

2 May 1991

Domiciliary Midwives Society of N Z
Westbank Rd
RD1
MOTUEKA

Dear Bronwyn

As you may know the Nursing and Midwifery Department of Otago Polytechnic is submitting a curriculum to the Nursing Council of N Z and the N Z Qualifications Authority by 1 June 1992.

This curriculum is for a direct entry midwifery course which will award a Bachelors Degree in Midwifery as well as Midwifery registration. This is in line with N Z College of Midwives policy.

The curriculum we are planning consists of 21 papers covering the following areas:

- Midwifery knowledge : philosophy, standards, autonomy, accountability, independent practice etc.
- Midwifery research : learning how to do research and doing a small group project.
- Midwifery practice : learning the art of midwifery through practice with particular emphasis on continuity of care, independent practice and birth care in all environments.
- Physical science : basic knowledge of chemistry, anatomy and physiology and microbiology as well as directly related to midwifery.
- N Z Society : looking at different cultures, racism, Maori culture, Treaty of Waitangi, Maori health etc.
- Behavioural science : growth and development, psychology, communication skills, counselling skills.
- Women's health : issues of gender relating to women in society, sexuality and women's health.
- Complementary therapies : massage, homeopathy, acupuncture, naturopathy, nutrition.
- Child health : following the child from neonate to school age, looking at sick infant, developmental disabilities and childhood diseases.

We have yet to decide on the criteria for entry but certainly women over 20 will have open entry. We are looking to credit as much prior learning and experience as possible. The course will be structured for maximum flexibility and may be undertaken on a part time basis over several years. A full time student with no prerequisite credits could expect to complete the course in three years. A registered nurse wishing to become a midwife would probably complete the course in one year.

We are also working on developing the post graduate areas and demonstrating what papers a presently registered midwife would need to do to complete a degree.

I write to ask if you would send me a letter of support for this course which I can include in the curriculum proposal. It is important that we can demonstrate that such a course has the support of the local community, professional organisation and relevant groups. I would need this letter by 17 May 1991. Please get in touch if you have any queries.

Thank you very much for your help and I look forward to hearing from you.

Yours sincerely



Sally Pairman
Course Co-ordinator
Nursing Department

Domiciliary Midwives Society of New Zealand.

Westbank Road

R.D. 1

Motueka

21/5/91

Dear Sally,

Please find enclosed the letter in support of Direct Entry Midwifery courses. I thought I'd take this chance to put down in a letter the points I made to you on the phone last night.

I am aware that it is now NZCOM policy to support the degree option for midwifery education but there was much concern expressed at the DMS meeting and the Home Birth Conference about the way in which this decision was made. Firstly, in considering the matter, we only received your paper prior to the National Committee meeting and then at the meeting Wellington put forward its views in support of a degree. There was nothing from the Direct Entry Task Force and I understand from Judi Strid that they were not asked to contribute to the discussion. As they were the impetus for the Direct Entry Midwifery course in the first place and this was prior to the College being set up, I feel this is an oversight, to say the least.

The strong feeling from the floor of the Home Birth Conference is that Midwifery is not perceived as an academic career. Concern was strongly expressed by consumers that the idea of midwifery being a degree will, in itself, act as a barrier to entry for a significant number of women including those from other ethnic groups. As the Home Birth movement has been one of the strongest supporters of the midwife and has in it a large number of women who have been hanging out for direct entry midwifery to start, I feel that we, that is NZCOM, have not given adequate consultation time before coming to our decision. What we can do about this now, I am unsure but I know that there is a lot of resistance at grass-roots level to midwifery being a degree.

Another point made was that the direct entry course is an experimental programme and the degree course would also be experimental and it is not a good idea to run two experimental programmes at the same time. There was no problem

at all with the idea of a diploma being given at the completion of the midwifery course; some people felt that registration as a midwife was quite sufficient. There was even a bit of acceptance of the idea of a diploma of midwifery being a first step and then there could be a further educational step leading to a degree in midwifery so that there was a career path. But again the strong feeling is that no-one should have to get a degree to practice as a midwife - hands-on and all that!

Yet another point was that if the degree programme was established, who would we get to evaluate it as we have no midwives with a degree in midwifery here. Import "overseas experts"? Very bad idea. Midwifery needs to reflect the needs in its own country, not that of others.

Enough. I'm sure you get the general drift. Where we go from here, I'm not sure. I have to write to the College from the DMS and I know the Home Birth Conference will as well.

Two other points: Bachelor of Midwifery is a real worry; reflecting as it does the whole patriarchal structure of education in the whole patriarchal system. Where did you get this from? It seems highly inappropriate to apply the word 'Bachelor' to anything to do with the midwifery profession which is a profession based on women's responses to women's needs.

I also noticed that you had under childhealth "following the child from neonate to school age". This is a new development; midwives traditionally move on from dealing with women when they are recovered from childbirth. And midwives deal 'with women', not 'with babies'. The reality of practice is that we haven't got the time to continue our role beyond the six week period because we're moving on to the next lot of mothers. Again, where was the discussion and consultation on this one?

Sorry, to be such a downer; you know that I am in total support of direct-entry as is the DMS: we need time to consider the implications of all this before something is in place that we can't change and we find we've gone the wrong way.

With many warm thoughts to you,

Bronwen

X