

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

**MIDWIVES' USE OF UNORTHODOX
THERAPIES:**

A FEMINIST PERSPECTIVE

**A thesis presented in partial fulfilment
of the requirements for the degree of
Master of Arts
in Midwifery at
Massey University**

CLAIRE LUCILLE HOTCHIN

1996

ABSTRACT

In New Zealand independent midwives are increasingly incorporating unorthodox therapies into their practice. This research studied the experience of metropolitan midwives using unorthodox therapies within the existing medically dominated maternity care system. It also explored the forces that facilitated and constrained midwives in their use of unorthodox therapies.

Feminist case study method was used to research the experience of five independent midwives who had integrated unorthodox therapies and practices into their midwifery practice. Their individual stories are related in separate chapters. Semi-structured interviews were used to gather the data which was analysed using the feminist concepts of power and gender.

Three key points emerged from the analysis. The midwives strongly believed that the way in which they used unorthodox therapies in their practice benefited and empowered women. Secondly, they had some concerns regarding knowledge of unorthodox therapies. Thirdly, the midwives who used unorthodox therapies felt professionally vulnerable within the bio-medical orthodoxy.

Feminist theory was used to analyse the data and enabled the researcher to place midwives' use of unorthodox therapies within a broader socio-political context. It is hoped that this may stimulate midwives to examine their own use of unorthodox therapies as well as provide the impetus to initiate change within both the bio-medical orthodox maternity system and alternative health movement.

ACKNOWLEDGEMENTS

My thanks to the midwives who participated in this study for sharing their experiences with me.

Thanks to my supervisors, Val Fleming and Cheryl Benn. Val started me on my way and has continued to give me long distance, and much needed, feminist support. Cheryl has been a source of motivation and academic guidance. Thanks also to Jenny Carryer for her feminist input.

To the midwives of the Midwives Collective with whom I work, thanks for your support both in my practice and my academic work, and for keeping midwifery exciting and challenging.

To my friends, Robyn Kooperberg and Yvonne Hamer, who have actively and practically supported me by providing child care and encouragement giving me precious time to write this thesis, many many thanks.

Love and hugs to my five year old daughter, Gillian, who has been extraordinarily tolerant of her mother spending hours and hours at the 'puter.

Finally, my love and thanks to Jan Raymond, who has been wonderfully supportive throughout the process of this study. She believed in me when I no longer did.

TABLE OF CONTENTS

	Page
Abstract	ii
Acknowledgements	iii
CHAPTER ONE: Introduction and Overview	1
Study context	1
Aims of the research	5
Theoretical framework	5
Terminology	7
Unorthodox therapies	7
Woman/women	8
Overview of the study	9
CHAPTER TWO: Literature Review	10
The increasing interest	10
Midwifery literature	11
Feminist literature	15
Feminism and midwifery	15
Nursing literature	18
Medical literature	19
Summary	23
CHAPTER THREE: Method and Methodology	24
Methodology	24
Feminist theory	24
Feminist research principles	28
Reliability and validity	39
Method	31
Case study	31
Descriptive multiple-case study	32
Participant selection	34
Ethical considerations	35

Data collection	36
Data Analysis	37
Case study	37
Gender	39
Power	40
Summary	41
INTRODUCTION TO DATA	42
CHAPTER FOUR: Judith's Story	44
Background	44
Integrating unorthodox therapies into practice	45
Understanding	45
Empowering women	47
Resources	47
Use of resources	48
Support	49
Reflection on practice	51
Expectations of midwives	51
Expectations of women	52
Reactions of orthodox practitioners	53
The political context	54
Working with orthodox practitioners	54
Hospital practice	56
Judith's input on her chapter	57
Summary	57
CHAPTER FIVE: Meredith's Story	59
Background	59
Integrating unorthodox therapies into practice	60
Openness of women to try	60
Offering options	61
No harm done	62
Reflection on practice	63
Homebirth as an unorthodox therapy	64
Decision points	66

Safety	68
The political context	69
Practice comparisons	69
Working with orthodox practitioners	71
Resources	72
Support	72
Midwifery practice as business	73
Meredith's input on her chapter	74
Summary	75
CHAPTER SIX: Brigid's Story	76
Background	76
Integrating unorthodox therapies into practice	78
Follow women's lead	78
Encompass family support	79
Supporting women's decisions	80
Empowering women	82
Reflection on practice	83
Orthodox clients	83
Unorthodox therapies and lifestyle	84
The political context	86
Cost to women	86
Political agenda	87
Brigid's input on her chapter	89
Summary	89
CHAPTER SEVEN: Adrienne's Story	91
Background	91
Integrating unorthodox therapies into practice	92
Partnership	93
Using communication as an unorthodox therapy	94
Empowering women	96
Usefulness of unorthodox therapies	97
Reflection on practice	99
Impact of the changing health system	99
Change in practice over time	100

The political context	101
Reclaiming midwifery	101
Model of practice	103
Minimal training	104
Criticism from orthodoxy	105
Protecting your livelihood	106
Adrienne's input on her chapter	107
Summary	108
CHAPTER EIGHT: Hiliary's Story	109
Background	109
Integrating unorthodox therapies into practice	110
Communication	111
Respect women's beliefs	112
Empowering women	113
Resources	114
Need for more information	115
Need for support	116
The political context	119
Vulnerability	119
Working with orthodox practitioners	120
Change	122
Challenging general practitioners	123
Midwifery practice	124
Hiliary's input on her chapter	125
Summary	125
CHAPTER NINE: Integration and analysis of data	127
Introduction	127
Three key points	128
Empowerment	129
Knowledge	134
Vulnerability	140
Implications for midwifery practice, education and research	143
Implications for midwifery practice	144

Implications for midwifery education	145
Implications for midwifery research	145
How the study has met its aims	146
Limitations of the study	148
Concluding statement	148
AFTERWORD	150
APPENDIX ONE	152
Information for prospective participants	152
Consent to participate in research project	153
APPENDIX TWO	154
Letter sent to participants with their draft chapter	154
REFERENCES	156