

Midwifery care and women's health in New Zealand

by Anitra Carr

Contemporary midwifery (meaning "with women") is all about women reclaiming their power, both for the labouring woman and for the midwife herself. Traditionally, women have laboured actively in upright positions attended by a midwife and other female family and friends, and this practice still continues in many traditional societies. It was only as recently as three hundred years ago that the French doctor Francois Mauriceau advocated childbirth in bed with the woman lying on her back. This recumbent position allowed a better view for the birth attendant and facilitated use of the forceps, also invented in France. However, aside from the obvious defiance of gravity, a number of recent studies have shown adverse effects, for both the mother and the baby, of birthing on a delivery table.

In our society today, childbirth is primarily under the control and responsibility of medical institutions, where pregnant and labouring women are called "patients" and birth is usually defined as a medical, if not surgical, procedure. However, growing numbers of women are now questioning the passive role demanded of women in contemporary maternity care, as well as certain modern labour and birth practices. These include the use of forceps, vacuum extraction, episiotomy, caesarean section, electronic fetal monitoring, periodic vaginal examinations, and the use of sedatives, oxytocin, analgesics and anesthesia during labour and delivery. Midwives, on the other hand, see pregnancy and labour as a normal life event which occurs within the life of a family. Midwives provide continuity of care, from conception to 6 weeks post-partum, and provide personal one-to-one support and care during labour. As such, midwives provide care that facilitates the natural process of labour, with the benefit of a relationship established during pregnancy. Furthermore, since midwives are experts in their field, they can provide a range of information which enables women to make informed decisions.

In New Zealand, there have been a number of health reforms in midwifery care over the last decade or so. In 1990 an Act of Parliament was passed permitting independent midwifery practice, and in 1995 direct-entry midwifery courses became available for people with no previous nursing training. In 2001 there were reported to be 1999 qualified midwives, including 160 with direct-entry qualifications. According to the Ministry of Health's Report on Maternity, 71% of New Zealand women had a midwife as their lead maternity carer (LMC), and about 85% of these births were registered by the midwife at the time of delivery. Unfortunately, over 80% of women in New Zealand are birthing at secondary or tertiary maternity units with specialized care, rather than at either a primary

birthing unit or at home. The World Health Organisation states that 80% of women should be able to have a normal birth with no intervention. Only 3.4% of the births registered by Statistics New Zealand cannot be accounted for by hospital deliveries, indicating possible births at home (the actual statistics for home births will be recorded in the future).

Portrait of a Home Birthing Team



Mother

Midwife

Student
Midwife

Author &
Daughter

Husband

Fortunately, women in New Zealand have a number of options for midwives as their LMC, including an independent midwife, a hospital midwife, or a midwife/general practitioner team. In contrast to the New Zealand situation, USA certified nurse-midwives (CNM) attend only 7% of all births; 96% of which are in hospitals, 2% in birth centers, and only 1% in the home. Another significant difference is the fact that midwifery care in New Zealand is subsidized by the government and, as such, is free to the general public, while in the USA private insurance reimbursement is required, and this is not even mandatory for midwifery care in some states. Even more surprisingly, it is actually illegal for midwives to practice in some states, such is the medicalisation of childbirth in the US.

In New Zealand, and the US, the percentage of normal (non-operative) vaginal births has declined to less than 70%, and the rates of caesarean sections are increasing every year, with 18% reported in 1997, 20% in 1999, 21% in 2000, and 22% in 2001. Furthermore, induction rates are high (28%), and epidural rates are greater than 50% in some regions of New Zealand (25% overall). The high caesarean rates appear to be linked to the high induction rates, but experts agree that caesarean rates of greater than 15% offer little extra advantage. Therefore, with encouragement and support by midwives more women

will hopefully trust their bodies own natural processes and deliver actively and naturally, including birthing in a non-medical setting such as their own home, thus reducing the high caesarean rates. Furthermore, midwives also tend to encourage and support a significantly greater proportion of successful vaginal births after caesarean section (e.g. 69% for midwives versus 25% national rate). Nevertheless, it is still important for midwives to have a good working relationship with obstetricians in case of medical emergencies that may threaten the life of the mother and/or the baby.

In New Zealand, maternity services need to be sensitive towards the issues surrounding the Treaty of Waitangi, including encouragement of Maori participation in providing maternity services and appropriate use of maternity services by Maori women. Pregnancy and parenting education is a critical source of information and needs to be targeted to Maori women, particularly as Maori women are more likely to have clinical risk factors. For example, one in three New Zealand babies is born to a woman who has smoked during pregnancy, and one in two Maori smoke cigarettes compared to one in four Pakeha. Thus, smoking cessation or reduction is the most important factor in improving Maori maternal health outcomes, and midwives can provide effective support if they receive appropriate training. Advice by midwives on appropriate diet, nutrition, and supplements (e.g. folic acid) during pregnancy would also benefit Maori maternal health outcomes.

New Zealand Maori tend to seek out Maori LMC as being more likely to provide them with appropriate care, as there is an expectation that these LMC will be able to provide information on traditional Maori birthing methods and help them incorporate this knowledge into their care. For example, Maori LMC use kaumatua (meaning "elder") support to assist them in Maori communities, or when challenged by mainstream services. However, the number of Maori nurse-midwives (7% of total) appears to be underrepresented when compared to the number of Maori women giving birth (19% of total). Since Maori women are more likely to have a midwife as their LMC, recruitment and retention of Maori midwives is important and will depend on the availability of collegial and kaumatua support. Midwives in New Zealand also need to be sensitive towards the issues of multi racial couples because of the possible differences in expectations of the birthing experience due to the different cultural backgrounds of the couple. Furthermore, there may also be important cultural beliefs and practices surrounding childbirth (e.g. ritual involving the placenta).

The importance of breastfeeding to both the mother and the baby is well known. In New Zealand in the 1920s over 80% of women were breastfeeding, however, this declined to only 47% in the 1960s. Today, approximately 80% of infants are being breastfed at six weeks, 70% at 11 to 15 weeks and 60% at four to six months. Many New Zealand mothers initiate breastfeeding in hospital, but many continue for only a relatively short time due to a number of negative initial hospital experiences, such as overworked staff, inconsistent advice, and lack of health care workers' skill, particularly in helping infants

latch on. Furthermore, Maori women are less likely to breastfeed than Pakeha women, and there is a relationship between early weaning and smoking relapse. Thus, due to continuity of care, properly trained midwives can provide advice and support with breastfeeding.

