AUSTRALIAN MIDWIFERY:
Opportunities and Challenges in the Next Decade

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Paper presented 7th Biennial Conference, Australian College of Midwives, Perth, 11-13 September, 1991.

All organisations and people should, from time to time, pause and take stock of where they are, from whence they have come and decide where it is they would like to be at a given time.

The Australian College of Midwives has, in my opinion, reached a stage in its life when such a stock taking should take place. This is not a task for a section or sections of the College but for the membership at large.

The matters I will present for consideration are offered for just that, nothing else. It would be a unique group of people if I could put forth my thoughts and find all present in complete agreement. To be frank if it was so I would be extremely disappointed, as it would serve our College more if a vigorous debate ensued. One which was open and honest, respectful of the equal rights of all members to have their say and be heard. One that had the purpose of strengthening the College.

For as we have grown so the relationships between members, branches and the National Executive Committee and now the headquarters staff, have become more elongated and complex. A natural process given the present extent of the membership, the distances involved and the workloads of voluntary honorary officers at all levels.

The consequence of growth and fame, prominence and involvement, is a requirement for more activity, more representation by both the membership and other organisations, and often impossible loads for the individuals closer to the core of the College, the Executive officers, at both branch and national level.

It was all much more simple just over a decade ago when a group of enthusiasts gathered in Melbourne to consider the formation of a national midwives group.

The question of when the national association was actually conceived is an intriguing one.

Was it when the incredible Mrs Margaret (Maggie) Myles, accompanied by the then Executive Secretary of the International Confederation of Midwives, Miss Marjory Bayes, transversed this continent west to east? It may well be, for they did gain an appreciation of how large this country is, how difficult it could be to form a national association as a separate entity and promptly nominated a non existent Australian midwives association for membership with the International Confederation of Midwives auspiced by the national nursing association (which continued to pay the Australian dues for the next six to seven years).

Miss Bayes was aware there was only one or two State based midwives groups in Australia at the time, and the Royal Australian Nursing Federation apparently agreed to underwrite our capitation fees.

Australian midwives were duly admitted into membership with the International Confederation of Midwives at the Council meeting held in Washington, 1972. An event which passed most of us by, even those active in those few state midwifery groups and the nursing organisation at the time.

Was the glimmer of interest in a national organisation then ignited by those two internationalists further fanned by the 50 or so Australian midwives who came together for a group photograph outside the Congress Centre at Laussanne in 1975?

I recall some of that group kept muttering every time they met one another during the Congress something like, 'we must form our own national group and ensure we are represented in these international forums by midwives active in midwifery whom we have nominated'. It was agreed this should happen before the next Congress.

That goal was only partially achieved.

Conception did occur in 1978, the Birth was attended by midwives from all over Australia in Adelaide in 1979, when the first Biennial Conference was held of the national midwives special interest group of RANF.

A symptom of that early restless urge to manage our own affairs re-appeared in the early eighties and in 1983 the membership voted to form the National Midwives Association, an autonomous body. Four years later the Australian College of Midwives came into being.

Having survived the trials and tribulations of those early years we are about to enter what is often termed the troublesome and turbulent teens and it is appropriate, as parents and guardians often do, to contemplate what it is we want this organisation to be by the year 2000 and beyond.

It is our responsibility as members, to continue to nurture, support, care for and guide the development of the College. For the College is us, and we are the College with, as my Concise Oxford Dictionary states 'common functions and privileges'.

The College of today has evolved and grown in response to the needs of its members and those whom its members seek to serve; Australian women, their newborn and families. Our prosperity has been achieved within an era which has seen women's health elevated to prominence in all sectors of health policy development and programme implementation.

Much has been gained in the relatively short life of the College and on such occasions as this Conference we can afford to congratulate ourselves, but we should also seize the opportunities so created to map out our future.

The achievements of the past are significant and should not be dismissed. What is now required is the concerted efforts of all who make up the College to plot our future.

It is not my intention to imply the achievements of the past came easy. To do so would under represent the efforts of very many midwives, the generosity of their giving of time, energy and talents to the cause.

A cause which was essentially the elevation of the midwifery profession from obscurity to public notice, both in the community at large and within the ranks of organisations of health professionals, the bureaucracy and Governments.

The early goals we set ourselves, not always consciously, were fairly simple and short term and is usually the case, the achievement of each is easier to recount than they were in their execution.

Firstly we desired a national association, so with very meagre financial resources and three member branches in South Australia, New South Wales and Victoria, we formed one. The next target of an active midwifery organisation in each state and territory was reached by the early 1980's.

An ongoing goal has been to influence decision making on the provision of maternity care services, midwifery education, practice and legislation at state and national level. At first through RANF and then on own total responsibility.

Our sphere of influence has enlarged considerably, but by no means can we be said to be all powerful. In fact there is much evidence to suggest that the struggles to control our education, practice and the legislation covering practice are really just reaching critical levels in many States.

Another early goal which appears almost ridiculous now was to have the letters, R.M. recognised as denoting Registered Midwife. An issue over which often heated debates ensued, nursing colleagues and others were not always able to comprehend our yearnings to be clearly identified. We who are a little more mature will remember the era when the words 'double certificated' were often used in advertisements to denote that what was required was a registered nurse with a midwifery certificate.

Now with the impending amendments to many State Nurses' Acts we may wish to reconsider the ongoing use of these letters but I would urge caution in too hastily changing to another set. Clear images are what is needed, not a confused identification of the species 'midwife'.

A major undertaking that challenged us all resulted from the vision, which emanated from New South Wales, of what the impact of hosting a major international event in this country would do for midwifery.

The management of the 20th Congress of the International Confederation of Midwives in 1984 was a tremendous commitment for an organisation that was struggling to increase its membership and financial base.

The thought that our international colleagues had sufficient faith in our ability to undertake this task

could have been reassuring, if there had been any serious competition to our bid. Of further concern was the knowledge, once we came to hear of it, that the 19th Congress had incurred a considerable financial loss. The confederation, at the time, was in serious financial trouble and the only real prospect for securing the survival of that organisation rested with us.

Our membership then was less than five hundred. The personal and professional risks were considerable. That the Sydney Congress was a success, made a profit, gave Australian midwifery prominence internationally and nationally is now part of our history and that of the Confederation.

Although the risks were real, the commitment of Australian midwives was enormous and I for one shall forever carry with me the memory of the sense of ownership which prevailed among my colleagues before and during that week in Sydney. It was at the one time both inspiring and humbling.

Since then we have as an organisation, been active participants on the international scene, especially in the now titled Asia Pacific Region of the Confederation. Many individual Australian midwives have established bonds with colleagues in less developed nations and are supporting them in their endeavours to improve maternal outcomes and the status of midwifery in their countries.

Another outcome of the Congress was the establishment with the profits, of the Australian Midwifery Scholarship Foundation to support midwives' research projects, study tours, and to attend conferences. Provision was also made to financially support midwives from developing countries to expand their midwifery knowledge and skills in this country.

The seven years since the Congress have been busy, the membership has expanded many fold, all branches have become independent of their state or territory nursing associations. A national secretariat has been established, national standards and policies written. A national journal has been launched. An ever expanding body of midwifery literature is accessible not only by ourselves but also by others interested to know more of what we are, do and are concerned about.

More recently a process has been established for the accreditation of midwives who wish to be self employed – independent practitioners. The latter term is one which I personally find difficult for it infers dependence on all other midwives. It does not help the cause of the vast majority of midwives who are employed in organisations where they are endeavouring to increase their sphere of influence and input into decision making.

Now the College is frequently consulted at national and state level by Governments, like minded organisations and women's groups. It has established a national headquarters with a staff of one, the National Co-ordinator.

It has become the voice of midwifery in this country. It could be said we have arrived. Not so in my opinion, for in essence to survive we shall always have a destination that is out in front of us. Once we sit back and rest on our past achievements, our future is at risk and we are vulnerable to own inertia. A state it could be said we were in at our starting point a decade and a half ago.

Nor can I, in this resume of our development, ignore the favourable environment and political climate in which we have grown to reach our present status. The Womens Decade concluded in 1985, a period of intense activity on women's issues. A tenet of the women's movement has always been the gaining of control by women of their reproductive capacity and birthing. The women of this country have been participants in that movement and quite vocal about what was wrong with the obstetric services.

To the constenation of the obstetricians and gynaecologists who had steadfastly sought to improve women's health in this country, as they perceived it, based on indicators they had established, the women called them to account for not consulting them, not giving them choices, and ignoring the basics of informed consent. At the same time women rediscovered that the people who had for decades been attending them in childbirth, were actually midwives.

Not an extinct species, but alive and functioning, although not well organised or vocal, nor, on the most part, questioning of what had been evolving in the obstetric services.

They the women opened the way for us, they created the political environment which has given us the opportunities to grow and develop, often against the tide of opinion held in both nursing and obstetric circles.

Strong alliances have been formed with women's groups. It is essential that these relationships be maintained, for the challenges of the future will be of a different nature to those of the past and it well may be that we will need friends in many places to achieve what we desire in the future.

I say this because the issues which will challenge Australian midwives in this decade will be more complex, more multi faceted, more political and less singular, and I can see few strategies being developed to deal with them.

I refer you to the paper Liza Newby presented at our last Conference 'The Politics of Womens Health; Midwives: from Hand Holders to Hand Maidens and back'. She enunciated more clearly than I can what could be our general strategy, and concluded by stating if we adhered to that 'type of compaign it should be possible for midwives to develop a clear sense of where you are going – a sense of confidence that you are going to achieve it in the next 5 to 10 years'.[1]

Since then other matters have come to notice which will be of concern to midwives in the coming years.

The so called new federalism is not to be ignored, but neither can the issues under debate within our community that are not specific to midwifery.

For as Gerry Gleeson said in the Garran Oration, presented to The Royal Australian Institute of Public Administration, 'In this decade where commonwealth state relations are to be subjected to extensive review, you will need equally skilful representatives', he went on to say 'There will be many diverse and difficult decisions made in this decade about the future of Australia; about commonwealth state financial relations; about the respective roles of commonwealth state and local governments'; 'about the environment, about the health, education and welfare of our citizens'.[2]

Are we ready for this debate, have we developed our position on all the topics we wish to see addressed in the next decade on health and education, plus other matters? We can no longer afford to ignore the debates on issues such as the environment. More is required than getting concerned about the use of disposable nappies. We mostly work in institutions that use a vast array of disposable items and it seems illogical to me to focus on one item and not on the total problem. Similarly I have no difficulty in supporting opposition to the promotion of breast milk substitutes, but in so doing I am concerned to find out more of why Australian women elect to not breastfeed; the broader socio economic issues which often guide women in their decision making do not feature greatly in the debates on this subject.

The College has yet to express its opinion on the situation of the disadvantaged in our society, for instance Aboriginal women and their children, homeless women and children and non English speaking women.

Have we developed the data base which will equip us to effectively and persuasively argue the case for widwifery itself? Have we identified in quantifiable terms what impact midwife practitioners have and could have on the provision of womens health care? I am not convinced we have. We need to gain a greater understanding of the health economics, policy development and strategies at work in this country.

The next question is should we do the research and conduct the studies that would provide the data with which the College can argue its case.

It seems to me that there is value in us doing some of it, but we should access many sources of data and information. Using as a sole source, data compiled by the vested interest group has some risks in the conduct of public debates, but how do we question other peoples findings unless we explore the highways and byways in depth ourselves?

Currently a series of papers is being published by The National Health Strategy which has been established to review health care in Australia and develop options for change.

'The National Health Strategy will look at the range of institutional community and personal health services primarily concerned with treating and caring for the ill'. 'Activities that foster good health, including health education, promotion and public health, will also receive attention'.[3]

This review will therefore be very extensive, impact at all levels of health care, influence the federal/state funding arrangements, the health care system in total, and that includes the maternity services of this country.

Public comment is stated to be welcome in response to each Issue Paper released. The first 'The Australian Health Jigsaw – Integration of Health Care Delivery' was released in July 1991.

Are we in a position to be able to respond to the Issues papers as they are released? I might add that the response time lines are short and a good network is essential if you want to keep abreast of all that is happening in this review.

To assist in developing responses we can draw on the work available from other countries such as that of Tew and Damstra-Wijmenga in their paper 'Safest Birth Attendants: recent Dutch Evidence' which 'demonstrates that for the 98.2% of babies born after 32 weeks of gestation, mortality is nearly 12 times lower if the birth takes place under midwives' care in Hospitals or at home'.[4]

This work may be hard to duplicate in Australia for I am not aware of any national data base that would reveal the number of midwife only births attended as against those attended by a medical practitioner. There is a general assumption that all births are attended by medical practitioners, except in the home setting where the vast majority are attended by midwives.

A study conducted in Western Australia of Planned Home Births, 1981-87, identified 'Doctors were present at 17.1%' of the births at home together with a midwife.[5]

In this country there is a fairly unique coverage of qualified midwifery practitioners in all sectors of the maternity services. I suspect that the ratio of registered midwives to women in their reproductive years may be the highest in the world. I will go on doing just that, suspecting, until an accurate data base is established that identifies how many registered midwives are in practice in each State at a given time, as against those who hold a midwifery qualification and are listed as such with the various state/territory registration boards.

This is information we need if we were to pursue an exploration of the quality of service provision based on the qualifications of the health care professionals who provide whatever element of care to a woman in any phase of her maternity.

Furthermore, we are probably going to be required to participate in more studies that determine the numbers of graduates required to meet the care needs of women.

The transfer of midwifery education to the tertiary sector will proceed on the basis of a transfer of a portion of funding from health to education in many States.

An argument could be made that in Australia we have enough midwives so why support the development of midwifery programmes in University settings if the graduates can not gain employment.

The present situation in Victoria where there is a large number, and it varies dependent on to whom you talk, of first year nurse graduates unemployed, with another substantive number who have had to move interstate to obtain a job, is a cause for concern. The question is will it influence the decision makers as they consider how many students of midwifery do we need?

Have we any idea of how many midwives participate in refresher course in this country each year, should we have? My answer would be yes. Do we have an understanding of if the number of refresher courses meets demand?

Gathering the demographics of midwifery in this country is a responsibility of ours, not of others. The College was established, or so our Constitution states, to serve the interests of midwifery.

Do we have a composite picture of the status of midwifery legislation? Have we a group/individual with a brief to develop a resource on the situation? It would seem to me that as the legislation has been reviewed from state to state, so the regulations and statutes that govern our practice have changed, and the impression I have is not for the better. Deregulation of the banks has been easier to achieve than of midwifery practice. Nor has there been any sign of a willingness to transfer the control of midwifery into the hands of midwives.

In periods of dynamic change there is a need to establish almost single issue networks which enables the experience of colleagues in one state to be put to

use nationally. Informally this process has commenced during this Conference.

Those who are often closest to the decision makers reviewing legislation (Nurses Acts) under which most midwives in this country have to practice, are people who have their own agendas. We must determine what is ours and put in place the strategies to achieve the outcomes desired not only for ourselves but for the community at large.

At the last Premiers Conference agreement was reached on substantially altering many aspects of state/federal arrangements, the choice we will have is whether to be a witness or to ensure we are participants in the change process.

There is no real doubt that there will be formed an Australian Nursing Council, the Australian Nursing Federation has had a seat on the Steering Committee and the Royal College of Nursing Australia (RCNA), observer status. Given that our membership equates that of the Royal College of Nursing Australia, should we not be seeking similar recognition? I have been delighted to learn that the Executive of the College has sought a place on the Council.

We have not yet gained representation on the National Nursing Consultative Committee. This is an advisory committee to the Minister for Health on nursing matters. Who advises him on midwifery matters?

These may be nursing committees, but the reality is that we need to be there, for in the eyes of many, nursing and midwifery are the same.

Another activity occurring at the national level which will impact on midwifery is the development of national competency standards for all registered occupations and professions by the end of 1992.

We have yet as a College to do a great deal in the field of midwifery education, we do not accredit midwifery programmes nor considered if we should, we have not set what we see as the basic competencies for beginner practice, nor considered if we should. We have, through the accreditation of 'independent' midwife practitioners, established the competencies they need for practice. Yet to be assessed is whether entrance to our College should continue to be based as it is now on registration at state level, or whether it could be based on the satisfying of an assessment that is determined by the College itself.

The aim of such a process, if adopted, should not be to create a sense of elitism but to demonstrate to all that the College is not just interested in members, but in standards and the provision of a quality service.

I, at this stage, am not personally advocating a change to the membership criteria, but raise the issue as one that may well have to be considered in the next decade, during which there will be an increasing diversity of entrance options for the would be midwife, including a pre registration programme I would hope.

For a College by implication, sets standards for entrance to it, the practice and the ongoing education of its members. Membership for life, as long as you pay your dues is not congruent with the concept of a College.

As a College the economic welfare of its members may not be seen as an agenda item. However, events are occurring which may cause us to consider this matter further.

We have not hesitated to lobby and make submissions to the Medicare Review Committee regarding the provision of provider numbers for midwives, the accessing of rebates for service, yet we have not consciously considered what the impact of the proposed federal award and structure may have on the wellbeing of midwives. Are we equipped to consider enterprise bargaining if that becomes part of the system.

Have we developed a model of a career structure for midwives within the health system of this country? What will be our strategies to achieve a career pathway that is not only financially rewarding, but professionally satisfying for midwife practitioners, educators, managers, researchers and consultants.

How should we seek to assist those in our ranks whose expertise, skill and knowledge we respect and acknowledge, to gain recognition in the mainstream of the health system?

At the Sydney ICM Congress Council meeting we supported the adoption of the following Policy Statement –

'The International Confederation of Midwives endorses the principle that the management of midwifery practice and education should be undertaken only by midwives'.

Understandably we believed at that time this was an appropriate policy yet it may be one that we have to think more deeply about as the ongoing review of health and education systems continues.

There is a danger we may succumb to the hazards of rhetoric, if no action is taken to follow up the adoption of such policies.

Can we be sure that there are no widwifery services or education programmes that are managed by non midwives? I would like to believe there are none, but I can not be sure.

Do we believe that at state and federal government level, there should be a midwife who is informed and knowledgable about the issues of concern to the midwifery profession at large, able to access the appropriate Ministers and their advisors?

Would it be more rewarding if we put our energies to work on issues at a more community based level as the establishment of area health boards continues, or is written into the health policies of those who are, or wish to be in Government? Alternatively, should we set as our target where the service is provided, the health agencies? My choice would be that we should emulate the 'green' movement and address the issues at all levels of power.

By now you are probably feeling that the list of challenges and opportunities is complete – not so!

A review of indemnity arrangements for health professions is underway within the Federal Health Department. The outcome of this review will impact directly on midwives, especially those who practice on a fee for service basis. If a no fault system for compensation in cases alleged negligence is adopted, another not so obvious impact may be that those obstetricians who had given up practice because of the high cost of indemnity cover, emerge from the 'safe' practice options to which they retreated as the costs of medical insurance rose, to once again attend women in childbirth. A change such as this may also encourage more medical practitioners to enter the obstetric speciality than has been the case of recent years.

This may mean that the opportunities which have been opening up for midwives in the provision of care for women may wither away as obstetricians seek to reclaim lost ground.

Conversely as the numbers of obstetric trainees decreases, are we ready to seek out the clinical practice opportunities which may well eventuate.

I have not as yet referred to the reviews of obstetric/birthing services that have occurred in this country. Each of them is full of expressions of support from women and opportunities for midwives. What has come of them? How have we repaid that support?

It is important to monitor the implementation process as our New Zealand colleagues can attest.

The very positive and supportive legislation enacted recently which gave New Zealand midwives direct practice and prescribing rights is under threat as Government policies and officials change in a volatile economic climate, and a rather demoralised medical body regroups and applies pressure because its members have been disadvantaged by the new choices women have as to whom they can elect to have as their qualified birth attendant.

We must master the political processes within this country, not only those that are quite clearly party political, but also those which govern the health and education systems, the health agencies in which we work and the organisations with which we interact.

Theresa Geese, in her study of political participation among nurse midwives in the USA, reported that 'nearly 70% were involved in their State chapter of the American College of Nurse Midwives'. We must therefore envy our colleagues in North America, for the situation is rather the reverse in this country. Geese also reported that 'the findings suggest there is an assumption that the professional organisation attends to politically related matters for the membership'. She also comments that as leaders come from the membership, it is inherent that political skills development commences with entrance to the profession.[6]

Weifeld and Amor in their paper, 'Toward a National Policy for Nursing', which discusses the process by which models of care found to be effective by the care providers can be incorporated into the health

system, state 'to have the greatest impact on health policy development, nurses must demonstrate the positive effects of their ideas on core health policy concerns, access, quality and cost containment'.[7]

The European Region of WHO has established a Working Group to examine the question of quality in midwifery care, and the Royal College of Midwives will publish a document on the same subject later this year.

Should we attempt to extract the concept of quality from the general evaluation of the provision of care in the maternity services, and present it within a midwifery model to the public at large? Many of our larger maternity service providers publish annual medical clinical reports as part of the quality assurance and peer review process. I would be greatly interested to read midwifery clinical reports, but the clinical performance of midwives is almost invariably absorbed into the medical report.

What I have been attempting to do in this paper is to draw attention to the magnitude of the work to be done, and I do not believe I have covered the field, and some here today may question the accuracy of my vision. This I would welcome, for I would like to see in the time between this meeting and the next, much thoughtful discussion on how midwifery and this College can secure a future.

It well may be that we should consciously reconsider all elements of our organisation and attempt to document what it is we want of the College, what is our mission, how we want it to function in the 1990's and what we need to provide to achieve the goals we set ourselves.

Can we afford to wait the two years between these meetings if we are to deal with the developmental needs of this College? I believe not, that it is time for an annual national Conference that incorporates formal meetings of the membership built on larger state delegations.

What worked ten years ago is unlikely to do so by the year 2000. Corporate organisations that fail to react to the environment in which they function do not survive. Those that do, do so by enhancing their sensory processes, reassessing their markets, the mix of resources and skills required within the organisation to ensure it continues to make profits.

My belief is that the role of the College is to act as an advocate for midwives, midwifery and the women and families in this community.

To do this effectively in the future it will need to consciously set goals, performance indicators, workplans, evaluate performance and develop a clear focus forwards. It will need to employ a workforce with the skills mix needed to undertake the research, planning and implementation activities which would ensue from such an approach.

There would be a cost – membership fees would have to be reassessed against the directions set, or the goals set that could only be achieved with the recourses available.

Our subscription fees are small compared with those of the Royal College of Nursing Australia, which has a staff of 16 people at the National Office, a council made up of 18 people and 14 sub committees, the outcome of which is influence.

The Royal College of Midwives has, in the past decade, expanded its membership by 80% and staff appropriately and is now looking for new headquarters.

So what is to be our future? One of vitality and growth, reflective of a midwifery profession that is a dynamic force in the health care system of this country, or one in which most are comfortable, but there is a sense that something is missing. For if we fail to take up the opportunities, we fail to take calculated risks, fail to endow this College with a little of ourselves, it will be the College which is missing.

I believe we have reached bed rock, it is now time to build on the firm foundations we have established, a stronger, durable organisation, the architects and builders of which must be the membership.

Nearly 20 years ago two formidable midwives sensed we had a potential to be much more than we were. Since then the land mass has not shrunk, the distances we travel are just as great. The challenge is can we travel the path required to achieve our full potential, secure the future of midwifery in this country and in so doing, repay the women of Australia for their faith in us.

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