

A Letter To My Midwife Sisters

Midwives (and childbearing women) should never fool themselves that birth in hospitals can be 'just like home birth'. The 'normalising' of birth in hospitals relies on the beneficence of the dominant players (doctors). While it suits the policies of the management, funding and clinical regimes, the midwife's 'independence' will be tolerated, and even lauded. When there is a philosophical change or shift in the current policy, the midwife will very quickly find the dominant group coming out of the shadows to fetter her role. It has been historically so and there are no hospital-based paradigms which stand up to close scrutiny. While cosmetic changes have occurred to install Midwifery Managers and Advisors within the hospital structures, they have neither the power nor clinical freedom to implement a paradigm reflective of the Midwifery Model of Care. The proof in this model being accepted would see all women who have the hospital as their Lead Maternity Carer, being uniformly attended solely by midwives. Those women who required additional care, and only those women, would access the specialist services at the request of the midwife. Women would be cared for on an individual basis, rather than according to rigid policies and protocols.

There are now obstetric hospitals offering home birth services through their caseload midwives. As the dominant philosophy of medicine, with its rules, impact on home birth women, the vetting of those who are 'eligible' for home birth will take hold. Home birth again runs the risk of being accessible to only the elite few who escape medicine's vast list of 'abnormal'.

Midwives, in our capacity as self-employed midwives working in hospitals, as hospital employees or as home birth midwives, attend nearly one hundred percent of childbearing women in New Zealand. Karen Guilliland's 1998 study¹ clearly shows that continuity of care with a known midwife as the sole caregiver, rather than in combination with a doctor, is more likely to result in women having a normal birth, and the perinatal mortality rate is lowest for their babies.

While we have recently celebrated the end of the first decade of regained autonomy of practice, it is with heavy heart that we hear of more and more women being subjected to highly interventionist labour procedures. Midwives are not the ones performing the surgery for Caesarian sections, or inserting the forceps and epidurals. However, one must look at the part midwives play in performing many of the unnecessary steps in the Cascade of Intervention, which set women up for injurious birthing. Clearly, with the degree of birth injury currently in New Zealand, there are philosophical and behavioural changes required from birth attendants, including midwives, if we are to serve women well.

'Guardianship of normal birthing' has been the midwife's catch cry. It has validated her role in maternity care throughout the decades in New Zealand. The need for guardianship exists only in the arena of conflicting paradigms where the Medical and the Midwifery Models of Care meet head on, that is, the hospitals system. Guardianship is a paternalistic structure of the stronger (the midwife) protecting the weaker (the labouring woman). It places the woman in a less than autonomous position.

It is only in the woman's forum - her own home, that she can be truly autonomous. In this setting, devoid of the threat of unnecessary intervention when cared for by Wise Women, there is no need for guardianship. The midwife, working in her time-honoured Tradition, takes up a trusteeship of safe birthing. Implicit within this trusteeship is the doctrine and practice of 'do no harm' - the innate

promise embedded in the relationship with a midwife. As she helps families to reclaim the practice of safe and healthy birthing, the Wise Woman midwife fulfils her responsibilities of trusteeship. It is this trusteeship that women strived for to have midwifery returned to them as their birthright, for the benefit of both themselves and future generations.

When one hears women talk of "I had to ..." or "they made me ...", and those comments are starting to come from home birthers - it is clear the philosophy of Wise Woman midwife has not been embraced by the attendants. It is, of course, the woman's responsibility to lay claim to her power in birthing, but it is the midwife's responsibility to nurture this and to maintain its integrity.

Throughout this book, I have made a distinction between the midwife who attends only home births and the midwife who also attends women in hospitals. It is, however, with a fair measure of hope that I offer you this glimpse of home birth. Medicine continues to pose the question *Who will deliver our daughters in the 21st Century?*² as a response to the return of midwifery autonomy and the diminishing availability of 'clinical material' for doctors' education. However, midwives have been given the opportunity to ensure that indeed, our daughters will not be delivered - they will give birth. While it is challenging and isolating to practise the Wise Woman Tradition in the medicalised world, it is crucial that this practice happens. It is my fervent hope that this book, which logs much of my own personal journey of discovery, will assist you as you serve women to ensure safe and healthy birthing becomes a universal reality.

Yours in midwifery,
Maggie Banks.
July 2000.

- ¹ Guilliland, K. (1998, July) Midwives and Midwifery - Leaders in Safe Maternity Care. *NZCOM National Newsletter*. Issue 9. Pp. 1-3.
- ² Turner, G. (1996, August) Who will deliver our daughters in the 21st Century? *Obstetrical & Gynecological Survey*. Vol. 51. No. 8. Pp. 453-454.

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Citation reference

Banks, M. (2000). *Home birth bound: mending the broken weave*. Birthspirit: Hamilton, p. 213.