

# NJF Nordic Midwifery Congress

## Gothenburg, Sweden 12-14 May 2016

### a report for CORTH, University of Sussex



*Emblem of the Swedish Association of Midwives featuring Yggdrasil, an ash tree in Old Norse literature, and detailed within the logo of each Nordic midwifery association*

#### **Rebecca Ashley reports from the Nordic Midwifery Congress, where she finds midwives caught between a celebration of professional legitimacy, and the worsening conditions of their own labour**

On a large, flat-screen monitor, a video recording of a waterbirth plays. I stand watching it in the middle of a carpeted exhibition hall, at one of dozens of stalls advertising midwifery-related wares: online perineal repair tutorials, orthopedically-certified baby slings, and plastic body parts for birth simulations. This particular exhibit is promoting a Danish company who sell birth pools and educational resources, including this video. I flinch as the soundless recording continues, following a midwife's hand - gloved in what could be described as a veterinary-sized yellow latex cover, secured to her upper arm with layers of elastic - as it descends into the water and touches the emerging baby. My training around waterbirth as a UK-trained midwife is strict about this: no touching the baby until it has been born, as there is a risk of stimulating the breathing reflex while it is still underwater. 'What is



*Clockwise from top left: promotional image from birth pool brochure; conference venue and Swedish midwifery flag; talk by midwifery association presidents under tag-line 'midwives at your cervix'; attendees test a prosthetic body part for practicing difficult birth manoeuvres*

this? She looks like she's about to deliver a cow', comments a Norwegian midwife stood next to me. 'And all that touching. Agh.' Our attention is pulled from the object of the pool in the video - its perfect ergonomic design, height-adjustability, and consequent advantage of improved musculoskeletal health for birth attendants - and towards the visual narrative playing out. It is a story about birth, and a story about what midwives are doing, their conduct, performance, and responsibilities, that has captured our attention.

I am in the sunlit, Swedish port city of Gothenburg for a three-day, triennial congress organised by the Nordic Federation of Midwives (*Nordiskt Jordemoderförbundet*), and to learn about the kinds of stories being told about, and by, midwives. There are over 800 delegates from across the Nordic region: Norway, Sweden, Finland, Denmark and Iceland ('the big five'), and Greenland and the Faroe Islands. There are midwifery lecturers, labour-ward coordinators, association heads, researchers, sexual health specialists, antenatal clinic and community midwives. I meet two Swedish midwives who gained their tickets through a lottery at work, and an Australian midwife who asked her workplace to sponsor her to visit. Many have arrived in large groups of colleagues, and there is much chatter during the breaks, during which we are fed huge fish salads and *kardemummabullar*.

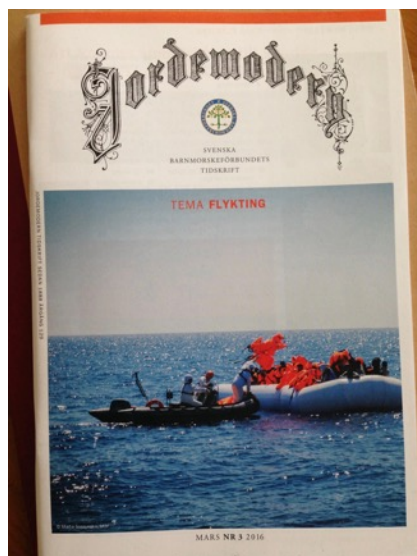
Each morning begins with a musical performance: a young Swedish Afro-pop artist raps about her work as a feminist arts facilitator, and a Sami performer sings a piercing *joik* about the birth of her friend's child. There is, rightly, much that is celebratory at this conference. The Nordic region consistently tops international league tables on birth outcomes, mortality and morbidity, and graphs, charts and lists demonstrating these health

statistics appear frequently within presentations over the course of the conference. In a keynote lecture delivered by Professor Cecily Begley, midwifery's embrace of the 'evidence-based' doctrine is celebrated. Research, she emphasises, leads midwives from the 'ignorant lowlands' of bad practice, to a place of 'excellence'. I find this celebration striking: using research evidence is not only about making 'better' midwives, but is also about making midwifery legitimate. Midwife researchers are working hard to develop clear evidence for midwifery care, and to cohere a particular professional ethos. Fascinating ethnographic research by Ólöf Ásta Ólafsdóttir, Ingela Lindgren and Christina Nilsson, exploring women-centred care in Iceland and Sweden, drew attention to this.

As the panel discussions unfold and we convene in the exhibition halls over coffee, there are a number of tensions around midwifery work I notice emerge. Though it is not addressed within a specific session, the politics of practicing midwifery within a context of chronic underfunding, understaffing, and an increasing centralisation of services, underscores this conference. For midwives, there is a particular anxiety around territory, and I found this expressed in two ways. Firstly, I learn that Swedish midwives are working hard to maintain their expertise around sexual health and gynaecology, as well as abortion care, resisting the folding of this work into a broader field of gynaecological nursing. In Finland, a state funding crisis is also reorganising postnatal care within the scope of nursing practice. For midwives here, this is unacceptable. Different cultures of midwifery work are marked out by the legislative histories of each country, and these have been fought hard for by midwives. Cecilia Ekéus draws attention to this in her talk on neonatal complications following instrumental birth; in Sweden, midwives are licensed to perform emergency 'vacuum extractions', a procedure belonging to obstetric doctors elsewhere.

The second issue in the politics of territory is birth-place. Midwives talk about the implications of 'place' on how they work, including where birth is permitted, what happens in homes, hospitals and midwifery-led units as specific places of midwifery work, and where it is that midwives are able to practice. I was struck by Berglind Hálfhánsdóttir's doctoral research on homebirth in Iceland, which drew attention not only to how birth is centralised - over 70% of all births take place in the national hospital in Reykjavik - but also to how different kinds of risk are woven into ideas of birthplaces. Birth and midwifery are uniquely marked and weathered by the geographic challenges of the country's 'harsh terrain'. The audience gasp as Berglind shows a photo of a snowed-in road tunnel, and describes how it forms the only transfer route out from a birth centre in East Iceland.

An excellent panel discussion on midwives' wellbeing drew attention to the ways in which midwives experience work. Katja Schrøder unpicked the messy ways in which 'guilt' is experienced in midwifery, using philosophical approaches to forgiveness to foreground the emotional crises many healthcare professionals experience in the course of their work. Hilda Friðfinnsdóttir also spoke about occupational wellbeing, exploring how midwives described their 'pleasure in being useful'. Hilda's analysis showed how the concentration of work within the 'isolated world' of the labour room can be conducive to conflicting experiences of loyalty, busyness, and burnout for midwives.



*Jordmodern, the journal of the Swedish Association of midwives. This issue from March 2016 highlights the refugee crisis, including a feature on a Swedish midwife's work for MSF*

Responses to the refugee crisis in the Nordic region featured throughout the conference. Publications, presentations and awards drew attention to the many midwives agitating for improvements in caring for refugee families, and were addressed with a sense of urgency. Johanna Staxäng's research examined midwives' experiences of providing antenatal care for asylum-seeking women in Sweden. For the women presenting in their clinics, 'the pregnancy is subordinate to almost everything else', and midwives feel unable to respond adequately to the multiple needs framing pregnancy. This research neatly presented a difficult tension between the high-quality status of Swedish midwifery, and how midwives experience this quality as shifting according to the resources and time they have to hand.

During the closing speeches, midwifery presidents from the five national associations take to the stage and are asked what they will be focusing on until the congress meets again. The tone becomes remarkably different from the celebration of research that has been headlined elsewhere. 'Midwives are tired and fed up', states the Swedish president, a sentiment echoed throughout the region. In turn, each president speaks of the challenges they face when returning home: how to address burnout, how to make midwifery a viable job for women (and men) throughout their working lives, how to address the challenge of retention when so many midwives are leaving, and how to deal with 'lousy work conditions'. The atmosphere is charged. 'As an old Marxist', comments one midwife in the audience, 'I say we should follow the money.'

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Further information on the NJF 2016 conference, including researcher profiles and research abstracts, is available here: [njfcongress.se/scientific-programme](http://njfcongress.se/scientific-programme)