnancies under a specialist.

"It's an administrative nightmare and more conditions than anything we've done before," says Ms Gunn.

Co-ordinator of the Auckland course Ms Jackie Gunn says the new courses reflect the changing role and status of the midwife in childbirth practice.

"There are some moves around continuity of care schemes in childbirth and pregnancy. Midwives are working hard to make these schemes a reality so women are not seeing 101 people during the course of their pregnancy," said Ms Gunn.

With this in mind, the Auckland course is designed to give its 19 students as much clinical and continuity of care experience as possible. Each student will follow 15 women from the ante-natal period through to post delivery and home discharge. Of the 15

pregnancies, nine will be under a GP or hospital clinic, one will be a home birth situation with a domiciliary midwife and five will be abnormal pregnancies under a specialist.

"I hope the course will raise the status of midwives in New Zealand," says Ms Gunn.

educational skills which will enable them to run ante-natal and birth education classes.

The course also includes in-depth studies of issues such as family dynamics, spirituality, grief, cultural and social influences on family attitudes to childbirth and parenting.

"I hope the course will raise the status of midwives in New Zealand," says Ms Gunn.

"I think midwives are on the

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