GP midwifery, towards an alternative history

Jim Hefford

Jim has worked in a remote rural practice in Southland (two years), a rural practice in Taranaki (nine years) and in city practice (20 years, some solo and some group practice). He left Palmerston North in 1995 and spent a few years splitting his time between work in Wellington and work in England in the wonderful NHS. Now he is completely retired but extraordinarily healthy, despite being in the second half of his 8th decade. In these last few years he has gone a long way back towards the left wing political views of his youth.

During the last 50 years the leaders of the medical profession in New Zealand have been arrogant and defensive and the leaders in the midwifery profession have been very clever as political agents but more than a little crazy in the way they look at their situation as health professionals. The result has been that successive governments have been unable to recognise the needs of women and respond sensibly to them. So now we have a crisis in maternity services.

I delivered my first baby in 1958. In those days a student had to provide evidence of having attended twenty births before he or she could be medically qualified. Since then I have delivered hundreds, probably thousands, of babies, some in a remote rural practice, some in a rural practice a long hour away from the base hospital, and many in a city where for a number of years I had as many maternity patients as any of the specialist obstetricians.

Someone once told me that the practice of obstetrics consists of hours of 'boredom interspersed with occasional moments of pure terror.' Those periods of terror can last more than a moment, like the time I remember transfusing plasma as fast as I could into both arms of a young woman in an ambulance while she was bleeding heavily. What could I say when she said, *'Am I going to die, Jim?'* (She didn't, but it was a close run thing.)

I had been taught important lessons in 1964 by an English midwife, Mrs Grant. She made a point of listening to the baby's heart after every contraction – and thereby saved one life. She showed me that it was a good thing to have the husband with his wife during the actual delivery of the baby. She encouraged 'rooming in' and breast feeding on demand. The nursing establishment in those days considered that such an innovation was an attack on the very foundations of society.

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Some years later in another part of New Zealand I wrote to the New Plymouth Hospital Board and suggested that having husbands in theatre did not bring any problems. The Hawera hospital led by Dr Phil Stockdell had been doing it for years. They were working a long way from the beady eye of the Nurses and Midwives Board. One of the Hawera doctors said to me, *'Well, you know, we, the doctors, are the intruders.'* At the time the comment shocked me to my elitist, maybe even chauvinistic, core. The first response to my letter was a phone call from the senior obstetrician who said that the New Plymouth doctors had discussed the question at a meeting a couple of years before and only one doctor was in favour – *'And he committed suicide a year later.'* Obviously it was an insane idea ...but the Board agreed to it.

The next issue came years later. It was home births. I remember being asked afterwards about my reactions when I was pressured into being an observer for the first time at a home birth managed by a home birth midwife. I said that it was like sitting in the back seat of a car being driven in poor visibility so that you could not see the corners or the intersections. But you were the one with a driving licence.

'You don't like giving up power do you Jim,' said my midwife friend.

In the 1980s the Palmerston North Hospital Board's 'Women's Health Service Development Group' went round the Manawatu finding out what women actually wanted in the maternity service. Women did want support for home deliveries in suitable cases and they wanted to retain small cottage hospitals. The move to

consult women was viewed with suspicion, and indeed some hostility, by hospital midwives and by the Nursing Studies Faculty at Massey University. Sadly, with the change to District Health Boards the report of the Group is gathering dust. The only thing that received publicity at the time was a recommendation that the hospital should establish a free-standing abortion clinic, like Parkview.

So much for real life memories and impressions. Historians with an ideology to push have described things differently. In 1997 Elaine Papps and Mark Olssen published a book on the history of midwifery in New Zealand, *'Doctoring childbirth and regulating midwifery in New Zealand: A Foucauldian perspective.'* Elaine Papps was a Senior Lecturer in the Dunedin Polytechnic and Mark Olssen a Senior Lecturer in Education at the University of Otago. The authors said that the book *'argues that three different aspects are identifiable in a struggle for the control of childbirth – between midwives and doctors, midwives and nurses, and doctors and consumers. The history of the regulation of midwifery reflects this struggle between the major participants involved.'* The authors quoted with approval Foucault's rejection of the priority of language in historical analysis. *'I believe one's point of reference should not be the great model of language but that of war and battle. The history which bears and determines us has the form of a war rather than a language, relations of power, not relations of meaning'* When I reviewed the book for *New Zealand GP* I commented that, *'The midwives of New Zealand have won the war. Now as victors, they are able to write the history, and that is another way of carrying on the war.'*

If we are to talk of the story of midwifery in New Zealand in terms of war, we should not simplify it by casting midwives and 'natural' labour as the heroes, and doctors and 'medicalisation' as the villains. A historian who tried to be objective would describe the struggles of the last fifty years as a series of disputes amongst sections of the medical profession and other battles inside the nursing and midwifery professions. The contributions of the NZ Association of Parents Centres, which represented mothers and fathers, would not be ignored by a detached historian.

It is good that the recent debate about midwifery has centred on the training of midwives, for this is what needs to be examined. If something is to be salvaged from the present chaos, this examination and the policies which come out of it will have to recognise the need to teach midwives the enormously complex processes of pregnancy and childbirth inside the framework of a wide understanding of biological processes. The midwife is not some kind of mystical figure who can stand outside the realities in which other health professionals must work.

Primary care nursing

'It is envisaged that the primary health care workforce core membership will be always be nurses, Nurse Practitioners, general practitioners, allied health practitioners and midwives but there may well be greater flexibility in the way these people are deployed. The recent NZIER report (2004) identifies a serious health workforce deficit by 2011 from 28–42% based on differing predictive models. Some particular challenges include the recently created salary difference between primary and secondary settings for nurses, undeveloped and some non-existent leadership infrastructures and many nurses are expressing frustration at artificial constraints on practice. The general practitioner workforce is ageing and some are experiencing burnout from high workloads or increased compliance costs. Nurse Practitioners are being prepared but not employed and there is minimal resourcing for primary health nurses' professional development needs. In addition other key concerns include:

- *After hours services are in crisis*
- *Residential care sector is in crisis*
- *Limited appointment of nurse leaders in PHOs and those who exist have limited resource and budget to develop the nursing workforce.'*

Jenny Carryer. Report as Member of the Primary Health Care Strategy and PHO Implementation Taskforce, July 2005 http://www.nurse.org.nz/primary_health/phn_report_pho_impl.htm