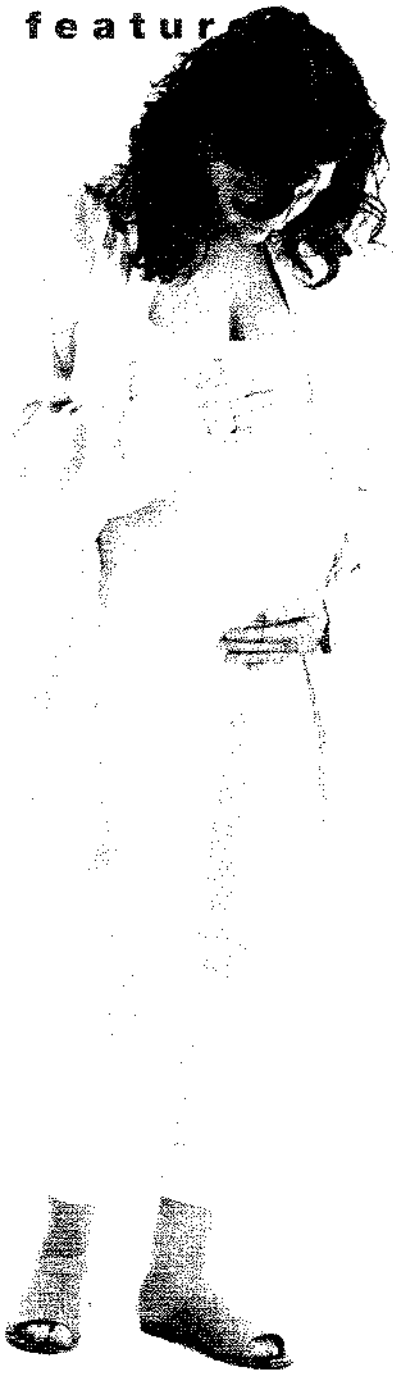

The lost voice of Midwifery

Midwives, Nurses and the Nurses Registration Act of South Australia

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The proposed review and amendments to the Nurses' Act in South Australia has caused intense debate in this state especially between nurses and midwives. On the one hand midwives claim that the new changes will affect their ability to deliver optimum care to the childbirthing woman and so affect their role as midwife. While on the other hand nurses counter claim that the proposed changes to the Act will not make any difference to midwifery care and cannot understand what all the fuss is about. Yet midwifery has never sat comfortably under the umbrella of nursing and this debate is not new. This paper takes a historical look at the professionalisation of nursing prior to the implementation of the original Nurses' Registration Act of South Australia in 1920. It explores the implications of this for the midwife of the time, highlighting the unresolved differences between these two professions that have contributed to the debate of today.

In recent months, the Nurses' Board of South Australia has submitted to the South Australian Government a revision of the current Nurses' Act of 1984. According to the Board, the intention of the new Act is to provide greater consumer involvement, improved protection for the public, higher professional standards and better regulatory practice (Nurses' Board of SA 1996). Incorporated within the proposed Act is the intention to bring all registrations under a single register. This would include nurses, midwives and psychiatric nurses. The Board suggests that this move will bring South Australia into line with international trends, promote self regulation, increase public accountability, facilitate workforce planning, career choices and make registration more efficient and effective (Nurses' Board SA 1996).

The proposal, however, has created intense debate among nurses and midwives in South Australia. Midwives claim that the implementation of a single register coupled with the proposed lifting of restrictions on areas of practice will lead to even further erosion of midwifery by nursing, resulting in an irreversible illness focus to childbirth. On the other hand, to the majority of nurses, midwifery is no more than a branch of nursing, similar to other specialist areas of nursing such as, community, perioperative or gerontic nursing. They do not understand why midwives should be so concerned by a proposal that clearly provides for efficiencies in the implementation of the regulations of the Nurses' Act. The purpose of this paper is give an historical perspective to the origins of the Nurses' Act in South Australia and the development of the nursing profession prior to the Act of 1920, which may lead to some understanding to the reasons for the present debate in South Australia. Changes which occur in professions and indeed, society, are complex and it is not the intention of this paper to explore all the factors surrounding changes which have occurred in midwifery and nursing across this century or provide a chronological history of midwifery and nursing in South Australia.

Recent debates have historical beginnings

In Australia during the 1800s, the increase of medical scientific knowledge led to calls for more education, not only in medicine, but also in nursing and midwifery. Medical men sought to achieve regulation to form a closed group (Davidoff & Hall 1987) in order to differentiate themselves from unqualified male practitioners, especially in childbirth attendance (Willis 1981 Pensabene 1980). In South Australia this was achieved

through an Ordinance in 1844 (SA Gazette 1845) and later the Medical Act of 1880 (Fraenkel & Wilde 1994).

The creation of this elite group of practitioners by legislation enabled medicine to gain status through income, authority of knowledge, and deference to this knowledge in the community (Perkin 1989).

Occupations which were directly subordinate to medicine, mainly nursing, received lower salaries, were comprised mainly of women and generally employed in institutional settings which set up structures of control enabling medicine to claim an authority over them (Willis 1989). Thus when the first Australian nursing organisation, the Australasian Trained Nurses' Association (ATNA), was founded in New South Wales in 1899 (Dickenson 1993), nursing took its lead from medicine to establish itself as a closed professional group, under the umbrella of medicine.

Control of midwifery by medicine and nursing

Nurses also sought to differentiate themselves from unqualified practitioners, notably midwives by lobbying for state registration. Until the 1920s doctors and nurses openly acknowledged that midwifery and nursing were separate professions.

"A nurse always means one who is subordinate to the doctor, who acts under his orders, and has no independent authority. A midwife is one who does not necessarily act under the supervision of a doctor (so long as the case remains uncomplicated). She is individually responsible for the case under her charge. To call her a nurse, with whatever qualifying adjective, is to confuse one who has independent charge with one who has not, but who receives her orders from a superior." (AMG 21 Nov 1898, p.481)

The autonomy that midwives had in their practice was a major cause of concern to the members of the medical profession at the time. If the unqualified community midwife was able to access a formalised education then the newly educated community midwife was a real threat to lucrative medical midwifery practice. But medicine could not monopolise midwifery, or introduce new medical advances into midwifery without affording greater status to the already autonomous midwife.

The only way that medicine could have any control over midwifery was through nursing. This led to the notion that midwives must first be qualified as a general nurse and subsequently gain qualifications in midwifery (Summers 1996). Willis (1989) found that the development of the obstetric nurse was essential to the subordination of midwifery. However, Summers (1996) found that the existing community midwife could not be subordinated only eliminated.

Nursing leaders at the time also supported the idea that midwives should first be trained as general nurses, as this complemented their own attempts at professionalisation. The community midwife was usually a middle-aged to elderly working class woman. Her image did not suit the new, young, efficient and professional middle class nurse and, therefore, posed a threat to the developing professional status of nursing (Summers 1996). So the concept of obstetric nursing served nursing, by extending their occupational territory and medicine, by ensuring midwifery's subordination to medicine (Willis 1981).

The Australasian Trained Nurses' Association (ATNA)

To understand the change in the status of midwifery it is necessary to explore the pathway of nursing professionalisation. This began in Australia by the establishment of the Australasian Trained Nurses' Association to: promote the interests of all trained nurses; establish a system for their registration; and, to provide standards of education for its members. From its beginning the ATNA's mandate was to seek consolidation of professional nursing through legislation for state registration (ANJ 1 Mar 1903). Although membership with ATNA was not compulsory for nurses to practise nursing, professional credibility was gained through its membership. Standards of practice and education were maintained through the accreditation by ATNA of the hospitals that provided training for nurses. Graduate nurses only gained membership of the Association on completion of their training in an ATNA approved hospital (ANJ 1 Mar 1903).

The ATNA also initiated schemes to protect the welfare of its members and offered through its journal, *The Australasian Nurses' Journal*, a forum for nurses to discuss professional issues (ANJ 1 Mar 1903 Durdin 1991). Membership to ATNA was not restricted to nurses and was open to other eminent members of society including doctors (ANJ 1 Mar 1903).

By establishing itself in significant positions within ATNA, the medical profession was perfectly placed to maintain control over nursing. The ATNA was essentially established only for trained nurses. Formally trained practising midwives, who were also trained nurses, were granted membership to the nursing register and a separate midwifery register. Formally trained midwives who were not trained nurses were only granted membership to the midwifery register under special rules. However, community or traditional midwives were excluded (ATNA register of members and obstetric rules 1915-1916). By 1905 sub branches of ATNA had been established in every state of Australia and it was to become the means by which general nurses were accredited to practise nursing.

Nursing establishes its position over midwifery in ATNA

From the very beginning of the ATNA nurses sought to gain power over the

trained midwives who were members of ATNA. Only those members on the nursing register had voting rights and midwives-only members were forced to form separate committees within the ATNA to consider midwifery matters. Moves were made by the trained midwives to form a separate association as they objected to all midwifery matters being subject to nursing approval before being presented to the Council (ANJ April 1904).

Eventually the trained midwives were pacified with a resolution that allowed the midwifery committee to by-pass the general body and present their matters straight to the council. However, the midwives had no real voice on the council as it was made up of general nurses and doctors and the midwifery representatives were doctors with midwifery experience (ANJ July 1904). Nursing was completely successful in achieving superiority over midwifery within the association and the midwives' voice began, and continued to be throughout this century, secondary to that of nurses.

The overriding motive for SAHA in its support of the Nurses' Registration Bill was to staff its hospitals with low paid probationers. Nurses lost their self determination but midwives lost their profession.

Second thoughts about state registration

The pathway for nursing to become a true profession did not run smoothly. While members of the ATNA throughout Australia originally supported the introduction of state registration, there was a growing resistance to this move during 1908 to the 1920s, on the grounds that it would deny nursing control over its own profession. This, in addition to the advent of WWI, resulted in most Australian states taking considerable time to implement government control over nursing and midwifery.

Indeed, during this time nursing (as did women in general) gained further strength and autonomy over its own profession due to its contribution to WWI. Many states had legislated to control private hospitals by establishing a register and the means to inspect them. It was through these acts that several attempts were made to implement a register for midwifery and nursing.

In 1909, a New South Wales Private Hospitals Bill included in its implementation the ability to register all trained nurses (ANJ 15 Jun 1909). But ATNA argued, that this provision would be detrimental to the profession of nursing as it would allow 'gentlemen' who had no knowledge of nursing 'to administer the complex and responsible functions of the trained Nurse' (ANJ 15 Jun 1909). The suggestion that nurses would not have any input to Nursing Boards which would administer State

Registration Acts led to the ATNA to comment that:

"Parliament seemed almost persuaded that nurses should be registered and controlled by the state, but apparently nothing could make it believe that there could be sufficient intellectual capacity among nurses to justify the State in placing the administration of a State Registration Bill in the hands of a Board upon which Nurses themselves were represented." (*ANJ* 15 Jun 1909 p.210-211, see also edition 15 Jan 1909)

ATNA wanted to ensure that if a Bill was passed, which required a board to administer nursing, then nurses or representatives chosen by them would hold positions on the board (ANJ 15 Sep 1911). Nevertheless, the ATNA continued to argue that state registration was the only way by which nursing would be afforded the status of a profession.

ATNA erroneously believed that state registration would lay down a standard of education and examination for admission to the register only. However, the affairs of the profession would be the concern of its professional association, the ATNA similar to the British Medical Association, thus, leaving the control of the profession in the hands of nursing:

"We must not forget that state registration will simply and solely provide for the registration of nurses, it will not look after their interest afterwards – indeed, will take no further interest in them beyond punishing wrongdoers..." (Editorial *ANJ* 16 Dec 1907 p.361)

So by 1916, editorials in *The Australasian Nurses' Journal* were strongly questioning the advantages of state registration for trained nurses as by then ATNA had become a powerful organisation in its own right. Nurses began to realise that their own requirements for membership were an equally effective means of controlling the profession as state legislation and ATNA had indeed become the nursing equivalent of the British Medical Association (ANJ 15 Jul 1916). There was a belief that state registration could not offer them any more.

But the ATNA was somewhat naive in thinking that if State registration was achieved it would retain control of its own profession, as it had already relinquished self control of the association before registration.

As a result of this first Registration Act nursing and midwifery have remained subordinate to medicine and this view is widely supported by the public who still see nurses as the necessary assistants to medicine in all areas of health care including midwifery.

Medical men had a major leadership role over nurses through their membership and senior positions within ATNA. When state registration was implemented, medical men transferred their leadership role in nursing to the Nurses' Registration Boards and their interest in the ATNA waned.

Nurses too lost interest in ATNA until it took the form of trade unions in the 1930s (Dickenson 1993). ATNA misread the political consequences of state registration and as a result never became the professional organisation that was originally envisaged.

South Australian Hospitals Association has its way

South Australia was the first state in Australia to implement legislation which incorporated nursing, midwifery and mental nursing (psychiatric nursing) under a single Nurses' Registration Act. However, the minutes of the South Australian branch of ATNA reflect no debate or discussion for the registration of nurses in this State (Minute Book ATNA, SA 1905-1921 Durdin 1991, White 1993).

In its overarching mandate to 'protect the public' the new South Australian Nurses' Registration Board was to have complete control over the criteria of entry for nursing, the educational standards of nursing, the venue for training and the professional issues for all nurses and midwives in South Australia.

The ATNA had also put these same criteria in place, but membership with ATNA was optional and its power relied on professional peer pressure and the status of belonging to a recognised association. But after the implementation of the Nurses' Registration Act of South Australia 1920, nurses, midwives and mental nurses in South Australia who were not registered under the Act could no longer legally practise nursing or

midwifery regardless of their membership of ATNA.

The demand for registration of nurses in South Australia did not come from nursing or medicine but from the South Australia Hospitals Association (SAHA) to overcome staffing shortages in their country hospitals (Durdin 1991, Summers 1996). This came about because many small private hospitals and country hospitals in South Australia had difficulties in fulfilling the criteria for accreditation with ATNA as nurse training hospitals and they could not recruit local girls as student nurses to provide low paid labour to the hospital (White 1993).

In 1919 the SAHA was established, to look after the interests of the country hospitals in South Australia (SAHA Annual Reports 1919-1979).

The first action of the newly formed SAHA was to lobby for a Nurses' Registration Bill (SAHA Minute Book dated 17 Sep 1919). As childbirth in South Australia mainly took place within the home (Summers 1996) the SAHA was not interested in the fate of midwives. In essence it only sought to take over the business of ATNA for the nurses that it employed.

The Bill for the registration of nurses and midwives in South Australia was introduced into Parliament in November 1920 and gazetted in May 1921. (SA Gazette 1921) Under the regulations of the Act a Nurses' Registration Board was established. This comprised the chair, a doctor who happened to be the chairman of SAHA and the Inspector General of Hospitals. Two positions were filled by SAHA members, and three other positions; an ATNA representative filled by a doctor, a representative from the Royal British Nurses' Association (RBNA) filled by a nurse and a nurse who represented those nurses who were not members of any organisation. The secretary of the Board was also the secretary to the SAHA and the secretary to the Inspector General of Hospitals (SA Gazette 1921). South Australia in the 1920s was still very much a patriarchal society, so despite equal representation of nurses, doctors and employers on the board, nurses were trained to please and defer to their 'betters' even those nurses who were members of the Board.

Nurses lost their self determination but midwives lost their profession

The Nurses' Registration Act of South Australia 1920 had a significant impact on the founding of country hospitals. By 1930 46 country hospitals were established in South Australia compared to 22 before the Act. Thirty-eight country hospitals established nurse training schools within three years of the implementation of the Act, in contrast to one country hospital nurse training school before the Act (SAHA report 1933, Summers 1996). It is quite clear that without the Nurses' Act, country hospitals could not have been established or survived. The overriding motive for SAHA in its support of the Nurses' Registration Bill was to staff its hospitals with low paid probationers.

Nurses lost their self determination but midwives lost their profession. The new Act provided temporarily for those midwives who were currently in practice, but future midwives were destined to become obstetric nurses (Summers 1996). ATNA had effectively subordinated the trained midwife within its organisation and this continued under the Act when the Board supported the role of the obstetric nurse in its implementation of the regulations of the Act (Summers 1996). Obstetric nurses were unwilling to practise in the community despite their comparatively extensive education.

Consequently more and more hospitals were provided for doctors and obstetric nurses to practice midwifery and women eventually had to go into the hospital to have their children as there were no midwives left in the community to deliver them.

So ATNA in South Australia had failed to ensure that its members would benefit from a Nurses' Registration Act. Under the Act nursing had achieved legal control over community midwives, but it came at the expense of the expanding degree of self determination that ATNA represented for nurses. Instead it allowed a completely different organisation, SAHA, to determine its future. Through legislation, medicine and hospital boards now became the controllers of nursing rather than patriarchal mentors.

The Nurses' Registration Board was now the only legal registering and regulatory body for nurses and midwives and so negated any decisions that ATNA made. The President of the South Australian Branch of ATNA, Dr T.G. Wilson, an obstetrician with a personal agenda to endorse the obstetric nurse, became the representative of ATNA on the Nurses' Registration Board of South Australia. Then, later as the president of the Nurses' Registration Board, Dr Wilson shaped the course of midwifery in this state.

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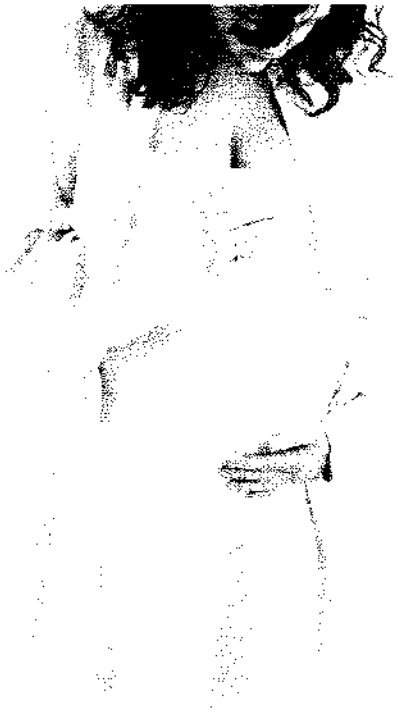

practice is still that of an obstetric nurse. Midwifery has remained since the Nurses' Act of 1920 a sub-branch of nursing and subordinate to it.

Conclusion

History can provide midwives with the strategies to effect change from an awareness of the factors which have led to their present position in the health care hierarchy.

Nearly 80 years have passed since the original Nurses' Act in South Australia and in that time traditions and powers have been confirmed and reconfirmed by practice and legislation. However, today midwives are well informed about intended legislation that will affect their practice and have a voice through formal and informal organisations.

The only way that medicine could have any control over midwifery was through nursing.

see nurses as the necessary assistants to medicine in all areas of health care including midwifery.

The Nurses' Registration Board remained under the control of medicine and the SAHA until the revision of the Nurses' Registration Act in 1984, when the positions on the Board were changed to include seven nurses, two medical practitioners and two lay persons (The Nurses' Registration Act of South Australia 1984 section VI).

The Nurses' Registration Board of South Australia has continued to maintain control over midwifery. Since 1920 there has never been a specified position for a registered practicing midwife on the board, although there has been one for a psychiatric nurse and a mental deficiency nurse.

Midwives are now educated at university in South Australia but the curriculum and requirement for registration is subject to the Nurses' Board approval. Today obstetric nurses are referred to as midwives although their

The College of Midwives and midwives have the opportunity to vigilant and vocal about changes proposed in the Act that could lead to changes in the quality of maternity care and midwifery practice in Australia.

Midwifery, is and has always been, a separate profession to modern nursing. The history of midwifery at the beginning of this century has shown that it does not fit comfortably with the illness focus that quite rightly belongs to nursing. It is midwives who should ensure that childbirthing women are assured of the best possible care during their confinements.

Midwives have now found their voices to actively support changes in society that will allow women choices in child birthing.

But unless midwives are prepared to take on the responsibility of maintaining standards within their profession, the pathway for midwives to reclaim their territory within the provision of midwifery care is likely to be as long as the pathway that lost it.

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