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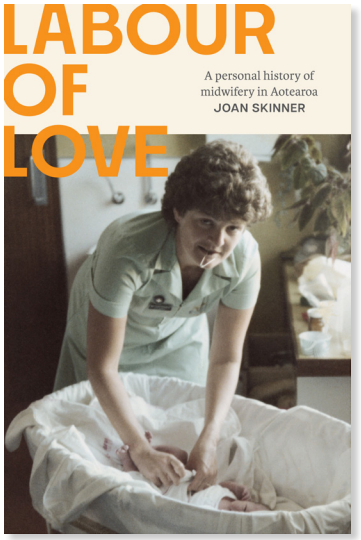
Labour of Love

A personal history of midwifery in Aotearoa

JOAN SKINNER



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WARM, RICHLY DETAILED AND SOMETIMES SHOCKING

Joan Skinner has been a midwife since 1976 and has seen extraordinary change, both in the way women are supported to give birth and in the social and political context in which they become mothers.

Labour of Love weaves her own experiences as a midwife into the story of childbirth in Aotearoa: the increasing emphasis on technology and risk management, the return of midwifery autonomy, the re-acceptance of birth at home, and efforts to create birthing centres embedded in the communities they serve. It also describes her more recent work supporting the development of midwifery internationally, especially in countries across Asia, including Afghanistan and North Korea.

Warm, engaging and important, *Labour of Love* is a story of a woman at her work, holding together the complexity of living and the growth of skill and wisdom. It is a reflection of what it means to be a midwife and a story of the fundamental connections that are made where living begins.

ABOUT THE AUTHOR

Joan Skinner is a long-time midwife and worked as a researcher as well as a practitioner. Her many articles on a range of midwifery issues are frequently cited, and she is well known in midwifery circles as a leading advocate of home birth. In 2019 she completed at master's in creative writing at the International Institute of Modern Letters at Te Herenga Waka Victoria University of Wellington.

SALES POINTS

- Written by a well-known figure in midwifery and wider homebirth circles whose research has been integral to many of the changes in birthing options for women in Aotearoa
- Wonderful storytelling is combined with in-depth knowledge of this important aspect of women's history
- Affecting stories of the experiences of women across decades of immense social change
- Relatable for all women who have given birth in Aotearoa
- Vital reading for all involved in women's health, from medical professionals to researchers, community workers and students

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who could go to one of the few private maternity homes, owned by doctors. Things were to change dramatically. At that time, governments around the world were starting to examine the demographics of their populations, and New Zealand was no exception. They discovered that women (they only looked at Pākehā) were often dying in childbirth and that New Zealand was thought to have the worst rate of maternal death in the world (the part they counted). This worried the New Zealand government as they were keen to see faster European population growth. They wanted a lot more white babies. Thus, motivated by colonialist eugenics, although also concerned at the distress caused by the inordinate number of maternal deaths in the European population, they set about trying to improve things. In their midst, as deputy inspector of lunatic asylums, hospitals, licensed houses and charitable institutions, was Grace Neill.

Neill was an ex-nurse and a journalist trained in the UK. She was by all accounts an impressive and thoughtful public servant. Neill proposed that it was trained and skilled midwives who would make the most difference to maternal and infant health. Richard John Seddon was prime minister at the time, and he and his minister of health both enthusiastically supported her. By 1904 The Midwives Act was passed, which created both a registration and an educational pathway for midwives. Neill had to move quickly. The doctors, who were yet to organise themselves into a professional obstetric speciality, were horrified and were at her heels. Within three weeks she had purchased a house which could be used as a small hospital and had begun to develop a three-year professional midwifery curriculum. Just one year later, in 1905, the first St Helens Hospital was opened in Wellington. Neill named it after Seddon's birthplace; she knew how to stroke a big male ego.

The hospital was a radical innovation — the first state-run free maternity hospital anywhere in the world. It provided maternity care for the wives of 'working men'. To have it run by midwives to train midwives, and with doctors excluded, was unheard of at the time. The combination of political support, inspired public servants and speed were all needed to facilitate such developments. It would be another 90 years until change of this sort would be repeated in New Zealand.

For Māori women over this time, the process was entirely different. Their maternal mortality rates were unknown and unexamined. The passing of the Tohunga Suppression Act of 1907, which aimed to replace

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that we had to try to work two birth paradigms. The new modernism of science and medicalisation called us to embrace new technologies and interventions to control birth — in order, supposedly, to make it safer; meanwhile, the emerging voice of women, fuelled by the second wave of feminism, called for women's reproductive rights and freedom to birth as they chose, in order to make birth more humane. There was a palpable tension as we began to try to figure out how to do both at the same time. At that stage, though, we were mainly just plain angry.

I was deemed to be too pregnant to help with the big move, and by the time I did my first shift in the new hospital, it had been open for six days. We had been very apprehensive about merging staff and having doctors around all the time. I remember those first few months as being chaotic, but in the best possible way. No rules had been written; no guidelines developed. And we were pissed off. We refused to use the spaces as intended. There was no 'prepping' at all. We would use 'early labour' spaces for the whole labour and for the birth. At least those had windows. There would be no moving to the ghastly delivery room if we could avoid it. We took beds out of the rooms and put the mattresses on the floor. We got a birth stool and used it as much as we could. Some of us would not wear our uniforms. It felt marvellous. But it was too little too late.

The doctors didn't know what had hit them when we made them get down on their hands and knees to deliver babies, when we stopped opening their gloves and tying up the back of their sterile gowns. But they quietly and cleverly hide it their time.

Meanwhile, it was time for me to leave and prepare for the birth of another baby.

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Claiming space

We chanted as we marched from Parliament and up Molesworth Street. Thousands of us. It was July 1981, and there was no way we were letting a whites-only Springbok team play rugby in Aotearoa. Never. We had spent weeks plotting and planning our protest. The whole country seemed to have dropped their lives to focus on the tour. No one talked about anything else. For the first time, it seemed to us, New Zealand was polarised across and between us all.

Paul and I and our friends had regular meetings at our place to plot action. Six of us planned to stop the TV transmission of the Wellington test match by covering the transmitter on Tinakori Hill with a piece of material lined with aluminium foil. It would have to be big. We would put strings on the edges and attach rocks for tossing it over the dish. The guys would be in charge of the throwing. Us women would be the getaway-car drivers. My job was to sew the huge cover. We got a disconcertingly large pile of op-shop curtains and I sewed them together . . . for hours. We then had to get the foil attached somehow. Someone got dispatched to buy aluminium foil from supermarkets — not too much in each one, lest we attract attention. We did several dummy-runs up Tinakori Hill, and discovered, just in time, that the intended satellite dish was for telephone, not television, transmission. So, it was back to just marching. The curtains made great painting covers, but I think I am still using up the foil.

As the march passed the Murphy Street on-ramp, the organisers split our end of the crowd off and headed us on to the motorway. Paul and I somehow ended up at the front. We crossed both lanes, turned and sat, blocking the motorway. We were in the front row. Irate drivers tooted and shook their fists.

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achieve. And we had to think much more clearly about the women. In retrospect, nurses probably did us a favour. We would never have been able to activate and politicise so many midwives had the nurses agreed, without coercion, to provide a separate midwifery course.

We all began to understand that a change in the Nurses Act would be required for midwives to regain autonomy. Joan Donley's local MP was Helen Clark, who would eventually become the minister of health and the prime minister. Helen has related how Joan started to lobby her from 1983 onward and was a persistent and persuasive operator.

There was one last piece of the midwifery reform process which would prove to be the undoubtedly of midwifery reform and autonomy. It was a strange bedfellow. It was neoliberalism, the free-market reform which began in earnest in the mid-1980s, and enabled a sociocultural shift that touted deregulation and reduced state control. It was the backbone of the new politics. Almost ironically, it facilitated midwifery's autonomy. But that is a story for later.

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By 1987, I knew somewhere inside me that I wasn't finished having babies. I still can't work out quite why. Maybe it was that deep hormonal mammalian need to reproduce, or maybe it was fear of the future without babies, a future in which I would have to craft a life for myself. In the end, it turned out that I just could not have had a life without Timothy in it.

It was February 1987. I conceived easily and I was pregnant the first cycle we tried. Later that year, Paul finished his Master's degree and got a job as a researcher in what was then known as the Alcohol and Drug Research Centre of the University of Auckland. I agreed to relocate, but it felt wrong. I was leaving my mother and father, my extended family, my friends, my work, my home, my passions, my support, all my connections. It felt like I was leaving my life behind.

Dad took us to the airport. I was in the last trimester of my pregnancy, blooming, grieving and nesting, all at the same time. I was tearful and scared and felt strangely alone. He held me tight.

'You go well now, girl. We'll see you soon.'

I whispered in his ear, 'I don't think I'm going to be very good at this.'

Opturissin partitisquam eumqui to culparum facimi, nulparum qui odi se int faccullicita comnis in con ipsam,

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The life–death–life cycle

The same year that midwives claimed back autonomy in New Zealand, my father died. He was only 70. He had just retired and was settling into writing his memoirs, playing golf (which he was very bad at), and being a grandfather (which he was very good at). He delighted in us, and we in him. At last he was getting some rest after a lifetime of dedication to his patients. And now he and Mum could have some time together, uninterrupted.

But a terrifying, fast-growing brain tumour got him. My brother Lew phoned me to tell me what the scan had found. I walked along Cheltenham Beach to pick the kids up from school, in a state of numb dissociation. I looked out at the sea and felt what it might be like to never see it again. I found midwives to take over the care of my women, packed up the kids and flew home to Wellington, something I should have done much earlier.

His dying took only six months.

It was six long months and six short months. It was both horrifying to watch him fade away from us, and boring. I would spend hours with him, watching the same game of cricket on the TV again and again. Waiting and waiting for death. His short-term memory had gone. Eventually we had to stop everybody except close family from coming, as the tumour eventually wound itself around his pre-frontal cortex and he lost his inhibitions. That was when we saw the first signs of agitation and aggression appear.

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He had a few days in the hospice to get his sedation sorted. He came home to us semiconscious but peaceful, occasionally smiling in recognition, and still able, for a while, to enjoy a spoonful of Mum's chocolate mousse or watch his four-year-old grandson using his dying body as a racetrack for his cars and trucks. There had been only a tiny window in the early days when he was himself. Steroids and the tumour took his brain away early. Day after day, it was our job to make sure he was free from pain, danger and distress. He died at home with all but one of his children around him.

Being alongside Dad at this time had been both meaningful and meaningless. It was my first experience of loss. Up till then I'd had everything I'd wanted, was accepted for everything I applied for, and succeeded at everything I attempted. I had been loved deeply; I was privileged beyond measure. But as it turned out, I had been only half alive the easy half.

I was also struck by how similar death was to birth. The waiting, the wondering, the pain, the taking-over of caring. Letting living do its thing, gathering around, connecting, helping, cooking, the seeking of the wise woman to help. Tears and joy, gratitude. My sister Catherine had become a palliative care nurse — not an uncommon career move for a midwife — and her experience was so reassuring.

The death of my father left a horrible dark hole which I never wanted filled. There was no way I was going back to Auckland and leaving Mum. I found a school for the kids and a place to live, and I settled back into Wellington. Paul joined us. He needed to finish off his PhD, so I got a job as Perinatal Unit Manager, the new name for the Charge Midwife, at the Hutt Hospital. It was miserable. This was when we had Crown Health Enterprises instead of hospitals. We were meant to compete with each other. It's hard now to understand what they were thinking. But in the 1980s, neoliberalism and managerialism were both unleashed. The new CEO and his management team had their offices redecorated in pink and grey; meanwhile the showers in the post-natal ward rotted, and women had to bring in their own sanitary pads and were required to go home as soon as possible after the birth.

It was my first and last experience of middle management, stuck between men (now businessmen instead of doctors) who reduced my budget every time I met with them, and staff who became more and more irate at the poor care women were getting. We did have several (futile) attempts at introducing some new ideas, one of which involved the

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women had but HUCHS mothers were not accessing. I got a call one afternoon from a man called Peter Glenson. He had started the primary health service in the Hutt Valley. They were offering midwifery care but only had one midwife. She was working 24/7, was exhausted and needed help. 'Would you be interested in joining us?' he asked. At that stage I was still working in the home-birth collective but we didn't have quite enough home births to keep us all busy; HUCHS was an appealing proposition. My friend Chris Hannah was the midwife for the New town service, and I liked how she talked about it. What made it especially attractive was that it had a strong social justice approach. It was community-owned and -run and all the staff, including the doctors, were on a salary. And it cared for families with minimal income and complex lives.

'We are having a social event on Saturday, Joan. Why don't you come along and meet the team?' Peter suggested.

I was welcomed by a slight, bearded man in a cream felt top hat (slightly grubby), and a heavily embroidered waistcoat that fell to his knees. 'I got them from the tip,' he announced proudly. He had a huge smile and piercing blue eyes. Chris Hannah had said 'That man is a saint, Joan.' He was nothing like what I expected, but he emitted the type of energy and positivity that was appealing. The team was clearly relaxed with one another, I liked them all. I had worked with Siloma, the nurse from the Petone clinic, when we were both at Hutt Hospital. There was a mixture of staunchness and self-deprecation in the group and I could tell they were close. I was in.

It wasn't long before there were four midwives in the service. It turned out that almost all the pregnant women were happy to have us, and word got around the community that we were okay. I worked part-time, as I had started a Master's degree in midwifery. I also wanted to continue doing some home births. Four was the minimum number of bodies we needed because we had to have a midwife available 24/7, and needed to cover sleep, weekends off, sickness and annual leave. In HUCHS, though, our working model was different from that of other midwives. The 'independent' midwifery model that most midwives in the community adopted, and that we followed in the home-birth collective, was to function as if self-employed although we were funded by the State. We had control of when, where and how we worked. The HUCHS model was structured specifically so that the community was in control and all the staff were accountable

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with stirrups for the legs!) and a pair of scales in the cupboard. I did not explore further. They had not had a birth there for several months. All visits had to be paid for and, I was told, the staff would need a tip. At the time I was visiting, the government had stopped paying the midwives' wages altogether.

I was surprised and clearly naive, my privileged Kiwi lens to the fore. It was good to be along as an extra, with no pressure to do anything. I was also aware that it was Jan's work and I shouldn't be taking time away from her. But she was great. She asked all the questions that I needed answered, even though I was too amazed to know it at the time.

The local hospital was another adventure. I remember that the post-natal ward had a row of women in bed with giant blocks of ice on their abdomens. It was good to see their babies tucked up beside them. The delivery rooms had the flat lithotomy beds, as I learned to expect wherever I went. They also had a CTG, but on enquiry we found it was not used. I was stunned to learn that if any women needed an IV, or any drugs or any equipment, the family would have to go off-site to the local pharmacy to buy them.

I packed my bags and flew home, really struggling to make some sense of it all. People asked me 'Did you have a good time?' Others thought I was 'just fabulous for going to help the poor and underprivileged'. Pamela had warned me that it would be hard to tell people back home what it was like. She was right.

No one emailed me from Cambodia to ask me anything or to tell me how it was going. I had not a clue what was happening. I was afraid it was going to be a complete disaster — which would not have surprised me, given my lack of experience.

Six months later, I got my bags and my passport out again and returned.

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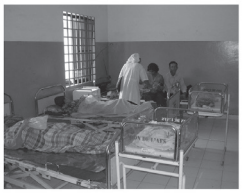
So that's how I found myself in the village of Koh Keu, in Kampong Chhnang, in Cambodia, with Chanthou, listening to young men talking about the problems around getting care for their childbearing women. The project had, apparently, been a success and I found myself going from village to village, amazed, chatting with mothers, midwives, grandmothers and grandfathers. I even met two of the village chiefs.



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