Rhetoric and Reality:
Narrowing the Gap in Australian Midwifery

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Certificate of Authorship and Originality

I certify that the work in this thesis has not been previously submitted for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have had in my research work and in the preparation of the thesis itself has been acknowledged. In addition, I certify that all the information sources and literature used are indicated in the thesis.

Signature of Candidate

Nicky Leap

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Abstract:

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This study draws on multiple modes of expression in texts that have been generated by my experience of midwifery development since I moved from England to Australia in early 1997. The Professional Doctorate in Midwifery at the University of Technology, Sydney (UTS) has enabled me to produce and study my work as a midwifery practitioner, researcher, educator, writer and activist and to engage in a process of scholarship that both informs and is generated by practice. This has allowed me to analyse the complex issues that I, and other midwives in Australia, face as we strategise to narrow the gap between our ideals and the realities of the professional and political constraints that challenge midwifery. The study analyses the rhetorical communications I have employed as both carriers of 'vision' and 'means of persuasion' and the deliberate strategies to make changes that I believe will benefit childbearing women.

My portfolio challenges me and others, to explore how we are able to identify, enact, and convince others of the emancipatory potential of midwifery. Rhetorical innovations are therefore linked to the exposition of woman centred midwifery care; an overall goal being to enable situations in which women can experience the potential power that transforms lives, through their experiences of childbirth. In the process, I aim to produce new knowledge that will equip midwives to understand practice, policy and political situations and see new possibilities for responding and taking action.

I have analysed and explained my work using a framework appropriated from rhetorical theory and drawing on a range of feminist perspectives. This involves identifying and critiquing the rhetorical innovations that I have used when trying to create possibilities and persuade others of the value of midwifery and the need to make changes happen in practice, education and regulation. My study analyses the rhetorical nature of my own work as presented in my portfolio in a range of carefully selected texts that I have authored during my candidature. These include journal and newsletter articles, conference papers, research activities, policy submissions, education and training materials, the development of midwifery standards, formal and informal communications, and other documents, all aimed in one way or another at the rhetorical strategy of stimulating interest and action. The portfolio texts that arise from this work form the empirical data that is studied. However, in varying ways these texts elicit understandings about the rhetoric and reality of Australian midwifery and the deliberate strategies that are employed by midwives to make changes

that will benefit childbearing women. They therefore stand in their own right as contributions to the thesis with their own discursive and epistemological intent.

The reflexive process employed in this thesis highlights comparisons between what is being positioned as the potential of midwifery with what is also presented as the reality played out in contemporary Australian maternity service provision and in midwifery education and regulation. The thesis weaves its way around the portfolio documents, attempting to bring to life and discuss the culture in which rhetorical innovations and intentional strategies are aimed at narrowing the gap between 'rhetoric and reality'.

Prologue

> Re-vision — the act of looking back, of seeing with fresh eyes, of entering an old text from a new critical direction – is for women more than a chapter in cultural history: it is an act of survival. (Rich, 1977 p.35).

In the feminist tradition of making sense of our worlds through sharing experience and ideas through story telling, I shall begin by explaining briefly the journey that led me to enrol in the Professional Doctorate of Midwifery at the University of Technology, Sydney.

I moved to Australia from England in early 1997 in order to continue to co-parent my youngest child and to start a new life alongside Australian members of my family. I had been coming and going to Australia for twelve years and had a reasonable understanding of the differences in midwifery and the organisation of maternity care in the two countries. I was not hopeful that I would be able to find a place in the Australian midwifery community. For a start, there were serious doubts about whether I would manage to get registered as a 'direct entry' midwife who had never been a nurse. Through the immigration process, the Australian Nursing Council (ANC) had warned me that my qualification was not recognised in Australia, that 'Nurses Boards' in Australia only issued a midwifery practising certificate as an addition to a 'Registered Nurse' (RN) registration. As I shall explain later in this thesis when I discuss the various challenges associated with Australian midwifery's relationship with nursing authorities, the doubts raised by these warnings were not unfounded.

Even if I were to manage to get registered – which I did eventually, ironically as a 'RN restricted to practise midwifery' – I could not envisage how I might practise in Australia. I was mindful that this was a country where approximately one third of pregnant women choose private obstetricians for their care; where midwives in private hospitals and most rural health services do not provide antenatal care and have no opportunity in these settings to do other than 'labour sit' women under 'doctor's orders' and call the medical practitioner to come and 'catch the baby'. I knew that few midwives in the public health service were able to offer continuity of care; that community midwifery and postnatal home visiting were not seen as an essential part of mainstream service provision; and that there were no publicly funded home birth services.

In England, I had been a member of a committed midwifery group practice, the first group of self-employed midwives to 'contract in' to the National Health Service. We were acknowledged in the

ground breaking government document, Changing Childbirth (Department of Health, 1993) as the 'cutting edge' example of what could be achieved in terms of offering disadvantaged women 'choice, control and continuity of care' in a community based midwifery group practice. Whilst working autonomously, providing care for women from booking through to four weeks following birth, we had developed collaborative relationships with obstetricians and midwives in local NHS hospitals as well as with a range of community based practitioners and agencies. Through our policy of 'decision making in labour', over 70% of the women in our care gave birth at home. These were not women who would ever have envisaged the joy of giving birth in the comfort and safety of their own homes. We achieved what some of us in the community of childbirth activism had been working towards for many years. I could not imagine a more fulfilling and purposeful way to work and live my life.

While contemplating moving to Australia, I found the thought of working 'shifts' in a hospital maternity unit depressing. To work independently outside of the health system and charge women for home birth services, in what was often seen as a stereotyped 'alternative life-style' choice for the marginalised few, was also not an option I felt I could happily embrace. I contemplated a career change and had serious intentions to pursue taking my midwifery skills into the comparable world of palliative care and undertaking. As I had discovered when studying midwifery history (Leap & Hunter, 1993; Richardson, 1982), there was a long and noble history of the local midwife, 'the woman you called for' when someone was either being born or dying, 'seeing you in and seeing you out'. It seemed a logical and positive way to go.

Soon after I moved to Australia, a chance meeting at a social gathering changed the course of my life and put paid to any ideas I had of becoming an undertaker. Professor Judith Clare, Dean of Nursing at Flinders University in South Australia had lived through the radical developments in New Zealand midwifery in the previous decade. She had a vision that the School of Nursing at Flinders University could lead the way in bringing people together from across Australia to develop widespread, publicly funded midwifery models of care and a three year Bachelor of Midwifery. She invited me to come to the university and be part of making that happen. She dismissed my protests that I was not an academic and almost convinced me that my view of the potential of an academic career was extremely limited and old fashioned. To my surprise, she was right on both counts. I had always written and spoken at conferences about my work and was not a stranger to teaching and developing midwifery practice. Such activities were an essential part of being a practising midwife engaged in the politics of midwifery in the UK. Through Judith's support I expanded my capacity to teach, write research proposals, submissions and curriculum documents. She pointed me in the direction of working with others to bring together key people from across Australia, in the morale boosting activity of running a conference. The aim was to identify all the innovative midwifery continuity of care models that were already happening. Later, Judith encouraged me to lead a

national collaboration to develop the introduction of Australia's first three-year Bachelor of Midwifery courses.

Thus began my new midwifery life in Australia. This study explores how I have come together with others and incorporated activism in a range of midwifery activities. The portfolio reflects this journey. I trust that I have been able to do justice to the vision, passion, skills and determination of many Australian midwives and colleagues who manage to 'persuade' others of the value of midwifery; who create possibilities and achieve extraordinary changes that would often seem impossible, given the inherent power imbalance of our worlds.