LEAD MATERNITY CARER MIDWIVES' CONSTRUCTION OF NORMAL BIRTH: A QUALITATIVE STUDY

SUSAN M CRABTREE

A thesis presented in fulfilment of the requirements for the degree of
Master of Arts

MASSEY UNIVERSITY
PALMERSTON NORTH, NEW ZEALAND

December 2002

What is normal birth? I wonder if we really know anymore. The modern birth has been so managed, arranged, choreographed, augmented, drugged; sliced and diced that many of us have forgotten its very nature.

(El Halta, 1996, p.2)

labour and birth unfold within a
complex, and infinite web,
spun by the mother,
and by everyone who has ever taught her
about mothering, birth, sexuality, pain
control and surrender
all the people at her birth
help spin the web with threads from
their histories, beliefs, experiences, fears...
and recent birth experiences that they have witnessed,
which empowered
or terrified them.

(England & Horowitz, 2000, p.151)

ACKNOWLEDGEMENTS

My thanks go to many people for support and encouragement received in the process of completing this thesis.

Firstly, thank you to the nine midwives who agreed to be a part of this study. Without your participation the study would not have been possible. I have learnt a lot from each of you and after every interview I came home re-inspired and excited by the research process and midwifery practice. We have so much to learn from each other and it is so important for our profession that we discover ways to remain open, to listen and to keep learning. In an atmosphere of critical affirmation we can embrace the need to affirm one another and also have space for critique.

A heartfelt thank you to my family and especially thank you to two people. My son, Jason; thanks for being you and being patient (as much as any 11 year-old can be!) and for telling me to 'go and do your thesis' sometimes when I became distracted. My mother, Barbara Jordan; thank you for the practical support and for hearing me out through the highs and the lows, you are an inspirational 'life-long learner' role model.

Professor Jenny Carryer, my supervisor, challenged and guided me academically and supported me as I grappled with the process of undertaking this work. Thank you Jenny for your belief in my abilities, your flexibility and your sense of humour along the way.

Thank you to Karen Guilliland for commenting on the research proposal. Thank you to Wheturangi Walsh-Tapiata for commenting on the ethics proposal and agreeing to the role of cultural advisor for this project.

Finally thank you to the midwifery colleagues who have supported me throughout this process. My ideas, at times, I am sure have seemed challenging, vague and sometimes unrelated to our day-to-day practice reality. I hope that in reading this thesis you may come to understand some of my 'rush of words' a little better.

ABSTRACT

Midwives provide maternity care for the majority of women in New Zealand and in 2000 midwives were the Lead Maternity Carer for seventy one percent of childbearing women. The aim of this research was to explore the assertion that continuity of midwifery care 'enhances and protects the normal process of childbirth' (New Zealand College of Midwives, 1993, p.7). I aimed to explore the meaning of 'normal birth' in Lead Maternity Care midwifery practice in the current New Zealand context and to understand the complex influences surrounding midwives' construction of normal birth.

In order to explore the construction of 'normal birth' Lead Maternity Carer midwives were invited to participate in a small qualitative study. In-depth one to one interviews were used to collect data from nine Lead Maternity Carer midwives. Interviews were recorded, transcribed and analysed using thematic analysis. Using a qualitative approach allowed me to make thoughtful links with the literature and build upon what is already known about the construction of normal birth.

Data analysis revealed that midwifery practice and women's birthing experiences occur in a contested context that remains firmly entrenched in a medically dominant model of care. There is an increasing normalisation of intervention and technology leading to ongoing medicalisation of the physiological processes of labour and birth. The midwives interviewed employed a number of strategies for promoting the normalcy of labour and birth including supporting women's choice to birth at home, and working with women in the hospital setting to birth without intervention. However, the medical model influenced the midwives' practice in a number of subtle ways and I argue that the medical model is the default mode: it is always there and is taken as the 'right' way to 'do' birth unless it is actively contended.

TABLE OF CONTENTS