

**THE INVISIBILITY OF MIDWIFERY –
WILL DEVELOPING PROFESSIONAL
CAPITAL MAKE A DIFFERENCE?**

by Patricia Brodie

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requirements for the degree of**

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CERTIFICATE OF AUTHORSHIP / ORIGINALITY

I certify that this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements 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 received in my research work and the preparation of the thesis itself has been acknowledged.

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ABSTRACT

Serious questions need to be asked about the current status of midwifery in Australia. This doctorate examines the lack of recognition of midwifery as an autonomous profession and its consequential invisibility in Australian maternity care.

Despite the significant amount of evidence that continues to accumulate to support the expansion of midwifery models of care, such changes have not been widespread in Australia. An examination of international, national and local health policy and strategic direction in maternity services, together with a critique of contemporary Australian midwifery and the role of the midwife within the public health system, provide the rationale and context for the study. The 'case' for introducing improved systems and models of maternity care is developed with regard to the evidence for increasing the utilisation of midwifery. The doctorate argues for greater visibility and recognition of midwifery in Australia with a focus on the role of midwifery leadership and its potential to improve collaboration.

A number of case studies report experiences and insights of leadership and collaboration across different contexts: clinical practice, organisation of health services and health policy leadership in maternity services. The result is a comprehensive understanding of the reasons for the lack of visibility of midwifery and the potential costs of such a situation continuing. The exploration of this situation highlights the barriers to recognising and acknowledging midwifery itself.

Attention is drawn to the continuing lack of voice and visible leadership in Australian midwifery, with midwives being absent from decision-making in situations where others, predominantly nurses and doctors, speak 'for' them.

This work examines the barriers to midwives forming alliances and working to influence government agendas at the social, organisational and political level. Exploration of the power structures and hierarchical constraints that exist reveals particular barriers and highlights what is needed to address the impending decline of the profession in Australia.

The enhanced capacity that midwives would experience if their work were to be understood, recognised and valued in the provision of maternity services in Australia, is postulated through the development of a construct called 'professional capital'. Drawing on several theoretical perspectives, it is argued that the notion of 'professional capital' is dependent on a strategy of focused and deliberate

leadership and collaboration within maternity services and the creation of positive social networks and affiliations amongst midwives.

Professional capital would enable greater visibility and recognition of midwifery and a more effective midwifery contribution to maternity services. It is suggested that improved professional and societal recognition will ultimately enhance the professional performance and self image of midwives. Such developments will enable new and effective ways of supporting and strengthening inter-professional relationships and systems of care that will, in the long term, improve the outcomes and experiences of women who access maternity services.

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Midwifery is my life. The fact that I have been educated, enriched and nurtured in a myriad of ways by my work is both a gift and a privilege. Midwifery has also brought me priceless gifts in the form of life long friendships and opportunities. One of those opportunities was the chance to study my work.

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