‘An Area Peculiarly Our Own’

WOMEN AND CHILDBIRTH IN EARLY TO MID-TWENTIETH-CENTURY NEW ZEALAND

WHEN AN AUCKLAND WOMAN died in childbirth in 2008, the event was considered so unusual that it was given front-page coverage in the *New Zealand Herald*.[1] A century earlier, any woman about to give birth might legitimately fear death. The dramatic decline in maternal mortality was a major feature of the history of childbirth over the twentieth century. Alongside the decline in the death rate was a relocation of childbirth, from home to hospital, and greater involvement by the rising profession of obstetricians. By the 1970s hospital birth was the norm throughout most of the Western world; in New Zealand, hospital births came earlier than most other countries, being largely universal by 1960.[2]

Opinions differ as to whether modern hospitals and modern obstetrical care provided the safest options for women giving birth. The debates around the relative merits of doctor or midwifery-managed births are ongoing.[3] Looking at it from an historical point of view, Irvine Loudon, the British historian of maternal mortality, declared in the 1990s that memories were short, and that almost no one — including doctors and midwives — remembered those past dangers or realized that the conquest of maternal mortality since the mid-1930s was ‘one of the most remarkable achievements of modern medicine’.[4] Loudon claimed that in the early twentieth century most British women would have known someone who died in childbirth.

Yet not all those engaged in writing the history of childbirth have treated the medicalization of birth as an unalloyed good. A strand of history-writing emerged in the 1970s and 1980s that was informed by social control theories and influenced by the new women’s movement. At the forefront of this school of interpretation was British feminist sociologist Ann Oakley. Oakley famously described the history of childbirth as the male capture of the womb, and obstetrical intervention as a ‘strategy for the social control of women’, assisted by a ‘misogynist’ state.[5] Subsequently others argued that in order to further their own careers and interests, obstetricians consciously induced fear of childbirth to persuade women to give birth in hospital. For example, Irish historian Jo Murphy-Lawless portrayed women as victims, ‘silenced by the patriarchal structure’, until the late twentieth century when women became

politicized and began to resist the medicalization of childbirth.[6] Marjorie Tew, in her ‘critical history of maternity care’ in Britain, argued that doctors indoctrinated women, through an ‘unremitting campaign of propaganda’, in favour of hospital-based births.[7] In her view, ‘[t]he policy of the increasing hospitalization of birth advocated by doctors, allegedly to improve the welfare of mothers and babies, was in fact a very effective means of gaining competitive advantage by reducing the power and status of midwives’.[8]

In 1986 New Zealand feminist and home-birth midwife Joan Donley published a history of childbirth. She wrote from an activist’s perspective, ‘battling’ for the midwifery-assisted home birth option against obstetricians, whom she believed were trying to monopolize childbirth for their own professional ends, using women as ‘clinical material’.[9] Her book has entered the historiography, in some cases uncritically. Charlotte Parkes’s chapter on women’s experiences of childbirth in the early twentieth century, for instance, gave Donley’s history equal weight with Philippa Mein Smith’s scholarly account of the medicalization of childbirth.[10] While Mein Smith did not frame women as victims, her analysis focused on the activities of the Health Department and the medical profession in the move to hospitalize childbirth, thus paying less attention to the role played by women’s organizations and their reactions to state and medical initiatives. Alison Clarke’s 2012 history of nineteenth-century childbirth engaged directly with women’s experiences of childbirth, but by restricting her study to the nineteenth century, she did not contribute to debates around the move to hospital births and modern obstetrical care.[11]

Internationally there have been some challenges to histories of childbirth which portrayed women as victims of a male medical profession. Canadian historian Wendy Mitchinson complained in 2002 that much of the previous historical literature tended to romanticize traditional home birth, or the situation for women before hospital births became the norm.[12] She also argued that women had exhibited more agency in determining services and in their interactions with doctors than previously suggested.[13] More recently Scottish historian Alison Nuttall studied the transition of childbirth from home to hospital in interwar Edinburgh by analysing hospital records. She found that Scottish women were encouraged to go to hospital to give birth primarily because of their poor housing conditions. Once the trend to hospital births was underway, however, it accelerated, as women came to appreciate the care and rest they received in hospital. She concluded, ‘[t]he Edinburgh experience illustrates clearly the role of women’s agency in the move to hospital birth.… [and that] it was driven by patient desires rather than medically enforced’.[14] Similarly, in her 2012 history of maternity in Britain, Tania McIntosh argued

that 'recent evidence suggests that these generalisations [about women losing control over the place and pace of birth] overplay the importance of traditional birthing cultures and underplay the extent to which the hospitalisations of childbirth was demand led, with women themselves calling for more beds to be available'.[15] Swedish historian Signild Vallgarda similarly argued that the move to hospital births in twentieth-century Sweden was 'women-driven', although she admitted that she had often found it difficult to elicit the views of the women themselves.[16]

This article contributes to that international literature by examining the role women played in the move to hospitalized childbirth in New Zealand. In contrast to the situation Vallgarda found in Sweden, in New Zealand there is abundant evidence of women's views in the records of major women's organizations and two government inquiries in the 1930s. The National Council of Women (NCW), formed in 1896, was a non-party political lobby group which, by the 1930s, incorporated 168 organizations and 40,000 women. It had long kept a watching brief over women's affairs.[17] The Society for the Protection of Women and Children (SPWC), founded in 1893, was similarly active in matters that affected the welfare of women, such as childbirth services, as Raewyn Dalziel found during her research into this organization.[18] Government committees of inquiry into abortion and maternity services, which reported in 1937 and 1938 respectively, took evidence and revealed public views.[19] Other organizations, such as the New Zealand Federation of University Women (NZFUW) and the Federation of New Zealand Parents' Centre (FNZPC), conducted surveys into women's experiences of childbirth in mid-twentieth-century New Zealand. Together these sources provide a solid base for uncovering the views of New Zealand women about childbirth during the first half of the twentieth century, albeit predominantly the views of Pākehā women.

Maternity services came to the attention of New Zealand's Liberal government in the early twentieth century primarily in response to its concern about the future size and strength of the population, or 'national efficiency', which it shared with governments of other Western nations.[20] The Liberals' concerns led to the passage of the 1904 Midwives Act, providing for the registration of midwives and the setting up of a series of maternity hospitals, called the St Helens hospitals. The maternity hospitals were tasked with training midwives and catering for the wives of poor but respectable working men, by providing subsidized care. By 1921 there were seven St Helens hospitals located around the country.

Governments in the early twentieth century envisaged that midwives would play an important role in the future of maternity services in New

Zealand, hence their emphasis on appropriate training. While the Liberal government blamed midwives for high maternal death rates, it did not advocate in favour of more doctors but rather better trained midwives. Duncan MacGregor, the Inspector-General of Hospitals and Charitable Institutions, predicted that in 1906, 'With the passing of the Midwives Registration Act the day of the dirty, ignorant, careless woman, who has brought death or ill health to many mothers and infants, will soon end.'[21] The professionalization of midwifery occurred in tandem with the professionalization of nursing, the latter enacted under the Nurses Registration Act of 1901.

The St Helens hospitals, run by midwives, offered both hospital and home births, the latter through a district service. The Health Department's Director of the Division of Nursing, Hester Maclean, supported home births, expressing her belief in 1918 that, 'provided there is reasonably comfortable accommodation in the homes of the expectant mothers, the large majority of confinement cases do not need to come into hospital'.[22]

Throughout the interwar period the Health Department continued to see the St Helens hospitals, midwifery and home births as central to maternity services in New Zealand. The 1938 Report of the Committee of Inquiry into Maternity Services noted that in a number of countries 'the trend is towards a service in which the bulk of the normal midwifery is conducted by highly trained midwives', with doctors not required to attend normal births.[23] This was specifically the case in the Netherlands and Scandinavia, which were recognized as having excellent maternity services and low maternal death rates.[24] The committee also noted that this was the trend in Britain. It cited the evidence of Dr Henry Jellett, formerly head of a maternity hospital in Dublin (the Rotunda Hospital), who had immigrated to New Zealand in 1920 and had been consultant obstetrician to the Health Department from 1924 to 1931. In a 1929 publication, Jellett had written disparagingly of the 'fetish which insists on the attendance of a medical practitioner at all labours', and claimed that his statistics 'prove[d] that the septic death rate of maternal mortality [then the major cause of death in childbirth] can be halved by handing over normal labours to midwives', with the general maternal death rate also being lower.[25] Jellett told the Maternity Committee that it was wrong to employ medical men for normal births, explaining that 'statistics and history [had proved] over a period of years in other countries, and also at Home, that these cases can be attended more satisfactorily by midwives'.[26] England and Wales had introduced a national domiciliary midwifery system under the 1936 Midwives Act.

The New Zealand Obstetrical Society, established in 1927 to represent the interests of doctors who practised obstetrics, not surprisingly advocated

a doctor and hospital maternity service as opposed to a midwifery service. In 1933 English-born Bernard Dawson, Professor of Obstetrics and Gynaecology at the University of Otago, referred to England's maternity services, where midwives attended 75% of births. He warned that it was common for Britain's Dominions to follow trends at Home, and that a midwifery-led maternity service already had advocates in New Zealand, referring specifically to the Health Department. Viewing midwives as competitors, he advised the medical profession to work with midwives, 'rather than be left inarticulate and bereft when some Bill for Maternity Services detrimental to our interests becomes an enactment'.[27] The following year the Obstetrical Society noted that in the context of the economic depression there was a growing trend of women being confined by midwives alone, clearly the cheaper option, and it feared this might become the norm.[28]

Obstetricians put forward arguments for doctor involvement in childbirth that went beyond protecting their professional turf. The Obstetrical Society explained that 'for reasons of safety to mother and infant, reasonable pain relief, and elimination of future pelvic weaknesses, a doctor and a trained nurse should be present at every delivery'.[29] The other argument put forward by the society was that allowing doctors to be present at 'normal' births would improve its members' overall skills. Wellington obstetrician Dr Thomas Corkill (a future president of the society, and member of the 1937 Committee of Inquiry into Maternity Services) explained, 'it is only by long personal and practical experience of the normal that reliable judgement concerning the abnormal can be acquired'. He pointed out that it was 'positively dangerous' for any medical specialty to be based on 'an imperfect knowledge of normal practice'.[30]

While they were certainly intent on promoting their profession, obstetricians did so with the support of many women, as will be seen, and it was the overwhelming weight of women's opinions that was crucial in determining the nature of maternity services introduced under the first Labour government.

Many women had long approached childbirth with trepidation. In her history of childbirth in nineteenth-century New Zealand Alison Clarke found that mothers-to-be were very aware of their vulnerability as they prepared to give birth. She noted that letters frequently included expressions of relief and gratitude following childbirth, reflecting the very real dangers women had faced.[31] This continued into the twentieth century. The rhetoric of the early twentieth century, when phrases such as 'dread of childbirth' and the 'dark hours of maternity' were common, is indicative of prevalent attitudes.[32] It must have been disconcerting for New Zealanders to learn in

1920 that their country had the second-highest maternal mortality rate in the Western world (exceeded only by the USA).[33] When the New Zealand Health Department advocated home births attended by midwives in 1921, and offered reassurances that childbirth was 'a normal physiological process, and to the healthy woman in healthy surroundings [is] attended with very small risk',[34] many women were not convinced.

By the early 1920s there was, within the community at large, a growing faith in the powers of medical science, and with it the image of hospitals changed. They were no longer regarded as refuges for the poor and homeless, as they had been in the nineteenth century. Doctors were the arbiters of medical science, and therefore the best services required their involvement. This included maternity. When the Auckland branch of the NCW set up a sub-committee to lobby the government for improved maternity services in 1936, it was called the Committee on Maternity *Hospital* Services.[35] Professor Dawson recognized this when he commented that same year on the 'growing tendency' for women to enter hospitals for normal confinements: 'The fact that over 60 per cent of women in New Zealand are confined in hospitals clearly proves that the majority already prefer hospital treatment to domiciliary, even in perfectly normal confinements.'[36]

Women themselves explained they found doctors' involvement in childbirth reassuring. Mrs Agnes Kent-Johnson, one of the members of the 1937 Committee of Inquiry into Maternity Services and a representative of the Christchurch branch of the NCW, explained that 'the psychological aspect also comes in — that a woman prefers to have a doctor'.[37] Seven women interviewed at Auckland's St Helens 'expressed the feeling that it would give confidence to know a doctor would attend them'. One interviewee even claimed that she knew of a young woman who lost her baby 'because she lost confidence'.[38]

There were reasons other than concerns about safety for many women to prefer hospitals for childbirth. British social historian Jane Lewis noted in that country that a ten-day rest in hospital made sense in light of the hard household labour performed by working-class women.[39] US historian Judith Walzer Leavitt singled out the physical and psychological isolation of many American women as an influence on their decision to enter hospital; they 'could not find the help they needed' at home.[40] Many New Zealand women shared with their American counterparts this isolation and the consequent attractions of being cared for in hospital. Mein Smith noted that farmers' wives, in particular, welcomed hospital births as 'their only hope of getting a holiday'.[41] One factor which perhaps inhibited admission to hospital was mentioned by Dr Emily Siedeberg McKinnon, Medical Superintendent of

Dunedin's St Helens Hospital 1904-1938. She told the Maternity Committee that many women were deterred by fear of the 'infidelity of their husbands' during their absence. She added, 'As a member of the Society for the Protection of Women and Children I have encountered many such cases.'[42]

While some women possibly feared their husbands would be unfaithful while they were in hospital, there was a counterbalancing attraction which appeared to far outweigh that anxiety: the availability of pain relief. In 1933 the Auckland branch of the NCW sent a remit to the national conference that resident medical officers should be appointed to all St Helens hospitals in the Dominion. Two months later they clarified that they meant 'medical officers in the capacity of anaesthetists'.[43] The secretary was instructed to find out whether St Helens' midwives and nurses were qualified and authorized to administer chloroform (a major form of pain relief), and whether they gave it 'only in cases of extreme difficulty; *also may the patients have it if they wish*'.[44]

Women had begun to pressure doctors to administer anaesthesia in childbirth as soon as it became available. With regard to America, Leavitt described nineteenth-century women as more eager than their physicians to invest in pain-relieving agents such as chloroform and ether.[45] In New Zealand, Alison Clarke related the story of Amy Barkas, who demanded chloroform: 'Amy was a determined woman, wealthy enough and assertive enough to find a doctor willing to do what she wanted'.[46]

In the 1920s and 1930s, at her private hospital at Stratford, general practitioner/obstetrician Dr Doris Gordon used the pain relief known as 'twilight sleep' (morphia and scopolamine). Twilight sleep had already been discredited by doctors in Britain as it required a high level of monitoring, which was not feasible in the many hospitals labouring under acute staff shortages.[47] In justifying her use of twilight sleep, Gordon claimed that the stillbirth rate at her hospital was much lower than at the St Helens hospitals. The Health Department, she said, had strongly opposed the use of these drugs and had convinced the public of their dangers, but in the right hands, she believed, they were safe and effective.[48] Gordon accepted that this type of pain relief should be given only by people who were 'really enthusiastic' about it, and that 'extra patient care' was required when it was used. She explained that she usually spent the night in hospital on call when she administered twilight sleep. The results were worth it in her opinion: 'I find that many people who previously were afraid of pregnancy are more willing to have children after they have been in my hospital and experienced "twilight" sleep methods.'[49] In this way she spoke to the national fears of depopulation or 'race suicide', ideas which were gaining currency in the context of another imminent world war in the 1930s.

Others also played on the prevalent political concern about depopulation. This had been the dominant motive for the government to set up a committee of inquiry into abortion in 1936. In its 1937 report this committee claimed that several witnesses had suggested that fear of pain relief being withheld in labour was a factor in women seeking illegal abortions.[50] By this time there appeared to be huge public confidence in the science of anaesthesia. As the 1937 Inquiry into Abortion stated, '[a]n erroneous idea seems to be prevalent among certain sections of the laity that the total abolition of pain during labour is possible for every patient'.[51]

The Auckland branch of the SPWC summed up what appeared to be a widespread consensus among women in 1936 with its recommendations to the Minister of Health for improved state maternity services, which included the 'utmost attention and relief from pain which science can provide'. It believed this should be provided for all women in childbirth, 'married or single, rich or poor'. To facilitate this the branch wanted an extension of hospital provision for childbirth, and a doctor to be 'present at every delivery'. It recorded that the existing practices at the St Helens hospitals run by midwives resulted in prolonged and unnecessary suffering for patients.[52]

The SPWC's representatives visited the local St Helens hospital, where they interviewed seven women who had experienced normal (uncomplicated) births, and discovered all these women claimed that only financial reasons prevented them from having a doctor at the birth.[53] Mrs Nellie Molesworth, described by Dalziel in her history of the SPWC as the society's 'best known figure in the 1930s', was an inspector for the SPWC from 1928 to 1941.[54] Molesworth told the Maternity Committee that during her time as inspector she had questioned many women at St Helens and heard very distressing stories of unnecessary suffering endured by these women of the 'poorer class'. She claimed to have interviewed a large number, and in practically every case they had received inadequate pain relief. Molesworth declared that unless their childbirth was 'abnormal', they went through the birth 'conscious of acute suffering'. Many of them were given a 'Murphy Inhaler', a form of pain relief which midwives were allowed to administer and which dispensed a limited amount of pain relief in the form of chloroform. The inhaler was 'almost useless', and in any case, 'very often' the midwives took the inhaler away and told the women to do more to help themselves. Molesworth had also heard of midwives stitching episiotomies without administering an anaesthetic. With a clear eye on the government's concern about population size she commented that many women 'who, through force of circumstances have to enter St Helens, dread a confinement so much that they have told me that they would rather die than face it again'. Her committee, she reported, demanded 'adequate

relief in all cases' and urged that research be carried out into 'modern methods of relieving pain during confinements'. 'We', Molesworth concluded, 'think that painless maternity is every woman's right'.[55]

Two of the seven members of the Maternity Committee, Dr Thomas Paget of the Health Department and Dr Sylvia Chapman, Medical Superintendent of a St Helens hospital, wrote in support of a 'midwifery service with a doctor on call for emergencies'.[56] However, the three women on the committee who represented women's interests — Mrs Amy Hutchinson, Mrs Agnes Kent-Johnston, and the wife of the Minister of Health and later Prime Minister, Mrs Janet Fraser — came down firmly on the side of hospital births with a doctor in attendance.[57] The latter won the day. The recommendations of the 1938 report were acted upon by the Labour government when it included a maternity benefit in the 1938 Social Security Act, effective from 1939. This benefit allowed women to give birth in hospital and stay there for 14 days, free of charge, or access the services of maternity nurses and midwives for a home birth and for 14 days thereafter. Mothers overwhelmingly chose hospital births with doctors in attendance. Over the ten months following the introduction of the benefit, 22,652 women gave birth in hospital and 1854 (or 7.5%) at home.[58] Donley saw this as a victory for the medical profession in its goal to turn women into 'clinical material' in a hospital setting.[59] At the time Dr Doris Gordon viewed it differently, boasting that New Zealand was the first country in the British Empire to allow all women in childbirth to be the 'financial guests of the Government'.[60]

With hospital provision secured, women's organizations continued to exert pressure on the government to extend pain relief in childbirth. In 1946 the Wellington branch of the Women's Citizen Guild and the New Zealand Family Planning Association (NZFPA), which had been set up in the previous decade by women to press for access to birth control, met with Labour's Health Minister, Arnold Nordmeyer, to discuss the provision of anaesthesia in childbirth. Mrs Ford of the NZFPA explained to the minister that they were not advocating for any particular method of pain relief but thought there should be further research. She pointed out that they had the support of the NCW in this request. Another member of the deputation, Mrs Hogan, spoke of her personal experiences. She said that her first two births had been very difficult and she had been given very little relief, so that during her third pregnancy she spent nine months in fear. However, at the maternity home where she had her third child, she was given nembutal hyoscine (a hypnotic drug), which she found very beneficial. It had enabled her to sleep for several hours, her baby was 'perfectly normal', and despite the midwives' warnings, she had subsequently been able to breastfeed her baby.

The deputation's members asked the minister to enquire into methods allowing 'total freedom from pain in childbirth and the extent to which they were available to mothers'. They urged the government to subsidize equipment and train personnel in administering pain relief. They regarded pain relief as a welfare entitlement, framing it in terms of the goals of the first Labour government to extend the welfare state.[61]

In his response to the deputation Nordmeyer explained why pain relief might be withheld, even suggesting that midwives withheld pain relief in order to 'make the mother tough'. Similar attitudes prevailed in Britain, where better access to pain relief was also being advocated, primarily by the National Birthday Trust Fund.[62] A 1946 survey by the College of Obstetricians and Gynaecologists and the Population Investigation Commission, of nearly 14,000 women who gave birth in Britain during a specified week, found that the absence of pain relief was the most common cause of dissatisfaction with treatment during labour.[63] In Britain, some women accused midwives and doctors of having a 'callous attitude to distress' and of taking 'an almost sadistic joy in withholding sedatives'.[64] Back in New Zealand, the deputation questioned the minister about the adequacy of training of health professionals in administering modern pain relief and of research into improved methods. Nordmeyer boasted about the government's new initiative, a postgraduate school of obstetrics and gynaecology in Auckland.[65]

Organized women's groups had long supported the promotion of university appointments in obstetrics and gynaecology. In Australia women's organizations had been involved in lobbying for the appointment of the first professor of obstetrics to the University of Sydney, Dr J.C. Windeyer, in 1925.[66] Similar moves occurred in New Zealand in the late 1920s, in this instance orchestrated by Dr Doris Gordon. In 1929 the New Zealand Obstetrical Society, of which Gordon was a founder and subsequent secretary, sent an official appeal to women's organizations, urging them to support its campaign to fund a full-time professor of obstetrics at the University of Otago.[67] Women responded with enthusiasm. The Auckland branch of the NCW considered the 1930 Obstetrical Endowment Appeal would contribute to 'a noteworthy advance in maternal welfare long advocated by the National Council of Women'.[68] The NCW passed a resolution urging the creation of such a chair, 'in view of the high rate of maternal mortality in New Zealand … to control more efficiently this most important branch of the medical profession'.[69]

Gordon led the fundraising for the chair in obstetrics. Coming from a medical background it is not surprising that she favoured doctors' involvement in childbirth, but she also presented herself as a feminist motivated by concern

for women's well-being. She said of the Obstetrical Society: 'Our aim was *the genuine welfare of every mother*, irrespective of colour or complexion, and her inviolable right to be treated with the same consideration as would be extended to a Prime Minister's daughter.'[70]

Having headed the successful 1930 campaign to raise funds for a new chair in obstetrics at Otago, a decade later Gordon led a second campaign to found a new, up-to-date women's hospital in Auckland housing a postgraduate school of obstetrics and gynaecology for the whole country. In putting forward the case for such an institution she argued that the government paid more attention to cows and their hormones than to women, citing the extensive research into the former by the well-paid Dairy Board scientists.[71] Gordon sought out influential women to support a new hospital for women, appealing, for instance, to her friend Mrs Nina Barrer, then Vice President of the Women's Division of the New Zealand Farmers' Union.[72] She told Barrer that 'New Zealand badly needs one up-to-date and well controlled women's Hospital'. She explained that women had the right to 'positive good health' and that 'modern discoveries' could cure 75% of the troubles then passively accepted as 'women's lot', and stressed that her cause was non-political. Gordon thought the onus rested on women leaders. Politicians would ignore the request if she alone pushed for the new hospital, but, she told Barrer, 'If hundreds of women appear to want it they will suddenly find it's their hearts' desire'.[73] Gordon had great confidence in the power of women to influence Parliament, and she was right.

The argument for improving facilities to train doctors in maternity was strengthened once the government had endorsed doctor-led maternity services and it became clear women were taking up this option following the introduction of the maternity benefits in 1939. As the New Zealand Obstetrical and Gynaecological Society (NZOGS, as the Obstetrical Society was now called) pointed out in 1945, without providing postgraduate training for doctors, the government could not purchase what the public wanted, namely 'a most efficient State obstetrical Service'.[74]

Gordon was central to the convening of a conference of interest groups in 1940 to set up such a training facility. The concern of women's organizations is clear from their representation at the conference. Delegates included Mrs Agnes McIntosh, Dominion President of the NCW; Miss Amy Kane, then Dominion President of the Country Women's Institute and a former president of the NCW; Mrs Adams, Dominion President of the Women's Division of the Farmers' Union; Mrs Isabel Averill, representing the Canterbury Branch of the NCW and herself a doctor; Mrs Charles White, Vice President of the New Zealand League of Mothers; Miss Cybele Kirk, Dominion Secretary

of the Women's Christian Temperance Union; Mrs Amy Hutchinson, at that time chairwoman of the Auckland Women's Committee for Better Maternity Services; Mrs Rhoda Bloodworth, representing the Auckland branch of the SPWC and formerly Dominion Secretary of the NCW; Mrs David Smith, representing the Wellington Branch of the New Zealand University Women's Association; and finally Dr Hilda Northcroft, representing the Auckland branch of the NZOGS, former president of the Auckland branch of the NCW and current Dominion Secretary.[75]

The alliance between women's groups and medical professionals evident at this conference continued in its aftermath. The NZOGS set up a co-ordinating committee to prepare the scheme for the new hospital, which was to be located in Auckland. This committee included the current president of the NZOGS, Dr Louis Levy, and Professor Dawson, along with Drs Doris Gordon and Hilda Northcroft, and Mrs McIntosh, Miss Kane and Mrs Hutchinson.

Women's organizations were also involved in fundraising for the new postgraduate chair of obstetrics and gynaecology in 1945, just as they had been with the 1930 appeal for the chair at Otago. The Auckland Businessmen's Association spearheaded the appeal, but the work was carried out by women's groups. The campaign's business organizer, Percy Shaw, told Gordon enthusiastically in 1945 that he had 'just been tapped for £5 by a lady with one of our collecting books'.[76] Three years later the NCW congratulated Shaw on the success of the appeal, which had raised £100,000.[77]

National Women's Hospital, with its postgraduate school of obstetrics and gynaecology, opened in 1946. It was initially located in an old army hospital, constructed by the Americans during the Second World War and taken over by the Auckland Hospital Board in 1945. Women's organizations, however, were adamant that this was a temporary arrangement; their ultimate goal was a purpose-built hospital, and they kept up the pressure on the Auckland Hospital Board through the 1950s.[78] The new National Women's Hospital opened in 1964.

However, while women drove the move to hospital births they did not always like what they found when they got there. Some women had already been wary of the trend. Philippa Mein Smith cited the evidence of Mrs McIntosh of the Women's Division of the Farmers' Union and Dr Sophia De La Mare, to the Maternity Committee. They declared that, given the option, women would prefer home births where they received more personalized care.[79] But rather than reverse the trend, a new activist movement arose to improve the hospital environment for women. This was the Parents' Centre (initially called the Natural Childbirth Association), set up by a group of

women in 1951. It grew to include branches throughout the country, and in 1957 formed the Federation of New Zealand Parents' Centres (FNZPC).[80] Meanwhile the more traditional women's organizations, such as the NCW and the SPWC, also kept a watching brief over maternity services in hospital.

In 1960 the Wellington branch of the NCW produced a report called 'Maternity Services in New Zealand', based on interviews with mothers.[81] Nurses and midwives rather than hospital doctors formed the report's main target for criticism. Mothers complained of the nurses' harsh and even 'inhumane' treatment of them. An appendix to the report included a document from the Oamaru Mothers' Group, a particularly activist body. One of its complaints was that the nurses would not allow mothers to talk to their general practitioner in confidence without nurses being present.[82]

Similar criticisms of nurses emerged elsewhere, and particularly after the Nurses and Midwives Board changed the nursing curriculum in 1957 to include maternity within the general nursing curriculum. The Combined Auckland Housewives' Associations argued that this brought 'droves of young inexperienced girls in labour rooms'.[83] The Auckland branch of the NCW demanded a government inquiry into maternity services, declaring that this was an area 'peculiarly our own'.[84] The government managed to diffuse the situation by setting up a Maternity Services Committee, as a sub-committee of the Board of Health.[85] Following further agitation and lobbying from women's organizations (including the FNZPC, the NZFUW and the NCW) this new maternity committee included a consumer representative. The FNZPC scolded that if mothers had been represented from the beginning in the planning and functioning of New Zealand maternity services, many current causes of dissatisfaction might have been avoided.[86]

In 1961 the NZFUW carried out a survey of the childbirth experiences of 500 women, and, like the NCW survey the previous year, focused on hospital conditions. The report showed that only a 'small minority' were dissatisfied with the maternity services, and that most women had confidence in their doctors. Criticisms related primarily to hospital routines. Some mothers complained that nurses did not treat them as 'intelligent human beings', and others considered nurses to be indifferent or even callous. The report once again regretted that there was no opportunity to talk privately with the doctor, as visits tended to be formal, with nursing staff in attendance.[87]

The 1961 survey found that most women did not favour home births; about 18% liked the idea, but only if circumstances were suitable, and they believed that New Zealand conditions were generally unfavourable because of the lack of domestic help. Many mothers welcomed the stay in hospital as a break from domestic chores. The report noted that a more representative

cross-section of mothers would probably show a greater preference for hospital births as domestic circumstances would be even less favourable.[88] Hospital births were there to stay, but women began the process of altering relationships within the hospital setting, a process which would accelerate in the following decades. New Zealand was not alone in this; an historical study of childbirth services in Britain commented, 'Interestingly, one of the first places within medicine where these concerns [about a caring environment] surfaced was obstetrics; and by the early 1960s they had become sufficiently serious for the Ministry of Health to issue a policy statement entitled *Human Relationships in Obstetrics*'.[89] This trend was evident in New Zealand, and, I would argue, was a direct result of women's activism.

The exception to this consumer activism relating to hospitalized childbirth in the early twentieth century was amongst Māori women, many of whom continued to regard hospitalized childbirth as alien to their culture, at least until the post-Second World War years. Whilst in the 1930s almost no Māori women gave birth in hospital, by 1960 90% of Māori births occurred in a hospital.[90]

District nurses who worked in Māori communities before hospital birth became the norm were loath to intervene in traditional birthing practices, even if they themselves believed the hospital to be the safer option and despite knowledge of the higher maternal death rates amongst Māori women (in 1920 Māori maternal mortality was estimated to be 22.86 per 1000 live births, compared to 6.48 for Pākehā mothers).[91] In the 1930s Frances Hayman, a missionary nurse in Kāwhia, reported that it was very hard to get an expectant mother to enter a maternity hospital, despite this becoming the trend for non-Māori women. She also wrote that, 'Maori women preferred their husbands or their male relatives to midwives'.[92] Kathleen Shepherd, who worked as a district health nurse in the late 1930s, also explained that nurses were 'not supposed to go to maternity cases — mostly Maori looked after their own folk'.[93]

The 1938 Maternity Committee Report dismissed what it regarded as a 'preconceived idea' that childbirth was 'easy and safe and that the Natives can well be left to themselves', claiming this was 'not supported' by the fact that the Māori maternity death rate was twice as high as the non-Māori.[94] The report noted that a large number were still 'confined in the Native fashion with the assistance of their own folk', and that district nurses assisted only 'where some difficulty has arisen'. The problem with relying on district nurses to improve childbirth services was that these nurses had large districts and multiple functions, and the committee also highlighted the 'very unhygienic environment in which [childbirth] was now so frequently practised'.[95]

The transition in the post-war period undoubtedly related to urbanization and warrants further research into the activities, for instance, of the Māori Women's Welfare League, another vehicle for women's activism.[96]

This article has argued that through their organizational networks New Zealand women assertively demanded the kind of childbirth services they wanted. They played on political concerns about depopulation in advocating universal pain relief; withholding it, they argued, would result in women refusing to reproduce. They reflected mid-twentieth-century confidence in medical science and in hospitals as modern and progressive places to give birth. Fears of race suicide and faith in medicine were symptomatic of international trends, but aspects of the local social and political context also explain the rise of hospital birth in New Zealand. Imbued with the mid-twentieth-century consensus that welfare provision was an entitlement, many New Zealand women demanded universal, free maternity services. In 1937, when 81.75% of New Zealand births were taking place in hospital (versus 15%-25% of British births), Dr Emily Siedeberg McKinnon, the Medical Superintendent of Dunedin's St Helens hospital, offered her thoughts on why New Zealand differed from Britain.[97] Viewing it in terms of New Zealand's self-image as a classless society, she argued that New Zealand women did not 'have the same sense of class inferiority' as seen in Britain and expected higher standards.[98] Those higher standards included access to hospitalized childbirth.

An account of such activism would come as no surprise to Raewyn Dalziel, who, while researching the archives of the Auckland Home and Family Society (as the SPWC was called from 1955), found the society to be an effective lobby group for issues that concerned women, including childbirth. Indeed she argued that women in the SPWC were directly involved in pressing for hospital accommodation for all women in childbirth and in the establishment of a women's hospital in Auckland. She remarked: 'The hospital was certainly what the Society and other women had campaigned for.'[99] This article has gone further and argued that without their involvement the maternity benefits and even National Women's Hospital would not have eventuated. In so doing it has attempted to restore women's place at the centre of activities in this area, which the NCW rightfully claimed to be 'peculiarly our own'.[100]

LINDA BRYDER

The University of Auckland

NOTES

This article emerged from a Royal Society of New Zealand-funded Marsden project leading to the publication of a monograph: Linda Bryder, *The Rise and Fall of National Women’s Hospital: a history*, Auckland University Press, Auckland, 2014. See also Linda Bryder, ‘What Women Want: Childbirth Services and Women’s Activism in New Zealand, 1900–1960’, in Janet Greenlees and Linda Bryder, eds, *Western Maternity and Medicine, 1880–1990*, Pickering & Chatto, London, 2013, pp.81–98, which also considered notions of women’s activism in childbirth, though with a greater focus on events at National Women’s Hospital in the 1950s.

1 *New Zealand Herald* (NZH), 2 February 2008, p.1.

2 By 1960, 93% of all Pākehā births and 90% of all Māori births occurred in hospital, ‘Maternity Services in New Zealand: Report by a Sub-Committee of the Wellington Branch of the National Council of Women’, 5 February 1960, p.22, Box 1.1, Early Federation Files, Executive minutes 1957–64–75, Federation of New Zealand Parents’ Centre (FNZPC) Archives, Wellington.

3 See, for example, the University of Otago study and publicity surrounding it: Ellie Wernham, Jason Gurney, James Stanley, Lis Ellison-Loschmann and Diana Sarfati, ‘A Comparison of Midwife-Led and Medical-Led Models of Care and Their Relationship to Adverse Fetal and Neonatal Outcomes: A Retrospective Cohort Study in New Zealand’, *PLoS Medicine*, 13, 9 (2016), e1002134. doi:10.1371/ journal.pmed.1002134.

4 Irvine Loudon, ‘Childbirth’, in Irvine Loudon, ed., *Western Medicine: An Illustrated History,* Oxford University Press, Oxford, 1997, p.219; see also Irvine Loudon, *Death in Childbirth: An International Study of Maternal Care and Maternal Mortality, 1800–1950*, Clarendon, Oxford, 1992.

5 Ann Oakley, *The Captured Womb: A History of the Medical Care of Pregnant Women*, Blackwell, Oxford, 1984; see, for instance, pp.2, 250, 254–5; see also Ann Oakley, *Women Confined: Towards a Sociology of Childbirth*, Martin Robertson, New York, 1980, where she ‘speculates[s] about the ways in which women’s treatment as mothers is associated with their oppression as women’, p.1.

6 Jo Murphy-Lawless, *Reading Birth and Death: A History of Obstetric Thinking*, Indiana University Press, Cork, 1998.

7 Marjorie Tew, *Safer Childbirth: A Critical History of Maternity Care*, 2nd edn, Free Association Books, London, 1998, p.11.

8 Tew, *Safer Childbirth*, p.7.

9 Joan Donley, *Save the Midwife*, New Women’s Press, Auckland, 1986, Author’s Preface, pp.12, 69, 82, 110, 112–3, 116, 121; reprinted with new introduction in 1998: Joan Donley, *Birthrites: Natural vs Unnatural Childbirth in New Zealand*, Full Court Press, Auckland, 1998. This perspective was also evident in Elaine Papps and Mark Olssen, *Doctoring Childbirth and Regulating Midwifery in New Zealand: A Foucauldian Perspective*, Dunmore Press, Palmerston North, 1997.

10 Charlotte Parkes, ‘The Impact of the Medicalisation of New Zealand’s Maternity Services on Women’s Experience of Childbirth, 1904–1937’, in Linda Bryder, ed., *A Healthy Country: Essays on the Social History of Medicine in New Zealand*, Bridget Williams Books, Wellington, 1991, p.166; Philippa Mein Smith, *Maternity in Dispute: New Zealand, 1920–1939*, Historical Publications Branch, Department of Internal Affairs, Wellington, 1986.

11 Alison Clarke, *Born to a Changing World: Childbirth in Nineteenth-Century New Zealand*, Bridget Williams Books, Wellington, 2012.

12 Wendy Mitchinson, *Giving Birth in Canada 1900–1950*, University of Toronto Press, Toronto, 2002, p.159.

13 Wendy Mitchinson, 'Agency, Diversity, and Constraints: Women and Their Physicians, Canada, 1850–1950', in the Feminist Health Care Ethics Research Network, co-ordinator Susan Sherwin, *The Politics of Women's Health: Exploring Agency and Autonomy*, Temple University Press, Philadelphia, 1998, pp.122–49.

14 Alison Nuttall, 'Taking "Advantage of the Facilities and Comforts … Offered": Women's Choice of Hospital Delivery in Interwar Edinburgh', in Greenlees and Bryder, *Western Maternity and Medicine,* pp.65–80.

15 Tania McIntosh, *A Social History of Maternity and Childbirth: Key Themes in Maternity Care*, Routledge, London, 2012, p.64.

16 Signild Vallgarda, 'Hospitalization of Deliveries: The Change of Place of Birth in Denmark and Sweden from the Late Nineteenth Century to 1970', *Medical History*, 40, 2 (1996), pp.173–96.

17 See Dorothy Page, *The National Council of Women: A Centennial History*, Auckland University Press/Bridget Williams Books, Auckland, 1996.

18 Raewyn Dalziel, *Focus on the Family: The Auckland Home and Family Society, 1893–1993*, Home and Family Society, Auckland, 1993, pp.46–48.

19 'Report of the Committee of Inquiry into the Various Aspects of the Problem of Abortion in New Zealand', *Appendices to the Journals of the House of Representatives* (AJHR), 1937, H-31A, pp.1–28; 'Report of the Committee of Inquiry into Maternity Services', AJHR, 1938, H-31A, pp.1–112.

20 Linda Bryder, *A Voice for Mothers: The Plunket Society and Infant Welfare 1907–2000*, Auckland University Press, Auckland, 2003, p.2; see also Alisa Klaus, *Every Child a Lion: The Origins of Maternal and Infant Health Policy in the United States and France, 1890–1920*, Cornell University Press, Ithaca, 1993, and Deborah Dwork, *War is Good for Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England, 1898–1918*, Routledge, London, 1987.

21 'Report of the Inspector-General of Hospitals and Charitable Institutions', AJHR, 1906, H-22, p.3.

22 Hester Maclean, 'Nurses Registration Act, Midwives Act, Maternity Hospitals and Private Hospitals', AJHR, 1918, H-31, p.9; AJHR, 1919, H-31, p.11.

23 'Report of the Committee of Inquiry into Maternity Services', p.73.

24 On maternity services in the Netherlands, see Hilary Marland, 'Questions of Competence: The Midwife Debate in the Netherlands in the Early Twentieth Century', *Medical History*, 39, 3 (1995), pp.317–37; on Scandinavia see Vallgarda, 'Hospitalization of Deliveries', pp.173–96.

25 Henry Jellett, *The Causes and Prevention of Maternal Mortality*, Churchill, London, 1929, p.15.

26 'Report of the Committee of Inquiry into Maternity Services', p.74.

27 'New Zealand Obstetrical Society Section: Doctor and Midwife, Colleagues or Rivals', *New Zealand Medical Journal* (NZMJ), 32 (1933), pp.20–23, 22.

28 New Zealand Obstetrical Society (NZOS), minutes, 20 March 1934 (Private collection, held by Professor R.W. Jones, Auckland). Also cited in Society for the Protection of Women and Children (SPWC), Report of the SPWC Subcommittee to be sent to the Minister of Health, 19 August 1936, p.73, MS-1144, 89/223, Auckland War Memorial Museum Archives (AWMMA).

29 NZOS, minutes, 20 March 1934.

30 T.F. Corkill, 'The Trend of Obstetric Practice in New Zealand', NZMJ, 32 (1933), pp.42–52. Corkill was President of the Society (called the New Zealand Obstetrical and Gynaecological Society from 1935) in 1936–1937.

31 Clarke, *Born to a Changing World*, p.172.

32 See, for example, *New Zealand Parliamentary Debates* (NZPD), 1904, 128, pp.70–71, 80.

33 Mein Smith, *Maternity in Dispute*, p.7.

34 ‘Report of Special Committee Set up by Board of Health to Consider and Report on the Question of the Deaths of Mothers in Connection with Childbirth’, AJHR, 1921, H-31B, p.4.

35 National Council of Women (NCW), Auckland Branch, minutes, 22 June 1936, MS 879, 32, AWMMA. Emphasis added.

36 New Zealand Society for the Protection of Women and Children (NZSPWC), minutes, 19 August 1936, p.73, MS 1144, AWMMA.

37 Agnes Kent-Johnson, Evidence to Committee of Inquiry into Maternity Services, (Professor Dawson’s interview), 22 May 1937, MS 78, AWMMA; Margaret Lovell-Smith, ‘Kent-Johnston, Agnes Gilmour’, Dictionary of New Zealand Biography. Te Ara — the Encyclopedia of New Zealand, updated 30-Oct-2012, http://www.TeAra.govt.nz/en/biographies/5k8/kent-johnston-agnes-gilmour.

38 NZSPWC, minutes of Executive, 9 November 1936, visit paid to St Helens Hospital, 22 October 1936 by Mrs Moore, Mrs Bates, Mrs Agnes Preston Chambers and Mrs Amy Hutchinson, MS-1144, 89/223, AWMMA.

39 Jane Lewis, ‘Mothers and Maternity Policies in the Twentieth Century’, in Jo Garcia, Robert Kilpatrick and Martin Richards, eds, *The Politics of Maternity Care: Services for Childbearing Women in Twentieth-Century Britain*, Oxford University Press, Oxford, 1990, pp.15–16.

40 Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750 to 1950*, Oxford University Press, New York, 1986, p.176.

41 Evidence of Mrs Kelso and Barrer to Abortion Inquiry, 6 October 1936, cited in Mein Smith, *Maternity in Dispute*, p.114.

42 Dr Siedeberg McKinnon, Evidence to Committee of Inquiry into Maternity Services, 21 May 1937, MS 78, AWMMA.

43 NCW, Auckland Branch, minutes, 24 July 1933, 30 October 1933, NCW MS 879, 31, AWMMA.

44 NCW, Auckland Branch, minutes, 24 July 1933, NCW MS 879, 31, AWMMA. Emphasis in the original.

45 Leavitt, *Brought to Bed*, p.117.

46 Clarke, *Born to a Changing World*, pp.54–56.

47 Jennifer Beinart, ‘Obstetric Analgesia and the Control of Childbirth in Twentieth-Century Britain’, in Garcia et al., *The Politics of Maternity Care*, pp.116–32, 120; A. Susan Williams, *Women and Childbirth in the Twentieth Century: A History of the National Birthday Trust Fund 1928–93*, Sutton Publishing, Stroud, 1997, pp.128–9.

48 Doris Gordon, Evidence to Committee of Inquiry into Maternity Services, 13 September 1937, MS 78, AWMMA.

49 Gordon, Evidence to Committee of Inquiry into Maternity Services, 13 September 1937.

50 ‘Report of the Committee of Inquiry into the Various Aspects of the Problem of Abortion in New Zealand’, p.9.

51 ‘Report of the Committee of Inquiry into the Various Aspects of the Problem of Abortion in New Zealand’, p.9.

52 NZSPWC, Executive Committee minutes, 19 August 1936, p.73; Minutes of a Special Sub-committee meeting, 1 April 1936 ‘to consider State Maternity Services’, 23 July 1936, MS 1144/7, AWMMA.

53 NZSPWC, minutes of Executive, 9 November 1936, visit paid to St Helens Hospital, 22 October 1936 by Mrs Moore, Mrs Bates, Mrs Agnes Preston Chambers, and Mrs Amy Hutchinson, MS 1144, AWMMA.

54 Dalziel, *Focus on the Family*, pp.39–40.

55 Nellie Molesworth, representing the NZSPWC, Evidence before 1937 Committee of Inquiry into Maternity Services, 6 September 1937, MS 78, AWMMA.

56 'Report of Committee of Inquiry into Maternity Services, "Reservations by Dr Sylvia G. de L. Chapman and T. L. Paget in relation to sections of report on 'Methods of Attendance' and 'Relief of Pain in Labour'"', p.112.

57 On Amy Hutchinson see Philippa Mein Smith, 'Hutchinson, Amy May', Dictionary of New Zealand Biography. Te Ara — the Encyclopedia of New Zealand, updated 30-Oct-2012, http://www.TeAra.govt.nz/en/biographies/4h40/hutchinson-amy-may; on Janet Fraser see Hilary Stace, 'Fraser, Janet', Dictionary of New Zealand Biography. Te Ara — the Encyclopedia of New Zealand, updated 30-Oct-2012, http://www.TeAra.govt.nz/en/biographies/4f21/fraser-janet.

58 Department of Health Annual Report, AJHR, 1940, H-31, pp.6–8.

59 Donley, *Save the Midwife*, pp.47–48.

60 Doris Gordon, *Weekly News*, 21 August 1946, p.15; on Gordon see Linda Bryder, 'Gordon, Doris Clifton', Dictionary of New Zealand Biography. Te Ara — the Encyclopedia of New Zealand, updated 1-Sep-10, http://www.TeAra.govt.nz/en/biographies/4g14/1.

61 Deputation, Hutt Valley Women's Citizen Guild and the Family Planning Association to Minister of Health, A.H. Nordmeyer, 27 June 1946, H1 13 24626, Archives New Zealand, Wellington (ANZW).

62 Williams, *Women and Childbirth in the Twentieth Century*.

63 Geoffrey Cumberlege, *Maternity in Great Britain. A Survey of Social and Economic Aspects of Pregnancy and Childbirth Undertaken by a Joint Committee of the Royal College of Obstetricians and Gynaecologists and the Population Investigation Committee*, London, 1948, pp.80, 86.

64 Jenny Kitzinger, 'Strategies of the Early Childbirth Movement: A Case-Study of the National Childbirth Trust', in Garcia et al, *The Politics of Maternity Care*, pp.97–98.

65 Deputation, Hutt Valley Women's Citizen Guild and the Family Planning Association to Minister of Health, A.H. Nordmeyer, 27 June 1946, H1 13 24626, ANZW.

66 Milton J. Lewis, 'Obstetrics: Education and Practice, 1870–1939, Part 2', *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 18, 3 (1978), p.165.

67 NZOS minutes, 23 February 1929.

68 Page, *The National Council of Women*, p.73.

69 Dudley William Carmalt Jones, *Annals of the University of Otago Medical School, 1875–1939*, Reed, Wellington, 1945, p.226.

70 Doris Gordon, *Backblocks Baby-Doctor: An Autobiography*, Faber & Faber, London, 1955, p.207.

71 Gordon, *Backblocks Baby-Doctor*, p.218. Emphasis in the original.

72 Nina Barrer was President of the Masterton Branch of the Women's Division of the New Zealand Farmers' Union 1927–1930, and Dominion Vice President and member of the Advisory Board 1925–1947. She also became a prominent member of the New Zealand National Party, as a member of the Dominion Council 1942–1943 and Women's Vice President North Island 1944–1945. See Christopher van der Krogt, 'Barrer, Nina Agatha Rosamond ', Dictionary of New Zealand Biography. Te Ara — the Encyclopedia of New Zealand, updated 1-Sep-10, http://www.TeAra.govt.nz/en/biographies/4b6/1.

73 Gordon to Barrer, 29 November 1944, Doris Clifton Gordon Papers, MS 115, AWMMA; see also Gordon, *Backblocks Baby-Doctor*, p.218.

74 New Zealand Obstetrical and Gynaecological Society, *A Statement on the Dominion's Need for One Well-Equipped Hospital for Obstetrics and Gynaecology to Serve as The One Post Graduate Training School for these Sciences within NZ. Printed at the request of The Women's*

Associations of New Zealand, February 1945, Dr Doris Clifton Gordon Papers, MS 115 F.1, AWMMA.

75 New Zealand Obstetrical and Gynaecological Society, *A Statement on the Dominion’s Need for One Well-Equipped Hospital for Obstetrics and Gynaecology*.

76 Percy Shaw to Doris Gordon, 3 September 1945, Dr Doris Clifton Gordon Papers, MS 115 F.1, AWMMA.

77 NCW, Auckland Branch, minutes, 27 September 1948, MS 879, 37, AWMMA. See also Betty Holt, *Women in Council: A History of the National Council of Women of New Zealand*, The Council, Wellington, 1980, p.84.

78 See, for example, NCW Hon. Sec. to Mrs Ross, 22 October 1953, MS 879 18, AWMMA.

79 Mein Smith, *Maternity in Dispute*, p.114.

80 Mary Dobbie, *The Trouble with Women: The Story of Parents Centre New Zealand*, Cape Catley, Whatamongo Bay, 1990.

81 ‘Maternity Services in New Zealand: Report by a Sub-Committee of the Wellington Branch of the National Council of Women’, 5 February 1960, p.22, Box 1.1, Early Federation Files, Executive minutes 1957–64–75, FNZPC Archives, Wellington.

82 ‘Report of the Committee of Inquiry into Maternity Services in New Zealand’, pp.24, 26; see also Dobbie, *The Trouble with Women*, pp.65–66.

83 *Auckland Star*, 21 March 1960, p.15.

84 ‘Are New Zealand’s Maternity Services Perfect? Report by a Committee’, *Women’s Viewpoint*, 1, 1 June 1960 (Organ of the NCW Auckland Branch), p.35; NCW, Auckland Branch, minutes, 22 February 1960, MS 879, 40, AWMMA.

85 H.B. Turbott, memo., 30 June 1960, H 13 27353, ‘Maternal 1953–61’, ANZW.

86 Turbott, memo., 30 June 1960.

87 New Zealand Federation of University Women (NZFWU), Report on a Maternity Services Survey, September 1961, p.1, H1 29/21 27900, ANZW; Elizabeth Orr, ‘A Maternity Services Survey’, *New Zealand Nursing Journal: Kai Tiaki*, 55, 9 (1962), p.6.

88 Orr, ‘A Maternity Services Survey’, pp.6–7.

89 ‘Introduction’, Garcia et al., *The Politics of Maternity Care*, p.2.

90 ‘Department of Health, Annual Report’, AJHR, 1960, H-31, p. 9.

91 Francis Sydney Maclean, *Challenge for Health: A History of Public Health in New Zealand*, Government Printer, Wellington, 1964, p.216; Helen Mortimer Harte, ‘Home Births to Hospital Births: Interviews with Maori Women who Had Their Babies in the 1930s’, *Health and History*, 3, 1 (2001), pp.87–108; Violet Otene Harris and Aroha Harris, ‘“I Wouldn’t Say I Was a Midwife”: Interviews with Violet Otene Harris’, *Health and History*, 3, 1 (2001), pp.109–23.

92 Frances Hayman, *King Country Nurse*, Blackwood and Janet Paul, Hamilton, 1964, p.74.

93 Kathleen Norah Shepherd, Oral History Interview, 0014/148, Alexander Turnbull Library, Wellington.

94 ‘Report of the Committee of Inquiry into Maternity Services in New Zealand’, p.96.

95 ‘Report of the Committee of Inquiry into Maternity Services in New Zealand’, p.96.

96 Aroha Harris and Mary Jane Logan McCallum, ‘“Assaulting the Ears of Government”: The Indian Homemakers’ Clubs and the Maori Women’s Welfare League in their Formative Years’, in Carol Williams, ed., *Indigenous Women and Work: From Labor to Activism*, University of Illinois Press, Urbana, 2012, pp.225–39.

97 ‘Report of the Committee of Inquiry into Maternity Services’, p.76; see also T.F. Corkill, ‘The Trend of Obstetric Practice in New Zealand’, NZMJ, 32 (1933), pp.42–52.

98 Dr Siedeberg McKinnon, Evidence to 1937 Committee of Inquiry into Maternity Services, 21 June 1937, MS 78, AWMMA.

99 Dalziel, *Focus on the Family,* pp.46–48.

100 'Are New Zealand's Maternity Services Perfect?', p.35; NCW, Auckland Branch, minutes, 22 February 1960, MS 879, 40, AWMMA.