Mais pourquoi accepte-t-on nous-mêmes, nous les femmes, que le travail d'action volontaire soit toujours héroïque ou inefficace ou encore occasion d'exploitation des mouvements spontanés des individus? Par angélisme? Par sentiment d'impuissance? Crainte d'être taxées de mercantilisme? Parce que c'est dans la ligne du dévouement traditionnel de la femme? Moi-même, depuis quarante ans, comme bénévole et membre de groupes d'action bénévole, de CA des unions des Familles, de CA de la LDH, des CLSC et de CSS, comme membre de groupes féministes, de comités d'action coopérative ou d'action politique, j'affirme avoir toujours travaillé avec la même conviction, la même ardeur et la même compétence, que ce soit dans un travail longtemps considéré comme bénévole ou dans un travail de même nature, mais où alors les conditions de son exercice sont très différentes (profession, carrière, permanence remunérée d'un organisme).

L'Action volontaire

Puis-je me permettre encore d'accepter autant de propositions de travail bénévole? Certes, je ne refuserai pas une participation bénévole à un mouvement féministe ou communautaire auquel je crois, mais je revise ma politique de 'B.A. scoute', et j'apprends, bien qu'avec difficulté, mais sans culpabilité, à disposer du même temps pour mon épanouissement personnel. Et le premier geste positif en ce sens est celui de mon inscription à l'Institut Simone de Beauvoir, comme étudiante à mi-temps.

Au programme: lectures, discussion et échanges en équipe autour d'une vingtaine d'ouvrages d'auteurs féministes du XXe siècle.

Celle qui est le 'professeur' n'offre pas un cours magistral; elle anime au contraire le groupe d'une façon dynamique et permet à une trentaine de femmes de divers milieux d'effectuer une expérience de communication et d'écriture de façon positive et heureuse. Personnellement, j'entre dans ce monde d'expression de soi qu'est l'écriture avec une grande joie et une certaine angoisse aussi.

C'est le début d'une belle aventure . . . personnelle et communautaire qui, pour ma part, m'incitera à mieux mener et plus rapidement un projet qui m'est personnel: publier d'ici deux ans mes expériences de 40 ans d'action sociale militante au Québec et même au Canada.

Midwives? What Midwives!?

Beverly Walters Pannell

Aferdita Shehu

"Sages-femmes ? Quelles sages-femmes ?" est le titre de cet article qui donne un compte-rendu du mouvement croissant qui revendique le droit légale des sages-femmes professionnelles d'assister aux accouchements.

When Elzire Dionne began the labour that produced Canada's famous quints, she sent for the village midwives. Mesdames Legros and Labelle, with hundres of births between them, were the obvious choice. Lay midwives, whose skills are learned from older midwives or acquired through trial and error, are the traditional birth attendants. When the two came, they brought little with them—some woolen rags to wrap the babes, and a little oil to massage their tiny bodies. Only when it became apparent that this was not a normal birth did the midwives send Oliva Dionne for the doctor. The mother begged them not to. A doctor meant there was trouble.

Lay midwives are as much in evidence now as ever before. In developing countries, in rural areas of industrialized nations, and in communes throughout the world, midwives are performing the role of birth attendant. Young women who grew up in the love-peace climate of the Sixties are teaching themselves to be midwives. There is even a school for lay midwives in the Southwestern U.S., but in Canada the lay-midwife movement is largely underground. The greatest concentration of these practitioners is on the West Coast, but there are lay midwives in almost every province.

Contrasted with these women is the professional midwife working in most of the western world. These women, usually registered nurses with post-graduate training in midwifery, offer a comprehensive program of health care throughout pregnancy, birth, and the post-birth period. Working not as doctor's appendages, but rather as independent care-givers, these nurse-midwives often have their own practices, can negotiate their own fees for service, and can refer appropriate patients to obstetricians for more extensive care. *Except in Canada.*

Canada stands alone among the civilized nations of the world, in eliminating the true practice of midwifery by midwives. Only in Canada do midwives have to be doctors. Because in Canada only doctors can deliver babies legally.

Ask the average Canadian about midwives and she'll say there are none. And yet Canada is rich in midwives.

Women specially trained in other countries come here and are unable to use their skills. Pat Hayes, President of the Canadian Nurse-Midwives Association, guesses that there are approximately two thousand such practitioners in this country, though she can name only two or three hundred who are known as midwives. Ms Hayes, an associate professor at the University of Alberta School of Nursing, works with one of two midwifery training programs in Canada. (The other is at Dalhousie.) 'We're not even allowed to use the term "midwifery" to describe our course,' says Ms Hayes. 'We have to call it "Advanced Practical Obstetrics". The nurses do their fieldwork at our smaller hospitals, because high-risk cases go to the big regional centres, where you've got more highly sophisticated emergency equipment. As for the size of our operation—we only graduate twelve specialists a year. It's just a drop in the bucket.'

What happens to those graduates if they aren't allowed to practice midwifery in Canada? Some go to nursing stations in the North which have no doctors available on a regular basis. Midwives can handle births there because they're the most qualified people around. Some find jobs as community health workers in pre-natal services, some become obstetrics nursing instructors, others are hired as delivery-room nurses in hospitals. These women, like their colleagues in the North, often find themselves in charge of a birth when the doctor doesn't arrive in time. So midwives do deliver babies in Canada. But the question of delivery itself is not what concerns qualified nurse-midwives. Karyn Kaufman, past president of the Ontario Nurse-Midwives Association and Clinical Nursing Specialist at McMaster University Medical Centre, says, 'I have no great desire to just "catch babies". I am a highly skilled, thoroughly trained professional who can give excellent care to the childbearing woman during the entire course of a normal pregnancy.' Unfortunately, the fact that the midwife so often pinch-hits for the doctor perpetuates the image of midwives as second-string players. Midwives themselves claim that they are the best people to attend a normal birth because that's what they're trained for—the typical uneventful birth. The midwife can spend more time with the mother, and she's also less likely to interfere with the natural process of labour. To cover the possibility of complications. midwives who are practising legally elsewhere rely upon a physician back-up service.

Many doctors, produced by a system of medical education which provides no contact with midwives, believe that these practitioners are not knowledgeable enough to handle even normal birth on a regular basis. The stance taken by the College of Physicians and Surgeons in Ontario is typical of other physician groups throughout the country. Dr H.W. Henderson, Deputy Registrar of the Ontario College, says, 'In view of the college, the practice of midwifery is the practice of medicine. Anyone who is not a physician and who gives independent antepartum, intrapartum, and postpartum care as a professional is contravening Section 52 of the Health Disciplines Act.' Pat Hayes disagrees. 'Midwifery,' she says, 'is not the same as medicine. It is also not obstetrics, a field which provides expert knowledge in what can go wrong and what to do about it. Most births are normal physiological events. Nurse-midwives are focusing not so much on curing as on caring.'

The response to lay midwives by professional midwives and doctors is mixed. Nurse-midwives like Ms Hayes feel that a great many women could deliver their babies with no help at all. 'Unhappily, there's no way of knowing in advance which women these are,' says Ms Hayes. 'If something goes wrong, you often need a trained medical eye to recognize it.' On the other hand, Dr Henderson, speaking for the College of Physicians and Surgeons, says that any woman who wants to deliver at home and be responsible for her own care is free to do so. In such circumstances the College would have no jurisdiction.

Midwifery in Canada is effectively discouraged in that it isn't covered by provincial health-care schemes. As for whether it is in fact prohibited by law, that's difficult to tell. The situation is unclear in Ontario, for example, where the law is loosely worded and generally designed to be left to the interpretation of the College of Physicians and Surgeons. Vernon Balaban, a Toronto solicitor, believes that 'if the letter of the law is strictly applied, the Health Disciplines Act does not prohibit midwifery provided that the midwives to not claim to be licensed in Ontario. But they can say that they are licensed elsewhere, or have practised in other places, or have had graduate midwifery training, or have delivered X number of babies, or whatever.'

Though midwives are effectively prohibited from functioning in Canada, they have—ironically—been responsible for one of the most interesting proposals in alternative maternity health care: an out-of-hospital birth centre. Elaine Carty, Assistant Professor in the School of Nursing at the University of British Columbia, who was trained in midwifery at Yale University, has received National Health and Welfare funding to formulate a proposal for a demonstration project in Vancouver, to be staffed by midwives along with consulting obstetricians and pediatricians. Here, midwives would offer a complete low-risk care unit including pre-natal education, as well as a drop-in centre for pregnant women with a lending library of birth books and periodicals. Women would take an active role in their own health care, keeping their own charts and records, and would finally give birth at the centre. In the case of complications mothers would be taken to a hospital five minutes away. Ms Carty feels that such a facility is long overdue. 'With all the emphasis on detection and treatment of the high-risk pregnancies and newborns, we feel that the needs of the low-risk families are forgotten. In our opinion, it is necessary to address these needs.'

The practice of midwifery as a recognized profession in Canada came to an end in 1947 when the Canadian Medical Association passed a resolution calling for physicians to take full responsibility for labour and delivery. The rationale behind this decision was to improve the quality of life in the newborn and the state of health of the mother. As births moved more and more out of the home and into the hospitals where midwives were no longer allowed to practise, we moved more steadily in the direction of physicians-only for births.

It is ironic that in obstetrics and gynecology, the two fields in medicine which handle women's health, most of the practitioners are men. It is interesting to speculate about whether the move away from midwife-attended birth goes hand-in-glove with the take-over of birth by male birth attendants. But is this a relevant and important question, or just bitchery and female chauvinism? Most women agree that the fact that male doctors or nurses could never experience birth physically makes them uncomfortable. Catherine Penz, a

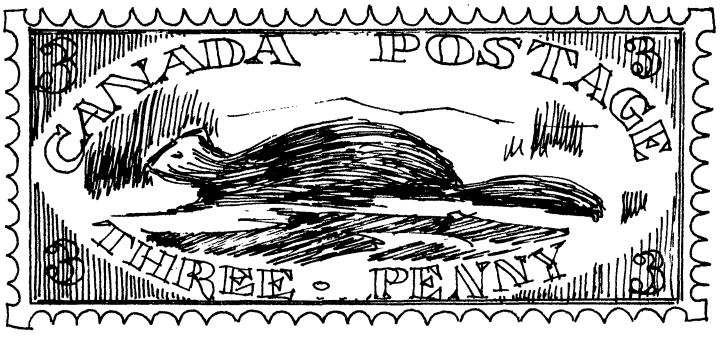
prenatal educator who has had both a doctor/hospital birth and a midwife/home birth says, 'I know some men who would make wonderful midwives. But having another woman there on a continuous basis, who is well-trained, is far superior. And I'm not talking about female obstetricians or busy labour-room nurses who bustle in and out periodically. Women in labour are more relaxed with midwives. The whole experience is totally different.'

In the U.S., midwives—highly trained professionals and self-taught lay attendants alike—are demanding and winning the right to practise their skills without fear of prosecution. In Canada, a movement toward reinstating midwifery has begun. In Vancouver, a citizen's group called SPARC is urging reconsideration of midwife-attended birth. And in Toronto the Home Birth Task Force held a full day of discussion on alternatives in childbirth, and sponsored a four-day workshop on midwifery led by a lay midwife from the U.S.

What about midwives themselves? What are they doing to further their own cause? In small ways they are beginning to gather support for their profession by organizing themselves, educating the public and medical groups about their qualifications, and even challenging (perhaps breaking) the law, in order to follow their calling. The movement is small but growing, and many health-care providers and consumers are looking to the future when Canada will once again have midwives helping families birth their children—a future in which an entire group of working women will be recognized for the highly qualified professionals they are.

Time is Money: A Query Into Consumer Questionnaires

Judith Posner



Une sociologue étudie comment les questionnaires du marketing manipulent les femmes et soulignent l'idée que le temps des ménagères ne vaut pas d'argent.

Dear

I am writing to you both as a consumer who was asked to fill out your questionnaire on retail shopping habits, and as a professional sociologist. The questionnaire your organization sent is an extensive one and I have decided not to fill it out on the grounds that it is really an imposition for businesses like yours to expect women to give up hours of their time to help profit-making organizations make more money. Let me clarify this point. As a sociologist I have nothing against questionnaires and I usually respond to them with ease. But government or pure research questionnaires are one thing and marketing questionnaires are another. Even so, I have filled out a lot of the latter – out of interest's sake if nothing else. But your questionnaire would probably require close to two hours if filled out thoughtfully (and I hope you wouldn't encourage respondents to fill it out any other way). I spent about half an hour on less than five pages before I decided that it was ridiculous to continue. It seems quite incredible to me that any woman (working or non-working) would give up valuable time to help your organization for free. (By the way, your lottery ticket is hardly adequate payment). Unfortunately, however, I suppose some, perhaps many women will fill it out, and perhaps that is more a reflection of the fact that women in our society are used to 'working for free' than anything else. But I personally refuse to help perpetuate this pattern.

Furthermore, your covering letter is particularly insulting. It is a real misrepresentation for you to say 'It will only take a short time to answer the simple questions on the enclosed survey form. . . . ' Are you trying to intimidate respondents into filling out the form by suggesting that only an idiot would find it taxing? It would have been preferable at least to admit the form is long, but. . . .

Finally, you say all information is confidential. But in an era of junk mail, consumer pressure, and privacy invasion, who wants intimate financial data on a form with their name on it?

I would, of course, be interested in your response to my comments.

Sincerely,

Dr Judith Posner