

The Politics of Practice.
Case-loading midwifery practice in New Zealand

Deborah Davis
Doctor of Philosophy
2006

Certificate of Authorship/Originality

I certify that the work in 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

Production Note:

Signature removed prior to publication.

.....

Acknowledgements

I appreciate now more than ever the profound complexity of midwifery work and continue to be astounded by the passion and commitment that many midwives bring to midwifery and maternity care. This passion and commitment is evident in the contribution of the midwives participating in this study. I am extremely grateful to these midwives for participating and for so generously sharing their time, stories, and experiences.

I'd like to thank Otago Polytechnic Research and Development Committee for grants that assisted with the costs of conducting this research and the University of Technology, Sydney for a postgraduate scholarship that allowed me the luxury of studying full-time during 2005. Thank you also to Otago Polytechnic and my colleagues, for enabling me to take 2005 away from full-time employment. I am also grateful for the copy edit and proof reading services provided by Richard Gyde from Editwrite.

As I come to the end of this journey I am beginning to truly realise the opportunity that a PhD offers. I may never again have such access to or guidance from the amazing scholars that have supported and mentored me during this time. Lesley Barclay supported me through much of the study and I would like to thank her for trusting that I would find my way and for trusting me to work as independently as I like to/need to. Thank you also to Virginia Schmied who co-supervised this study. I very much appreciated the breadth of her knowledge, her careful readings of my work and her always helpful and constructive feedback.

My sincerest gratitude is extended to Kim Walker, who supervised this work in the later yet critical stages. I am profoundly grateful for the knowledge and skill he brought to this thesis. His critical eye identified the problems that I knew were there but hoped he wouldn't notice, those I almost knew were there but couldn't articulate and those I didn't even know were there. He challenged and extended me; making me a better scholar and this work a better thesis. Kim always managed to strike a balance between

criticisms and praise so that I was left with enough motivation to carry on. I am grateful also for the way that he was receptive and attentive to my ideas and arguments.

My colleagues in the School of Midwifery at Otago Polytechnic have been a constant source of support, stimulation, and enjoyment. I am thankful that they are the generous, passionate and wonderful women that they are and I am privileged to enjoy their support and friendship. A special thanks to Sarah who took full responsibility for maintaining my social life during this period and for being such a invariable source of entertainment and fun.

Thank you also to my daughter Kahlia, who enchants, challenges, amuses and delights me. My thanks to her for tolerating a mother who is often over-committed and sometimes expects too much. Finally, I am grateful for my family who have supported and loved me always.

Table of Contents

<i>Acknowledgements</i>	<i>ii</i>
<i>Abstract</i>	<i>viii</i>
<i>Chapter 1: Introduction</i>	<i>1</i>
<i>Chapter 2: Mapping the Landscape</i>	<i>7</i>
Introduction	7
Colonising New Zealand	7
Colonising childbirth: The rise of medical intervention in New Zealand	8
Childbirth Knowledges	11
The consumer/midwife backlash	12
Neo-liberal politics	14
Partnership and professionalisation	16
Birthing places	18
Theorising midwifery practice.....	23
Conclusion	25
<i>Chapter 3: Charting the Course</i>	<i>27</i>
<i>3.1. A feminist, poststructural approach to research</i>	<i>27</i>
Introduction	27
Foucault and Feminism	27
Foucault's genealogy	28
Discourse	29
Power, knowledge nexus	30
Body politics.....	31
The biological and essential body.....	32
Foucault's bodies; the first wave	34
Foucault's bodies; the second wave.....	37
Knowledgeable bodies / bodies of knowledge	42
The body reborn as a different body	44
Conclusion.....	47
<i>Charting the Course</i>	<i>48</i>
<i>3.2. A feminist research design</i>	<i>48</i>
Introduction	48
(Re)presenting the research process	48
Ethics Approval	50
Focus groups and interviews	51
Official texts	53
Feminist research.....	54
Politically motivated and interested research	55
Researcher and the researched.....	57
Analysis	60
Conclusion	62

<i>Chapter 4: Exploring the Terrain</i>	64
<i>4.1. Body politics and the biomedical discourse of childbirth</i>	64
Introduction	64
Scientific rationality	65
Gendered knowledge	67
Rise of medicine in New Zealand.....	70
Risk and surveillance	72
Control and efficiency.....	76
Marking time	79
Agency.....	83
Conclusion.....	86
<i>4.2. Body politics and the natural childbirth discourse</i>	88
Introduction	88
Emerging discourses of resistance: natural childbirth and feminism	89
Natural discourse of childbirth	91
Aligning midwifery and natural childbirth.....	92
Natural midwives.....	95
Childbirth as holistic and embedded in a social context	96
Physiology rather than pathology	98
Intervening – naturally	100
Reclaiming the natural body.....	101
The natural body of biomedicine	101
The natural body in the natural childbirth discourse.....	102
Fluid fence lines.....	103
Constructing natural, normal and abnormal	107
Shifting sands.....	107
Normal or natural?	109
Whose normal?	110
Midwives and normal birth.....	111
Conclusion.....	114
<i>4.3. Body politics and the neo-liberal discourse of childbirth</i>	116
Introduction	116
Waning welfare and neo-liberal politics.....	117
From employment to enterprise.....	118
From patient to consumer	121
Empowerment and responsibility	123
Consumer choices: market driven or disciplined?.....	127
Individualising health.....	127
Wellness as a virtue.....	129
The consumer mirage.....	131
Governmentality	133
Governing choices.....	133
Conclusion.....	136

<i>Chapter 5: A Place to Stand.....</i>	<i>138</i>
<i>(Re)-Making midwifery and the professional midwifery discourse</i>	<i>138</i>
Introduction	138
Marginalised midwifery	138
Aligning midwifery with women	141
New Zealand College of Midwives	144
Codifying the midwifery of the mavericks.....	145
Oppositional politics.....	146
NZCOM: Speaking for and of midwifery	147
Midwifery as partnership.....	149
Contracting and regulating partnership	157
Midwives talking midwifery	159
Independence and autonomy	159
Woman-centred care	161
Continuity of care	162
Conclusion	171
<i>Chapter 6: Landscapes of Practice.....</i>	<i>173</i>
<i>6.1. The politics of place.....</i>	<i>173</i>
Introduction	173
Theorising space and place.....	174
Dichotomous Spaces/Places	176
Home and Hospital.....	178
The inside out: constructing gendered spaces	180
(Re) placing childbirth: from home to hospital	181
Hybrid birth spaces	184
Midwives' use of birthing places.....	186
Safe and risky places.....	188
Public and private places within the obstetric hospital	191
The outside in: En(gendering) midwifery and maternal bodies	194
Space, place and midwifery practice.....	196
The obstetric panopticon	197
The hawk overhead	198
The hound at the door.....	203
Bringing midwives into line	207
Conclusion.....	209
<i>6.2. The politics of practice</i>	<i>211</i>
Introduction	211
Differently positioned midwives and women.....	211
Traversing places and making spaces.....	214
Making space.....	216
Using the system.....	221
Constructing neo-liberal subjects.....	223
The normalising gaze.....	226
Gendered midwifery subjectivities	228
Disrupting the obstetric gaze	232
Border patrol.....	239
Working the margins.....	244
Conclusion.....	247

<i>Chapter 7: With an eye on the horizon</i>	248
<i>Nomadic midwives? Where to from here?</i>	248
Introduction	248
Em(Placed) birth.....	250
Midwives making space	253
Nomadic midwives blurring boundaries.....	257
Conclusion	266
<i>Appendices</i>	267
Appendix A. Participant consent form	267
Appendix B. Ethical approval from the University of Technology, Sydney.....	268
Appendix C. Ethical approval from Otago Polytechnic Ethics Committee	269
Appendix D. Ethical approval for amended recruitment strategy	270
Appendix E. Geographical Spread of Participants	271
Appendix F. Schedule of interviews.....	272
<i>References</i>	273

Abstract

In their daily work case-loading midwives traverse place. They visit childbearing women or attend childbirth in women's homes and they may spend time in clinics or a variety of birthing facilities including smaller primary birthing units or larger obstetric hospitals. They spend their days engaging with childbearing women, their family or supporters and with obstetric, other professional or midwifery colleagues. As they move across place and between people, they traverse a variety of physical places and discursive spaces.

Midwives journey into the intimate space of the childbearing woman attempting to understand their subjective experience and the way that this pregnancy and childbirth is situated within the landscape of their life world. They travel with this understanding as they negotiate other spaces; the biomedical space of the maternity context and obstetric hospital and the spaces of their own constructions of childbirth. This movement points to the complexity of midwifery practice. As midwives traverse a variety of discursive frameworks they must negotiate multiple and sometimes competing meanings and interests. The obstetric hospital setting provides midwives with particular challenges as they work to create, maintain and protect the birthing space of the women in their care. Ultimately midwives work to create a space for birthing that is perhaps unique to each midwife/woman pairing.

Using a poststructural feminist approach, this thesis explores the discursive construction of case-loading midwifery in New Zealand. Midwives are often described as "guardians of normal birth" and this thesis argues that this is a constructed, strategic position rather than an ontological given. The practice of case-loading midwives within the obstetric hospital provides a focus, exposing the contested nature of maternity care and illustrating the way that midwives negotiate this contested terrain.