# Examining the social construction of childbirth in Australia:

# The politics of power

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**CERTIFICATE OF AUTHENTICITY**

I hereby certify that this thesis has not already been submitted for any degree and is not being submitted as part of a candidature for any other degree.

I also certify that this thesis has been written by me and that any help I have received in preparing this thesis, and all its sources used, have been acknowledged.

Signature of Candidate ……

Date ……

## ACKNOWLEDGEMENT OF COUNTRY

I would like to acknowledge the traditional custodians of the Sydney region on which the University of Technology, Sydney stands – the people of the Eora nation. The Eora people are the traditional owners of this land and are part of the oldest surviving continuous culture in the world. I pay my respects to the spirits of the Eora people. I honour the ongoing cultural and spiritual connections to this country and endeavour to act with respect for the cultural heritage, customs and beliefs of all Indigenous people.

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I dedicate this work to all the childbearing women I have ever encountered, those who I am yet to meet, and to all the care providers who are working tirelessly to serve them. May we live and work with grace and with our eyes open.

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# LIST OF ABBREVIATIONS

ACM - Australian College of Midwives

AIHW - Australian Institute of Health and Welfare

AMA - Australian Medical Association

ANF - Australian Nursing Federation

ANMC - Australian Nursing and Midwifery Council

ANZCA - Australian and New Zealand College of Anaesthetists

ASIM - Australian Society of Independent Midwives

AYF- Australian Youth Forum

DHA - Department of Health and Ageing

EFM - Electronic Fetal Monitoring

GP - General Practitioner

HA - Homebirth Australia

ICM - International Confederation of Midwives

MC - Maternity Coalition

MSR - Maternity Services Review

NHMRC - National Health and Medical Research Council

OECD – Organisation for Economic Co-operation and Development

RACGP - Royal Australian College of General Practitioners

RANZCOG - Royal Australian and New Zealand College of Obstetricians and Gynaecologists

RCNA - Royal College of Nursing Australia

RDAA - Rural Doctors Association of Australia

# GLOSSARY OF TERMS

*Artificial Rupture of Membranes (ARM):* An intervention performed by a midwife or obstetrician which involves the intentional breaking of the membranes surrounding the fetus, releasing the amniotic fluid in order to induce or accelerate the progress of labour.

*Augmentation of Labour:* Accelerating the process of labour through ARM and/or the intravenous administration of an oxytocic drug to increase the frequency and strength of uterine contractions.

*Birth Centre:* A maternity care setting that offers a home-like environment (in terms of furnishings) but is usually located within or nearby a maternity hospital. This model of care commonly involves a small team of midwives attending the woman throughout her antenatal period, labour and birth. It is offered to women experiencing a low-risk pregnancy who wish to avoid unnecessary intervention in birth. If medical care is required the woman must transfer to regular hospital care.

*Caesarean Section (CS):* An obstetric operation involving extraction of the fetus from the uterus via an incision made in the abdominal and uterine walls.

*Cardiotocography Machine (CTG):* An electronic form of external monitoring of the fetal heart rate and maternal uterine contractions via an ultrasound monitor strapped to the woman's abdomen. This provides graphical correlation between fetal heart rate and maternal uterine contractions and is commonly used to assess fetal wellbeing in both pregnancy and labour.

*Electronic Fetal Monitoring (EFM):* A method of examining the condition of a baby in-utero by noting any unusual changes in its heart rate. EFM can be utilised either externally via CTG or a handheld Doppler, or internally via a fetal scalp electrode attached to the fetal skull.

*Homebirth:* When a woman plans to give birth at home and is attended by a registered midwife or midwives of her choice. The woman will also receive antenatal and postnatal care from her midwife/midwives at home.

*Induction of labour (IOL):* An intervention used to initiate the process of labour prior to spontaneous onset. Methods of induction include the use of prostaglandin gel to soften the woman's cervix, ARM, and the intravenous administration of oxytocic drugs to create uterine contractions.

*Instrumental birth:* The use of an obstetric instrument such as forceps or vacuum extraction by an obstetrician to expedite the process of vaginal birth.

*Normal birth:* Sometimes used interchangeably with the term *vaginal birth* which simply refers to a fetus being born through the vaginal passage, whether obstetric intervention occurred or not. Truly normal birth only occurs when a woman gives birth without the use of induction, augmentation, instruments, epidural or spinal anaesthesia and without caesarean section.

*Ultrasound Scanning (USS):* Also known as *ultrasonography,* ultrasound scanning is a radiological technique involving the use of ultrasonic waves directed into the tissues to allow visualisation of the deep structures of the body. Used commonly in obstetrics to confirm pregnancy and estimate gestation, locate the placenta, estimate fetal size, weight and maturity, and identify fetal abnormalities.

## ABSTRACT

*Background:* In 2008, a national review of maternity services was commissioned by the Australian Government. A number of significant reforms to the funding, organisation and delivery of maternity services were proposed with the stated intention of improving women's access to high quality, safe maternity services. A community consultation process was undertaken as part of The Review, inviting interested parties to comment on the proposed reforms. Over 900 individuals and professional organisations responded.

*Aim:* The aim of this study was to uncover the perceptions, beliefs and meanings associated with childbirth held by the key stakeholders in Australian maternity care.

*Methods:* Discourse analysis was chosen as the methodology for this project as it enabled examination of the unspoken or hidden messages in the data, paying particular attention to the construction of childbirth and the manifestation of power relations. The data set comprised of 11 submissions from peak professional and consumer bodies to the National Maternity Services Review (MSR).

*Findings:* The expression of, or desire for, power and control was found to be the major discourse underpinning all of the submissions analysed. In the context of maternity service reform, this discourse confirmed the existence of fundamentally different constructions of childbirth by the key stakeholders. This resulted in diverse opinions on how maternity services should be managed and operationalised. A discourse of risk and safety was used by the peak medical bodies to argue against the majority of proposed reforms. In contrast, peak nursing, midwifery and consumer groups used language that constructed childbirth as a normal life event. As such, submissions from midwifery, nursing and consumer groups demonstrated

strong support for the Government's reform agenda, arguing for a new vision for the future of maternity care that placed the childbearing woman at the centre of care.

*Discussion:* A clash of ideologies was evident amongst the key stakeholders in Australian maternity care. The fundamentally different constructions of childbirth possessed by obstetricians and midwives (supported by nurses and consumers) support the notion of 'turf wars' in the maternity care system. Whilst midwives and obstetricians already work together collaboratively, it appears that their interactions are often underpinned by the 'politics of power'. The findings of this research raise important issues around power and control in childbearing. They raise questions about women's right to have control over their bodies in childbirth – including decisions about their most suitable care provider, model of care and intended place of birth. As long as the struggle for power underlines the actions of care providers, women will not truly be at the centre of maternity care.

*Conclusion:* Understanding the different ideologies inherent in the professional and public discourses of childbirth provides insight into how each party can work together more effectively to ensure the delivery of high quality maternity services for Australian women. The encouragement of professional courtesy in practice would go some way in ameliorating the 'politics of power' that underpin maternity care providers' interactions. Changes to the way medical and midwifery students are educated, including greater exposure to normal birth, is required. Further research into the socio-cultural meanings associated with birth is warranted as developing greater awareness of the different constructions of childbirth supports harmonious relationships between maternity care providers.