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

by Patricia Brodie

A Professional Doctorate submitted in partial fulfilment of the requirements for the degree of

DOCTOR OF MIDWIFERY

UNIVERSITY OF TECHNOLOGY, SYDNEY
DECEMBER 2003
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.

In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of candidate
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.
ACKNOWLEDGEMENTS

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.

The opportunity to undertake the doctorate came about because of the vision, passion and commitment that many people shared, to create a ‘better’ midwifery in our part of the world. The Professional Doctorate in Midwifery is the first of its kind anywhere and the University of Technology, Sydney [and midwives everywhere] have Professor Jill White to thank for her inspired idea and her dedication to see it introduced. With the support and expertise of many, including Mary Chiarella, the ‘Prof Doc’ created the chance for those of us supposed ‘non-academics’ in practice to apply our skills to those scholarly and intellectual pursuits that we knew were important for the ‘cause’ of improving midwifery. I will never forget the excitement of joining with a group of midwifery rebel friends from Australia and New Zealand in the first ‘prof doc mid’ school. My thanks go to Jill and those ‘movers and shakers’ in midwifery for getting us going. I trust that the combined effects of our work justify the efforts of so many.

The chance to complete the Professional Doctorate through full time study was also made possible by the ‘Australian Midwifery Action Project’ (AMAP), which was funded by the Australian Research Council and five industry partners. I doubt that I would have given up my rewarding practice and paid employment without such a fortuitous opportunity.

Professor Lesley Barclay was one of the visionaries who knew that the Prof Doc could produce outcomes that, ultimately, would lead to improvements in midwifery and maternity care. Accolades for what Lesley has provided for me over the term of my academic studies as my first supervisor, and leader of the AMAP project, are beyond measure. She turns work around in record time with judicious advice and commentary, as if it is her most important priority. She fulfils her own very large professional work commitments, often across several countries at once, in a long-standing passionate campaign, using her leadership to improve maternity and health care for women and families. Her ‘output’, as well as the number of students she can support, often with scant resources, are testaments to her skills and her dedication. I am deeply thankful that I was one of the many students that she
sustained through periods of apathy and despair and that she saw me through to completion.

As second supervisor, Christine Duffield engaged with me and my work and provided skilful insights and advice that tightened the structure, the flow and the arguments. As a leader and highly respected nurse academic she challenged me to put forward my ‘truths’ about midwifery, which made for a fertile testing ground for my ideas. I thank her also for her support and show of faith in encouraging me to finish the work and for giving up her holiday time to fit in with my timeframes for completion.

No doctoral study can be completed alone. Whilst there have been times when it felt lonely, isolated and endless, I have always known that my support team would see me through to completion. The times when I was certain that it could not be done were always offset by the cheer squad on the sidelines saying, ‘Yes you can’.

Many midwifery friends and colleagues have supported me for the entire period of my doctoral studies. All of them give much ‘free’ time to fighting for midwifery in this country. I trust that, as activists and leaders, they can share any positive effects that might flow from this work. They all have played a part in keeping me on track, feeding me, giving me space to think or write, doing tasks and attending meetings for me, reassuring me, pushing me, and sometimes helping me play a little so that I did not forget what life was about. Caroline Homer, Sally Tracy, the ‘two Sues’ [Kildea and Kruske], Hannah Dahlen, Vicki Wilde and Lyn Passant, have been solid and unswaying in their belief that I would finish this ‘dog’ of a doctorate and that I would get back to having time for precious friendships again. Thank you to my midwifery sisters.

Two people require special mention for having given me rooms in their homes to hide away and concentrate on writing. Caroline Homer and Diana Caine both made sure that I did get the essential writing and thinking space when it seemed elusive. I am grateful for this gift and for their generous friendship and support. Caroline gave up valuable time to read drafts and provide thorough critique that assisted my thinking.

Being researcher on the AMAP project also gave me the gift of working alongside Sally Tracy for three years. I have learnt much from this clever, witty, anarchist who tolerated my pedantic desire for ‘process’ when the stakes were high and time was
short. Lets hope Australian midwifery can retain her for some more years yet before
she heads back across the ditch.

Staff and colleagues at the Centre for Family Health and Midwifery at UTS, including
Virginia Schmied, Margaret Cooke, Athena Sheehan, Lizzie Nagy, Kim McEvoy, and
in particular, Ruth Worgan and Priya Nair, have always been generous with their
time and expertise. No matter what my request for help might have been, there was
never a hint of anything but a ‘can do’ approach, for which I am grateful.

Friends and family must have wondered if I would ever return to any sense of
normality. Four years of much travelling around the country for work, and many anti
social periods where I have ‘chosen’ to forego time with them over weekends,
holidays and casual evenings out, will take some catching up on. I promise to return
and I thank you for bearing with me for so long.

There are experiences shared in the doctorate that reflect contact and engagement
with many women, midwives, doctors and nursing leaders. They are the subjects of
this work. From them I have learnt so much. Women in pregnancy, labour and
childbirth provide the inspiration and reason for why we must continue to improve
midwifery in Australia. Ensuring that they can freely choose midwifery must be the
cornerstone of future care. Midwives all over the country have contributed and
enthused about the value of the work in making midwifery visible and I am grateful
for the myriad of their contributions.

Several midwifery and nursing leaders have inspired me and challenged my thinking
over the years. Some of them will see themselves nestled within this doctorate.
They are brave women who pushed the boundaries and addressed the many
barriers that kept emerging as we sought changes to systems of care. Judith
Meppem, Di Goddard, Chris Cornwell and Jo Wills deserve special mention for their
long-standing belief in midwifery. They put aside their personal beliefs [about
whether midwifery is or isn’t a ‘part’ of nursing] and championed the evidence-based
arguments for reforming maternity care that required greater recognition of
midwifery as a profession in its own right. Many women and midwives will benefit
from their leadership in the years ahead.

Lastly, I am certain that I could not have completed the work or survived the many
professional and personal struggles that I have experienced, without the sustained
presence of my life partner Nicky Leap. As an activist, a leader and a midwifery
champion, she inspires and encourages me to continue when it all feels too much.
Alongside this are the many gifts that she brings that ensure my personal survival and my sanity. She is my greatest support, my best friend and my soul sister. Thank you.

I would like to dedicate my doctorate to my mother. She always wanted to be a nurse but her family could not afford for her to obtain an education. She raised five children, never owned her home and saw her many grandchildren as some of her greatest achievements in life. Since my first day of nursing, she has been my biggest fan. Over the years, she could be heard proudly telling anybody who would listen that I was a ‘Sister’ and that some day she was sure I would become a ‘Matron’. Sadly, her dementia has taken her away from me far too early. But I know that she would think that having a daughter who was a ‘Doctor of Midwifery’ was just as good as being a ‘Matron’. This is for you Mum.
# TABLE OF CONTENTS

CERTIFICATE OF AUTHORSHIP / ORIGINALITY ........................................ii

ABSTRACT ........................................................................................................ iii

ACKNOWLEDGEMENTS .............................................................................. v

## 1.0 PROLOGUE ......................................................................................... 1

## 2.0 BACKGROUND TO THE STUDY .................................................... 10

2.1 AUSTRALIAN MATERNITY CARE ....................................................... 10

2.2 INTERNATIONAL HEALTH POLICY STRATEGIC DIRECTIONS ...... 12

2.3 SOCIAL INFLUENCES ON MATERNITY CARE AND MIDWIFERY ...... 14

2.4 MIDWIFERY AS PRIMARY HEALTH CARE .................................... 17

2.5 NATIONAL AND STATE GOVERNMENT HEALTH POLICY ............ 18

2.6 THE ROLE OF THE MIDWIFE IN AUSTRALIA ................................. 24

2.7 THE AUSTRALIAN MIDWIFERY ACTION PROJECT ...................... 26

2.8 LITERATURE REVIEW ........................................................................ 29

2.8.1 The Benefits of Midwifery ............................................................ 30

2.8.2 Continuity of Midwifery Care ....................................................... 33

2.9 RATIONALE FOR INCREASING THE STATUS OF MIDWIFERY ...... 36

2.10 SUMMARY ......................................................................................... 37

## 3.0 SECTION ONE - CONFIRMING THE PROBLEM ................................. 40

3.1 STUDY ONE – THE MIDWIVES’ VOICES ......................................... 40

3.1.1 Context .......................................................................................... 40

3.1.2 Literature Review ......................................................................... 40

3.1.3 The Midwives’ Voices Study ....................................................... 42

3.1.4 The Midwives’ Voices Publication ............................................ 46

3.2 STUDY TWO – LACK OF VISIBILITY IN REGULATION............... 55

3.2.1 Introduction ................................................................................ 55

3.2.2 Context ....................................................................................... 55

3.2.3 The Regulation Publication ....................................................... 58

3.2.4 A Challenge to the Authors of the Study ................................. 72
4.3.5 Aim ......................................................................................................................... 162
4.3.6 Method..................................................................................................................... 162
4.3.7 Results .................................................................................................................... 163
4.3.8 Conclusion .............................................................................................................. 164

4.4 CHANGING OUTCOMES: COLLABORATING TO MAKE MIDWIFERY VISIBLE - THE 'ALSO' EXPERIENCE ......................................................... 166
4.4.1 Introduction ............................................................................................................. 166
4.4.2 Aim ......................................................................................................................... 167
4.4.3 Method .................................................................................................................... 167
4.4.4 Results .................................................................................................................... 169
4.4.5 Discussion .............................................................................................................. 169
4.4.6 Conclusion .............................................................................................................. 171

5.0 SECTION THREE: PULLING IT ALL TOGETHER - DEVELOPING PROFESSIONAL CAPITAL THROUGH LEADERSHIP ......................... 173
5.1 INTRODUCTION ......................................................................................................... 173
5.2 BACKGROUND ......................................................................................................... 174
5.3 LITERATURE REVIEW .......................................................................................... 174
5.3.1 Leadership theories ............................................................................................. 174
5.3.2 Approaches to understanding leadership .......................................................... 175
5.3.3 Leadership in Midwifery ..................................................................................... 181
5.3.4 Organisational Culture: Medical Control ........................................................... 182
5.3.5 Theories on collaboration .................................................................................... 184
5.3.6 Collaboration within organisations ..................................................................... 187
5.3.7 Collaboration across professional boundaries .................................................... 188
5.3.8 Purpose and effect of collaboration .................................................................... 191
5.3.9 Collaboration and inter-dependence ................................................................... 194
5.3.10 Why collaborate in maternity care? .................................................................. 195
5.3.11 The importance of trust .................................................................................... 198
5.3.12 Theories on trust .............................................................................................. 200
5.4 Professional Capital ................................................................................................ 203
5.5 Conclusion ............................................................................................................... 206
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.0</td>
<td>EPILOGUE</td>
<td>210</td>
</tr>
<tr>
<td>7.0</td>
<td>REFERENCES</td>
<td>214</td>
</tr>
<tr>
<td>8.0</td>
<td>APPENDICES</td>
<td>231</td>
</tr>
<tr>
<td>Appendix A</td>
<td>The AMAP ‘graffiti sheet’ survey</td>
<td>232</td>
</tr>
<tr>
<td>Appendix B</td>
<td>List of the towns, cities and regional locations from which the AMAP ‘graffiti surveys’ were received.</td>
<td>233</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Terms of reference for the three organisations in Case Study Two</td>
<td>234</td>
</tr>
<tr>
<td>Appendix D</td>
<td>The NSW Framework for Maternity Services</td>
<td>237</td>
</tr>
<tr>
<td>Appendix E</td>
<td>Submission to the NSW Health Department for the Review of the Nurses Act 1991</td>
<td>268</td>
</tr>
<tr>
<td>Appendix F</td>
<td>President’s Reports 1999 TO 2003: Leading the Profession – making midwifery visible</td>
<td>288</td>
</tr>
<tr>
<td>Appendix G</td>
<td>Range of media activities that sought to raise the profile, recognition and status of midwifery</td>
<td>304</td>
</tr>
<tr>
<td>Appendix H</td>
<td>Conference papers and seminars on leadership and collaboration</td>
<td>309</td>
</tr>
<tr>
<td>Appendix I</td>
<td>Models of Maternity Service Provision Paper</td>
<td>311</td>
</tr>
<tr>
<td>Appendix J</td>
<td>ALSO Australia - a collaborative approach to promoting safe maternity care</td>
<td>331</td>
</tr>
<tr>
<td>Appendix K</td>
<td>Australian Midwifery News – a Nurses and Midwives Act announced</td>
<td>332</td>
</tr>
</tbody>
</table>