Communication & Advocacy:

Defining the 'New' Midwifery in Ontario, 1979 – 1989

By

Kathleen Gotts

A thesis submitted to
the Faculty of Graduate Studies and Research
in partial fulfillment of the requirements for the degree of

Master of Arts

School of Journalism and Communication

Carleton University
Ottawa, Ontario
May, 2006

© Copyright by Kathleen Gotts (2006)

Library and
Archives Canada

Bibliothèque et
Archives Canada

Published Heritage
Branch

Direction du
Patrimoine de l'édition

395 Wellington Street
Ottawa ON K1A 0N4
Canada

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file   Votre référence

ISBN: 978-0-494-16427-3

Our file   Notre référence

ISBN: 978-0-494-16427-3

NOTICE:

The author has granted a non-exclusive license allowing Library and Archives Canada to reproduce, publish, archive, preserve, conserve, communicate to the public by telecommunication or on the Internet, loan, distribute and sell theses worldwide, for commercial or non-commercial purposes, in microform, paper, electronic and/or any other formats.

The author retains copyright ownership and moral rights in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

AVIS:

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque et Archives Canada de reproduire, publier, archiver, sauvegarder, conserver, transmettre au public par télécommunication ou par l'Internet, prêter, distribuer et vendre des thèses partout dans le monde, à des fins commerciales ou autres, sur support microforme, papier, électronique et/ou autres formats.

L'auteur conserve la propriété du droit d'auteur et des droits moraux qui protègent cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

In compliance with the Canadian Privacy Act some supporting forms may have been removed from this thesis.

Conformément à la loi canadienne sur la protection de la vie privée, quelques formulaires secondaires ont été enlevés de cette thèse.

While these forms may be included in the document page count, their removal does not represent any loss of content from the thesis.

Bien que ces formulaires aient inclus dans la pagination, il n'y aura aucun contenu manquant.

Canada

ABSTRACT

This is a qualitative communication study of the campaign to legalize midwifery in Ontario from 1979 to 1989. Recognizing that the communicational aspects of activism tend to be overlooked in social science research, the study focuses on the strategies and discourse used to advocate midwifery. Feminist theory structures this woman-centred research to consider how the midwifery 'counterpublic' advocated legalization. Epistemological concerns shape the methodology, which comprises qualitative interviewing of leading midwifery advocates and discourse analysis of their newsletters and policy documents along with print media representations of midwifery activism. The research finds that the constituents of successful advocacy include: the establishment of a collective identity; and the ability to communicate the novelty and legitimacy of the activist perspective to policy-makers, the media, and the public. Within those constituents of success, however, lie the sources of conflict and tension.

ACKNOWLEDGEMENTS

Originality springs from the individuals, interests, ideas, artifacts and good will that we encounter through the research process. It is to those sources that I now turn. First and foremost, thank you to Betty-Anne Daviss, Maureen Kellerman, Anne Maranta, Holly Nimmons, Rena Porteous, Vicki Van Wagner and Ava Vosu for sharing your lived experiences of this intense period of activism with me. Thank you to Ivy Lynn Bourgeault and Elizabeth Allemang for generously opening up your midwifery archives to me. Access to these recollections and documents is what made this research possible.

Whom we talk to and discuss our research plans with shapes our thinking and guides us in particular directions. Thank you to Michèle Martin for expert supervision, encouragement, support, and for giving me the space to explore my ideas. Thanks to Sheryl Hamilton, Eileen Saunders, Joshua Greenberg, André Turcotte and Kristina Guiguet for helping me to organize my ideas and situate them within current streams of academic thinking. Thanks also go to Leslie MacDonald-Hicks for guidance on ethics clearance.

The emotional support of family and friends sustains us through the research process. Thanks to my good friends for not giving up on me when all I talked about was the advocacy of midwifery in Ontario. Thank you Sophie Nichol Sauvé for reading the entire thesis and providing insightful feedback. Thanks to my parents and sisters for being there, always and in every way. Finally, to Peter, my rock – everything I have achieved here, in some shape or form, comes back to your unending support. Thank you.

TABLE OF CONTENTS

	Page
<i>Abstract</i>	ii
<i>Acknowledgements</i>	iii
<i>List of Appendices</i>	v
 Introduction	 1
 Chapter One Orientation:	
Reviewing the Literature	5
 Chapter Two Conception:	
Theoretical Framework and Methodology	33
 Chapter Three Emerging, Organizing, Mobilizing:	
Birth and Growth of the Counterpublic	66
 Chapter Four Claims and Compromises:	
Advocating Midwifery in Policy	103
 Chapter Five Representations:	
Midwifery Advocacy and the Media	137
 Conclusions	166
 <i>List of References</i>	172
<i>Appendices</i>	191

LIST OF APPENDICES

- Appendix A: Media Articles on Midwifery in Ontario (H1)
In *The Globe and Mail*, Jan 1979 – Dec 1989
- Appendix B: Media Articles on Midwifery in Ontario (H1)
In *The Toronto Star*, Jan 1979 – Dec 1989
- Appendix C: Media Articles on Midwifery in Canada, outside Ontario (H2)
In *The Globe and Mail*, Jan 1979-Dec 1989
- Appendix D: Media Articles on Midwifery in Canada, outside Ontario (H2)
In *The Toronto Star*, Jan 1979-Dec 1989
- Appendix E: Letter of Information to Informants
- Appendix F: Informed Consent Form
- Appendix G: Qualitative Interviewing: Process and Interview Schedule
- Appendix H: Analysis of Media Articles on Midwifery in Canada, outside Ontario, (H2), In *The Globe and Mail* and *The Toronto Star*, Jan 1979 - Dec 1989
- Appendix I: Analysis of Media Articles on Midwifery in Ontario (H1)
In *The Globe and Mail* and *The Toronto Star*, Jan 1979 - Dec 1989

INTRODUCTION

On January 1, 1994, for the first time in Canadian history, midwifery became a self-regulated, publicly funded health profession in the province of Ontario. Up until then it had been a marginal health practice with an uncertain legal status in Canada, in stark contrast to other countries around the world where midwifery was an integral part of maternity care. In this study, I consider the legalization of midwifery in Ontario as an example of successful woman-led political advocacy. With this research, my intention is to contribute to communication scholarship by considering what constitutes successful advocacy. I am particularly interested in investigating the various means of communication used to achieve legalization during an intense period of advocacy in the 1980s, to persuade policy-makers, the media, and the general public of the viability of midwifery. My research focuses on the strategies and discourse used to advocate midwifery from 1979 to 1989, within a broader consideration of the contextual factors and tensions that constrain and define oppositional activism.

A long-standing interest in the political battles and successes of the underdog inspired this research. Struggles for political rights, such as the vote, independence from colonial rule, and civil liberties, captured my imagination. I sought to understand the means of political action and protest that colonized, marginalized, and repressed peoples used in different places and at different points in time to organize, mobilize, and counter the forces of their oppression. I became aware of how oppositional activism was frequently personified in terms

of its male leaders: non-violence and Mahatma Gandhi, anti-apartheid and Nelson Mandela, civil rights and Martin Luther King. One result of this tendency is that the diversity of voices and experiences that constitutes the histories of oppositional politics is lost, among them women's.

The history I was taught during high school in Britain in the 1980s focused on the political leaders, primarily male, who shaped society. Latterly, I began to question the narrowness of this focus and to take an interest in looking behind the representations of leaders to the diversity of interests, individuals, and experiences that constitute political life and oppositional activism. Although media images of our political representation at local, national and international levels include women, they continue to be a 'visible' minority in most fora. As an immigrant in Canada, I took an interest in the political activism of women in my adopted country. Looking for inspiration, I began to seek out examples of successful political activism, first in the work of peace activists, then women's health activists, finally focusing on midwifery.

As a young woman of childbearing age, midwifery is a pertinent topic at this stage of my life. Over the year that I conducted this research, friends became pregnant and some had their babies, including one whose baby sadly died in delivery. Coming from Britain, where midwives are a standard part of maternity care and have been practicing legally since 1902, I was shocked to learn that midwifery was not legalized in Ontario until 1994. This realization was accompanied by an interest in learning more about the history of midwifery in Canada, to understand how it became a marginalized health profession and why

it took so long for midwives to be legally recognized when midwifery – the practice of women helping other women in labour and birth – was common in many other countries. This led me to consider the Canadian history of midwifery, its traditions, marginalization, and re-emergence in the 1970s.

My research concentrates on why there was a resurgence of midwifery in Canada in the 1970s – referred to by some as the ‘new’ midwifery – why the state was willing to consider legalization in the 1980s, and how midwifery was successfully advocated in Ontario. Other scholars have posed and contemplated these questions, but few have been interested in the communicational aspects of midwifery activism. As a student of communication, my research focuses explicitly on the strategies and discourse used to successfully advocate legalized, self-regulated midwifery. I hypothesize that *successful advocacy* requires a *novel* perspective and the means to persuade policy-makers and the media of the *legitimacy* of that particular representation over existing practices or competing proposals. I argue that the ability to communicate novelty and legitimacy is premised on the establishment of a *collective identity* among activists. I consider that while this is both necessary and pragmatic it can also be problematic. Thus, while identifying the constituents of successful advocacy my research also considers their inherent tensions.

I have organized my study of the advocacy of midwifery as follows. In chapter one I review the literature that I read to orient myself to the topic in relation to the broader contexts of women’s political activism, women’s health activism, and midwifery activism. In chapter two I describe the theoretical

framework and methodology that I developed to explore the topic of midwifery advocacy. Building on the foundation provided by the literature review, theoretical framework and methodology, chapters three to five present my analysis of the advocacy of the 'new' midwifery in Ontario from 1979 to 1989. Chapter three considers the emergence and organizational development of a discernible activist community and the formation of its collective identity. The outreach strategies and policy discourse used to advocate midwifery in the political arena are analyzed in chapter four. This leads to an analysis of the media advocacy and news coverage of midwifery in chapter five. The study is drawn to a close with a review of the main findings and suggestions for further research.¹

---

¹ The style I have used is that of the American Psychological Association (2001). For ease of reading, I have used author-date referencing for secondary sources and footnotes for primary sources and supplementary information.

Chapter One

Orientation: Reviewing the Literature

To orient myself to the advocacy of midwifery in Ontario in the 1980s, I took a journey through the wide literature on women's political activism, narrowed my sights on women's health activism, and finally focused on midwifery. This chapter traces my journey through the literature. Along the way I listened in on the discussions of communication scholars, historians, sociologists, political scientists, anthropologists and activists. I listened out for what they identified as key issues and concerns about women, communication, politics, and activism, and concentrated my attention on what they had to say about advocacy strategies and discourse, organizational development, policy-making, and the media. As I trace the journey of my review of literature from women's political activism through women's health activism to midwifery activism, I consider how this literature has influenced my own research.

WOMEN'S POLITICAL ACTIVISM

The literature on women's political activism considers a broad range of contexts including electoral politics, the civil service, grassroots organizing, social movement activism, voluntarism, and social protest. The main focus of the literature I have read is on political activism in North America. In this first section of the chapter, I consider three themes that emerged from my reading on women's political activism: how their activism is conceptualized; factors that

circumscribe their activism; and the role of the media in representing their activism. This literature enabled me to consider how to situate my research in relation to existing studies of women's political activism.

Conceptualizing women's political activism

Politics and femininity have been commonly constructed as antitheses, which juxtapose the corruption of the political sphere with the morality of womanhood (Code, 1991; Sreberny & van Zoonen, 2000). This representation has been influenced by the socio-cultural separation of gender roles and activities into public/-male and private/-female spheres² (Sreberny & van Zoonen, p. 4). Feminist scholarship has contested the public/private dichotomy (Burt, Code, & Dorney, 1993; Code, 1991; Riaño, 1994), exposing it as a “contrived division” that has served to justify patriarchal norms and values (Burt et al., p. 10) and exclude women from active participation in public life. The socially constructed boundaries between so-called ‘public’ and ‘private’ activities have been revealed to hold divergent meanings for different women (Riaño, p. 39). However, the “discourses and political agendas” of women of different races, cultures, ethnicities and classes are connected by the shared perception of the absence of rigid divisions between the public and private (ibid).

Despite knowledge of the contrived nature of the public/private dichotomy, this dichotomy has persisted in shaping social perceptions of male and female roles and responsibilities, and has constrained women's involvement in formal electoral politics. Recognizing this, feminist scholars have reconceptualized the

---

² For a historical overview of the nineteenth century's *complementarity thesis*, also referred to as the *ideology of separate spheres*, see Code (1991).

'political' to account for women's activism. To test for differences between male and female experiences of power, Iva Ellen Deutchman (1985/1986) expanded the concept of political participation beyond the traditional 'formal' activities of electoral politics (voting, supporting party politics and campaigning, or running for office) to include 'informal' activism such as volunteering. Deutchman argues that, "by restricting political participation to its formal (governmental) aspect, one excludes much of the influence traditionally asserted by women" (p. 83).

Guida West and Rhoda Lois Blumberg (1990) similarly propose a "more inclusive and more ordinary" conceptualization of political activism (p. 6) than the traditional concentration on 'formal' political activities. West and Blumberg's collection of interdisciplinary research seeks to fill a gap in knowledge about the role of women in social protest. They suggest that politics in general and social protest in particular have been portrayed in media representations and academic analysis as "exclusively male" domains (p. 3). This has resulted in omissions and misrepresentations of women and social protest. West and Blumberg advocate a "women-centred" focus that conceives women and their activism as an "integral part of political life" (p. 7). The goal of many, primarily female, researchers of women's political activism is to make the contributions and roles of women visible and accounted for in history, theory, and analysis. This is my intention in studying the advocacy of midwifery in Ontario. Considering the factors that challenge and constrain women's political activism is another important part of the research process – and it is to this that I turn next.

Constraints on women's political activism

To avoid essentializing women and producing accounts as unbalanced as those of “great men,”³ woman-centered scholarship considers how the context of social and political-economic forces defines, shapes, mobilizes, and constrains women's political activism. Sandra Burt (1993), Susan Bourque (2001), and Anne Derrick (1999) consider various social and political-economic factors that have influenced, and often circumscribed, women's political activism. These authors draw from data at different points in time to consider how state policy-making, women's access to political opportunities, and the ability to influence meaningful change have been shaped by socio-cultural perceptions of womanhood and the woman's worth or place in society. The value of these studies to my research is in drawing attention to the importance of understanding how activism is shaped, constrained, and to a large extent, defined by its context.

Sandra Burt (1993) provides a historical analysis of how socio-cultural values and gender have influenced state legislation and policy in Canada, defining the limits of women's “thought and action” (p. 212). She connects the political-economic context and socio-cultural conceptions of woman's place in society with shifts in public policy and legislation on women's status and rights from the feudal patriarchy of 1867 to the neo-conservatism of the 1990s. Burt argues that women's political activism has helped to transform the patriarchal view of society in law and policy, and gain rights for women. However, she also recognizes the obstacles that women politicians, activists, and civil servants have

---

³ Bruce Curtis (2001) refers to trends in academic scholarship that have shifted the focus from “great men” to the “common man” and then onto “absent others,” such as women (p. 16).

faced over time and considers how these factors have combined to diminish women's voices in the political arena and their influence on public policy-making.

While Burt considers the impact of women's political under-representation on state legislation and public policy in Canada, Susan Bourque (2001) identifies persistent factors that constrain women's attainment of power in electoral politics in America. The four key socio-cultural factors identified by Bourque are: the traditional sexual division of labour; public assumptions about work and sex role expectations; social ambivalence about women and their exercise of power; and resistant opposition to women seeking and holding political power. Bourque identifies institutional barriers that women face in accessing the political arena, including the media's role in representing women in politics. Despite the barriers to women's political participation, Bourque draws attention to some successes while cautioning against generalizations about women politicians, noting the existence of "important cleavages along party and racial lines" (p. 99).

Writing about the activism of female civil servants and activists rather than politicians, Anne Derrick (1999) considers "how women are not heard" in the political arena or how their concerns can become "distorted or muted or silenced" (p. 170) by state obstructionism and inaction. She examines how various inquiries, reviews and reports on women and the criminal justice system, initiated by the federal and provincial levels of government in Canada, have resulted in the watering down of recommendations, and little change in conditions, policy or legislation. Derrick identifies a pattern of institutional inaction at the decision-making level and a lack of political will to enact real or meaningful change in

women's lives, demonstrating how women's political activism is shaped, and often constrained, by its political context. She concludes her article with a "short menu of suggestions for getting heard," including getting "into the newspapers, onto the radio, in front of the cameras" (174).

The media and women's political activism

The role of the media in shaping social perceptions of women, politics and activism has been touched on by some of the authors reviewed so far (Bourque, 2001; West and Blumberg, 1990). I now turn to studies that situate the media more centrally in their analysis to consider the relationship of the media to women's political activism (Gallagher, 1992; Sreberny & van Zoonen, 2000; van Zoonen, 1992), and the role of independent media production and publicist strategies in women's activism (Benner, 2004; Camauër, 2000; Riaño, 1994).

Margaret Gallagher (1992) provides a useful starting point for an overview of communication scholarship on media and gender. She perceives mass media representations of gender as a key factor in the changing role and status of women in society. Situating communication scholarship within the broader contexts of feminism and trends in academic analysis, Gallagher provides a historical overview of scholarship on media and gender. She traces shifts in feminist communication scholarship through time, from an initial focus in the 1970s on women's objectification in media representations and systematic subordination within media organizations to increasingly sophisticated analyses that began, in the 1980s, to problematize gender and to consider the complexity of women's relations to media production and consumption.

Gallagher is critical of the “consciously apolitical trend” of some feminist communication scholarship, arguing that analysis of the political-economic context is central to feminism’s “critical edge” (p. 14). Annabelle Sreberny and Liesbet van Zoonen (2000) take a distinctly political approach to their study of gender, politics, and the media. They introduce their collection of research on women’s political communication by conceptualizing gender, politics, and the media and the linkages between them. Sreberny and van Zoonen argue against the development of a general framework through which to conceive women’s political communication. Their main thesis is that analysis of the media is inadequately considered in social science research although it is, they contend, essential to a more complete understanding of women’s political activism.

(Mis)Representations of women and political issues in the mainstream media are an indicator of the testiness of relations between journalists and activists. By studying print media coverage of the women’s movement in Holland from 1968 to 1973, Liesbet van Zoonen (1992) explores how the “public identity” of women’s activism was shaped by the Dutch media (p. 454). Van Zoonen’s discourse analysis of the media representations used to define the women’s movement identifies three oppositional frames and considers how these frames were shaped by core news values. Her analysis of coverage in relation to news values is used to explain the media’s preference for events rather than analysis, “people over issues,” or “simple issues with identifiable pros and cons” (p. 462).

Media misrepresentations of women and the issues they advocate have encouraged activists to develop alternative, independent media (Gallagher, 1992;

Riaño, 1994). Pilar Riaño regards women's independent media production as central to feminist politics and the development of communication alternatives at the grassroots level (18). She suggests that through participation in the process of "message construction and decision making," (p. 24) women's communication networks and independent media production provide vital avenues for raising awareness and building support while working to contest misrepresentations and counter repressive practices. Riaño provides examples of women's successful independent media production (publishing, radio broadcasting, and video production) in relation to development communication programming in Asia, Africa and Latin America but does not balance this with a consideration of the multiple factors that test and constrain women's media production and outreach.

Leonor Camauër's study of the "publicist practices" of women's organizations in Sweden (2000) can be seen to combine van Zoonen's focus on media representations (1992) and Riaño's on independent media production (1994). According to Camauër the "publicist orientation" of women's movements and organizations has neither been adequately theorized nor examined (p. 165). She proposes a research strategy for studying publicist practices and applies it to three women's organizations to explore their outreach practices in relation to media coverage of their activism. Camauër finds that structural analyses of the social problems facing women are rarely incorporated in news reporting. Instead, as indicated by van Zoonen, coverage tended to focus on people over issues, at the risk of trivializing their concerns by failing to consider the broader social context.

Taking up Camauër's concern that the publicizing practices of women activists have been given insufficient attention, Melissa Benner (2004) provides a detailed historical study of the communication processes and independent media production of Canadian women activists of the National Farmers Union in Saskatchewan. Benner focuses on newsletter production from 1925 to 1949 and community radio production from 1992 to 1994 to explore continuity and change in how rural women activists have defined themselves. She also explores how these different modes of communication facilitated different forms of activism. Benner's research makes a contribution to the absence of historical research into the "multiple uses of communication by social movement organizations" (p. 42).

This review of literature on women's political activism has enabled me to situate my work within the feminist tradition of woman-centred research, as a contribution to ongoing efforts to make women's involvement in political life more visible. Broadening the conception of the 'political' is an important part of this tradition that I add to by considering how activists succeeded in advocating their vision of midwifery to the state. Literature on the constraints and obstacles women face in accessing the formal political sphere demonstrates the importance of understanding the contextual factors that shaped midwifery activism, including social trends, political-economic concerns, and the political will to enact change. Finally, the contributions of feminist communication scholars indicate the need to consider how mainstream media representations of midwifery influenced the advocacy of midwifery, including the activist community's independent media production.

WOMEN'S HEALTH ACTIVISM

While the last section drew attention to a range of factors that are believed to shape women's political activism, perceptions of the female body have also influenced the social construction of gender, health policy-making, the medical treatment of women, and health activism. In this section, I narrow the focus from women's political activism to consider the literature on women's health activism. This section, like the first, is structured according to key themes in the literature: perceptions of the female body and their implications for scholarship and health; women's health organizing in the United States and Canada; and health activism in relation to policy-making and the media. The primary value of this literature to my research is that it enables me to situate the politics and historiography of midwifery within the broader context of women's health activism.

The female body and female health

Scholars of women's health have considered the influence of gender norms on medical practices, treatment, and health policy-making (Feldberg, Ladd-Taylor, Li & McPherson, 2003; Mathieson, 1994; Mitchinson, 1993), making important contributions to the conceptualization of the body as a topic of academic analysis and political study (Davis, 1997). Wendy Mitchinson (1993) provides a historical analysis of the connections between medicine and culture and their implications for the medical treatment of women in Canada in the late 1800s and early 1900s. Situating the medical discourse of the nineteenth century within the socio-cultural context of the complementarity thesis, Mitchinson argues that medical definitions of women's physical abilities helped to legitimize

dominant social perceptions of gender, determining what was appropriate in terms of women's behaviour, roles and responsibilities in society.

Mitchinson also demonstrates how the interplay of medicine and culture in the 1920s and 1930s legitimized disturbing medical abuses. The popular belief that gynaecological disorders caused mental instability in women was used to justify surgical interventions, such as sterilization, on women with disabilities and on racial minorities, including disproportionate numbers of Aboriginal women. In contemporary society, the medical abuses of the past have been outlawed, but health policy decisions, such as the "tendency to view the male body as the norm," have had an enduring impact on women's health (p. 393). Feldberg et al. (2003) also consider how public policy-making has shaped women's health care. They argue that health policy decisions have had a lasting, and detrimental, impact on women by emphasizing cure over prevention and establishing a hierarchy among diseases that put so-called "men's concerns," lung cancer and heart disease, at the top of the research agenda (p. 22).

The pervasiveness of medical authority in contemporary society continues to define relations between medical professionals and patients. Cynthia Mathieson's study of "body talk" (1994) analyzes the medical discourse of cancer in relation to the "personal meaning" of women living with the disease (p. 52). She observes that the traditional power differential in the doctor-patient relationship dictates that talk tends to be restricted to the technology and language of medicine rather than to the personal or emotional needs of the patient. The women interviewed by Mathieson reflect on the physical and mental

marks left by their cancer and treatment. Although this “body talk” fills an important need, “institutionalized medicine ... has not created a space for” (p. 54) the personal and emotional aspects of illness. In Ontario, midwifery was defined as a response to the emotional needs, fears and concerns of pregnant women, in contrast to the impersonal care of the medical system.

Kathy Davis (1997) ascribes the emergence of the body as a topic of feminist analysis to the women’s movement of the 1960s and 1970s. Activism for women’s reproductive rights, including midwifery, helped to reconceive the body as a political issue, and women’s health became a key feminist concern. Like Davis, Feldberg et al. (2003) consider feminist scholarship on health as central to women’s political activism. They provide an overview of the broad shifts in feminist health scholarship from the 1970s to the 1980s, describing historical scholarship on women and health as “limited” (p. 18), and the period since 1945 as “understudied” (p. 4). They contextualize feminist research of the 1970s, with its focus on “the authority of biomedicine” and the exclusion of female “ways of healing” (p. 5), in relation to women’s reaction against patronizing social attitudes and medical practices. In the 1980s, feminist scholars began to question the presumed commonalities of womanhood and to adopt more nuanced approaches, which considered how race, class, ethnicity and sexual orientation intersect with gender in women’s experiences of health.

Organizing women’s health activism

Mathieson’s research (1994) indicates that there is little room for reflective “body talk” within the conventional discourse of patient-doctor communication,

which is restricted to the cause and cure of illness rather than its personal meaning. Reaction against condescending treatment by male doctors and the traditional power hierarchy between doctor and patient, in part, provoked women's health activism in North America in the late 1960s. Although the women's health movement has contributed to the transformation of health care for women and men, its story "is not widely known" (Morgen, 2002, p. 11). Several scholars have contributed to this gap in the literature, helping to document different aspects of the history of women's health activism in America (Brehm, 2001; Morgen, 2002; Ruzek, 1978) and Canada (Boscoe, Basen, Alleyne, Bourrier-Lacroix & White, 2004; Tudiver, 1994).

Like Davis (1997) and Feldberg et al. (2003), Sheryl Burt Ruzek (1978) situates the women's health movement within the broader context of feminist concerns about women's health and their treatment within the mainstream medical system. With demands to be treated with respect and involved in decisions about their health care, women began to contest the standard medical practices and social attitudes that allowed doctors to be "condescending, paternalistic, judgmental, and non-informative" (p. 32). Ruzek's overview of the women's health movement in the United States explores its organizing strategies and objectives, including: small consciousness-raising groups and larger public meetings; feminist research on hazardous and discriminatory medical practices and technologies, and the networks that disseminated this information; and the establishment of feminist alternatives to mainstream medical practices in the form of self-help gynaecology, natural birth, and free clinics.

Whereas Ruzek's sociological study gives a sense of the formation of the movement and the rhetoric of the time, Sandra Morgen (2002) provides us with a longer historical perspective that attests to the complexities and inconsistencies of the multi-faceted women's health movement. Morgen focuses her attention on the movement's "foundational stories": the origins of *Our Bodies, Ourselves* and the Boston Women's Health Book Collective; the 'Janes' of Chicago who helped women have safe abortions until the procedure was legalized with the Roe vs. Wade decision of 1973; self-help gynaecology; and the groundbreaking research of Barbara Seaman and Belita Cowan into the side-effects of oestrogens. Morgen supplements these foundational stories with those of women of colour, who transformed health activism by addressing the needs and concerns of women that had been overlooked, marginalized, or ignored in the 1970s.

Morgen reconceives the movement's history in terms of its commonalities, contradictions, and diversity. She also provides insights into the issues faced by feminist and women's health organizations as they struggled to sustain funding while developing alternatives to traditional power structures. Focusing on a single example of woman-led organizing, Barbara Brehm (2001) describes the sharing of power, leadership and authority in the Boston Women's Health Book Collective (BWHBC). She traces the organizational evolution of the BWHBC from its origins in a consciousness-raising group in 1969, its decision to become a legal entity in 1972, through the growing pains of its collective leadership and non-hierarchical organization, to its transition to a management team and community-based board of directors in the mid-1990s.

In Canada, the women's health movement has also challenged the conventions of hierarchy and power with alternative visions, organizations, and new methods of research (Boscoe et al., 2004; Tudiver, 1994). Scholars do not appear to have explored the women's health movement in Canada in the same depth as in America, suggesting that there is work to be done to uncover its foundational stories and history. According to Sari Tudiver, in the 1970s and 1980s, women in Canada organized at the local, provincial and national levels to "fill critical gaps in health services for women or to lobby for such services" (p. 96). Despite limited resources, these groups succeeded in developing alternative and creative models of health care, reflecting a "vision of woman-centred care" and more "equitable, non-hierarchical" working relationships (Boscoe et al., 8). However, they remained marginal in the health system and were vulnerable to government funding cuts in the 1990s (Boscoe et al., 9; Tudiver, 96).

Tudiver (1994) and Boscoe et al. (2004) regard the establishment of the Canadian Women's Health Network (CWHN) in 1993 as a response to those cutbacks, a means to share scarce resources, to critique the medical system and advocate change. Although women in Canada had discussed the establishment of a national network since the 1970s, they had been hindered by the lack of funding (Tudiver, 97-98). A decade after its establishment, Boscoe et al. considered the challenges facing the network and women's health in Canada: health service restructuring; the ongoing medicalization of women's health; the lack of funding for quality health information; and the lack of political will to commit to actions beyond the rhetoric of "woman-centred" care. The CWHN is a

story of commitment over time, the success of an alternative, consultative, decentralized approach to women's health activism, and how potential is determined by political will and resources.

The literature on women's health activism in America and Canada provides insights into the key events, individuals, socio-cultural perceptions, and political-economic realities that have shaped this area of women's political activism. Political change was a key aspiration of activists who sought to expand the health system with the legalization of services, such as abortion and midwifery, and to reconceive service delivery. Challenging state policies and medical practices required organization, planning, extensive research and publicity in order to raise public and media awareness, share information, build constituencies, and mobilize support to lobby for political change. These organizing strategies were central to the "discourse of advocacy" on women's health (Morgen, 2002, p. 27).

Health activism, policy-making, and the media

Historically, women's health concerns have been "conspicuous in their absence" and women's voices "seldom heard in health-policy debates" (Feldberg et al., 2003, p. 15). To redress this imbalance, women's health activists have attempted to effect political change by drawing the attention of politicians, policy-makers, the media, and the public to policy solutions they advocate. Identifying and analyzing the advocacy strategies and discourse used by advocates to raise awareness of midwifery is central to my research. I conclude this section by reviewing studies of women's health activism in relation to attempts to influence

public policy-making (Jackman, 2002; Reverby, 2003; Sprague and Greer, 1998) and public opinion through the media (Feldberg et al., 2003; Ruzek, 1978; Signorielli, 1993).

Jennifer Jackman (2002) provides an overview of the campaign strategies used by feminist organizations to successfully lobby politicians, industry officials, and scientists for the introduction of mifepristone, otherwise known as RU 486,⁴ in America. The ability to articulate knowledge of the social, political, and medical aspects and implications of the issue in a meaningful way, while countering the arguments of their opponents, enabled the supporters of RU 486 to secure media coverage and the attention of policy-makers. Their argument that the introduction of RU 486 would “put anti-abortion extremists out of business... since it [could] be administered in any doctor’s office” was a theme that the media and policy-makers latched onto (p. 91).

References to the media are sparse in the literature on women’s health activism, suggesting that this is an under-examined area. Rather than analyzing the role of the media in health activism, several authors, like Jackman, make brief references to media coverage of health issues (Feldberg et al., 2003, p. 27; Ruzek, 1978, p. 36) or to independent media production and the communication networks of the women’s health movement (Ruzek, pp. 38, 41-42, 54). Nancy Signorielli (1993) has analyzed the impact of mass media representations on health. Although there has been an increase in media coverage of health, she notes that the primary focus is on medical cures, technology, and expertise

---

⁴ The first anti-progestin to be marketed, allowing the termination of pregnancy (abortion).

(p. 19), rather than health as a social, political, and economic issue (p. 26). She also observes that media coverage tends to favour men's health over women's (p. 20). With the exception of media coverage of women's reproductive health, Signorielli suggests that coverage continues to be informed by "traditional values – looks, diet, and how to care for the family" (pp. 20-21).

The way an issue is defined and articulated by its advocates influences the media, political and public attention it receives. Jackman, as mentioned above, refers briefly to the discourse of the debate on RU 486 in relation to how supporters portrayed the drug as a means of ending anti-abortion extremism. She also refers to the discourse of the anti-abortion lobby, which characterized RU 486 as a "death pill" and "chemical warfare against unborn babies" (p. 85). Joey Sprague and Margaret Greer (1998) identify four recurring themes that have shaped the discourses of both the pro-choice and pro-life lobbies in the abortion debate in America. Using Nancy Hartsock's standpoint theory, they argue that the "dominant standpoint," that of the social elite, is disseminated through the mass media and formal institutions (p. 58) and "structures much of the discourse about abortion..., even among feminists" (p. 52). Sprague and Greer analyze pro-life and pro-choice publications to examine why the debate is so polarized and consider the possibility of an "alternative standpoint" (p. 73).

Understanding the discourse of advocacy provides insight into the social context within which ideas are formulated and expressed. Medical discourses have played a critical role in "defining the 'normal'" in women's health (Reverby, 2003, p. 404) and activists have sought change by questioning the "normal." This

was an important part of the advocacy discourse of midwifery in Ontario. Susan Reverby proposes that a sense of history, and specifically a “more nuanced understanding” of it (p. 409), is essential in order to comprehend health activism. She argues that policy-makers use the past to “create the histories they want” (p. 406) and that, to effect political change in women’s health, activists need to understand the history and contexts of health policies and to reflect on “the kinds of histories, representations, and cultural experiences” that have shaped their advocacy, making “some strategies possible” and limiting others (p. 415).

This section has narrowed the wide literature on women’s political activism to women’s health advocacy in North America, focusing on the social-cultural and political-economic factors that have shaped women’s health and how activists have responded to effect political change. The primary value of this literature to my research is that it allows me to see the importance of situating midwifery activism in Ontario in the 1980s within the context of social and political activism in North America. This has guided me to consider how the advocacy of midwifery in Ontario was shaped by broader social and political currents, as well as key events, individuals, resources, organizational structures, and campaign strategies. It has also prompted me to look for less told tales of the complexities, contradictions, and challenges faced by the midwifery activist community, particularly when advocating changes in public policy.

MIDWIFERY ACTIVISM

Turning now to the literature on midwifery activism, I consider three emergent themes and how they relate to my research: conceptualizations of the

social history of midwifery; reconceptualizations of the *histories* of midwifery in Ontario; and perceptions of the process and outcomes of legalization on midwifery care and advocacy.

Conceptualizing the social history of midwifery

The social history of midwifery tends to have been told in relation to medical science, where the 'informal' knowledge of the 'lay' midwife was increasingly displaced, marginalized and ultimately either co-opted or outlawed by the expertise and authority of biomedicine (James-Chetlat, 1989; Towler & Bramall, 1986). Opposition to the medicalization of women's health and increasing interventionism, in the form of surgical procedures, technology, and pharmaceutical drugs, is conceived as central to the activism of the 'new' midwifery (Barrington, 1985). In contrast, Cecilia Benoit (1991) has questioned the generalizing and romanticizing tendencies used to explain the decline of 'lay' midwifery and resurgence of the 'new' midwifery in North America.

Jean Towler and Joan Bramall (1986) trace the decline of the traditions of European midwifery over the course of two centuries in relation to the consolidation of the orthodox medical profession and the specialty of obstetrics in the late 1800s. Their wide-ranging analysis of why midwifery was marginalized includes consideration of socio-cultural attitudes and restrictions on female education; the increasing importance of 'scientific' knowledge in society; developments in birthing technology; and how medical discourse set the limits of normality and abnormality in birth, consigning midwives to normal births and obstetricians to the abnormal. Focusing on Canada, Lois James-Chetlat (1989)

provides a historical perspective of the decline and subsequent re-emergence of midwifery from 1788 to 1987. She contextualizes the status of midwifery in relation to political-economic conditions, state legislation and policies on medical licensing, gender attitudes and relations, labour patterns, and social perceptions of science and technology.

Conceiving midwifery and medical science as dialectically related, Towler and Bramall (1986) and James-Chetlat (1989) consider midwives' attempts to educate, organize and professionalize as the means to compete with, yet distinguish themselves from, the medical approach to birth. Eleanor Barrington's history of midwifery in Ontario (1985), prior to legalization, portrays the 'new' midwifery as precipitated by "a vanguard of young parents [who] began seeking a more fulfilling experience of birth than the medical system could offer" (p. 13). In defining what a midwife is, in order to contest myths and misconceptions about midwifery, Barrington juxtaposes the "midwifery care model" (p. 17) with the "medical care gap" (p. 20). Although Towler and Bramall, James-Chetlat, and Barrington refer to contributions made by members of the medical profession to midwifery, their scholarship can be criticized for homogenizing the medical community in order to distinguish the philosophy and practices of midwives.

Cecilia Benoit (1991) acknowledges the important role played by such scholarship in documenting the forgotten traditions, activities and activism of women's lives. However, she is critical of the romanticization of midwifery and the generalizing tendencies that conceive midwives as sisters in a struggle against medical hegemony. Benoit counters the romanticization of midwifery with

the realities of isolated practice for the apprentice-trained “granny midwives” of Newfoundland and Labrador, many of whom were ill equipped to deal with emergencies (p. 94). She also contests the generalizations of the “medicalization” and “deprofessionalization” theses with Newfoundland and Labrador’s history of vocational midwifery and the cottage hospital system, which successfully combined aspects of the midwifery and medical models of birth.

Reconceiving the *histories* of midwifery in Canada

Benoit (1991) is critical of “nostalgia for the past” (p. 95) as overly simplistic and inaccurate. Analyses such as Benoit’s have encouraged reconceptualizations of midwifery history and the politics of its activism. Heeding warnings of the dangers of essentialism raised by the feminist politics of difference in the 1980s, scholars have reconsidered and reconceived the meaning of midwifery in Canada. Recognizing shifts in feminist theory, they have explored the diverse practices comprising midwifery in Canada (Biggs, 2004; Feldberg, 2003), problematized the notion of tradition and its use as a political tool (MacDonald, 2004), and begun to critically examine midwifery organizing practices (Nestel, 2004; Rochon Ford & Van Wagner, 2004).

Lesley Biggs (2004) and Margaret MacDonald (2004) situate the resurgence of community midwifery in the 1970s and scholarship of that time within the feminist tradition of challenging official histories with counter-narratives that ‘recovered’ women’s lives from marginality and invisibility. Like Benoit (1991), Biggs and MacDonald demonstrate how the traditions of midwifery in Canada were romanticized and homogenized in the process of ‘recovering’

midwifery. Feminist scholarship of the 1970s and early 1980s reflected the concerns and priorities of women's health activism, underscoring the traditions of female healing and how "the changing power and prestige of science displaced and delegitimized women's practices" (Feldberg, 2003, p. 135). A product of its time, this scholarship made an essential (albeit essentialist) contribution to the inclusion of women's voices and experiences in history and academic analysis.

Developments over the past twenty-five years in feminist historiography and theory have criticized the "universalizing tendencies" and "monoracial profile" of early feminist scholarship and influenced the re-conceptualization of midwifery history (Biggs, 2004, pp. 18 & 19). The diverse traditions, practices, and *histories* of midwifery in aboriginal, Mennonite, black, and immigrant communities in Canada are recounted by Biggs, who argues that, "no singular history of midwifery exists" (p. 19). Exploring "tradition" as both a shifting concept and a political resource, MacDonald (2004) rejects the conventional opposition of the informal, experiential knowledge of midwifery with the science, technology, and expertise of biomedicine to portray midwifery as a "rich and nuanced space between these neat analytical oppositions" (p. 53).

An uncomfortable aspect in the reconceiving of women's history and feminist scholarship is the recognition of how race has shaped the priorities and concerns of women's health activism (Morgen, 2002; Ruzek, 1978). Uncovering how race and racism defined the re-emergence of midwifery in Ontario provoked a "violent reaction" and "deep resistance" from within the midwifery community (Nestel, 2004, p. 288), forcing a re-examination of the process and priorities of

midwifery policy-making (Rochon Ford & Van Wagner, 2004). Challenging the celebratory tone and “progressive image” of midwifery (Nestel, p. 288), Sheryl Nestel characterized midwifery organizations in Ontario as “dominated by white women” (p. 293), exposed the exclusion of women of colour from the policy-making process, and drew attention to the “virtual absence” of women of colour and immigrants in the “ranks of registered midwives” (p. 287). She describes the official version of midwifery activism as “but one story,” which, from the perspective of midwives of colour, is a “story of domination” (p. 289).

By exposing the marginalization of immigrant midwives and midwives of colour, Nestel has drawn attention to how feminist projects may reproduce the patterns of domination and exclusion that they seek to contest. Responding to Nestel’s criticisms, Anne Rochon Ford and Vicki Van Wagner (2004) argue that efforts were made to ensure that the diverse needs of women were understood and met by midwifery legislation. Consultations were held with ‘minority’ groups⁵ (p. 244) but not until a late stage in the legalization process. The foundational documents of Ontario midwifery⁶ respect and reflect the diversity of women’s needs (p. 253). However, Rochon Ford and Van Wagner recognize that the women who led the legalization process when the regulations were defined, during the intense final round of policy-making from 1989 to 1993, were “all white women,” with the exception of Jesse Russell, a Métis woman, and all were “able-bodied, university-educated, primarily urban, and English-speaking” (p. 244).

---

⁵ Aboriginal women, francophones, Mennonites, women in northern or remote communities, immigrants and refugees, lesbians, women with disabilities, and incarcerated women.

⁶ *Philosophy of Midwifery Care and Code of Ethics*, Ontario College of Midwives.

Advocating midwifery in Ontario

Anne Rochon Ford and Vicki Van Wagner (2004) give voice to the painful realization that unexamined policy-making processes “inevitably reproduce and even invent structures of oppression” (p. 261). Sheryl Nestel (2004) makes a forceful argument for how activists “must inquire, consistently and repeatedly, after the differential impact of [their] organizing strategies” on other women (p. 302). In view of these realizations and concerns, I conclude this final section of the literature review with a consideration of how scholars of midwifery in Ontario have conceptualized the process of legalization and the effects of its advocacy on relations between activists and the quality of care provided to women (Bourgeault, 1996; Daviss; 1999; Fynes, 1994; Sharpe, 2004).⁷

Mary Teresa Fynes (1994) and Ivy Lynn Bourgeault (1996) offer the reader detailed sociological perspectives on the origins and development of midwifery activism in relation to a range of contextual factors.⁸ Fynes conceives the legalization of midwifery as both a political process and the evolution of a profession. She assigns the state a central role in her analysis of the factors that led to the legalization of midwifery in Ontario, but also considers the broader political-economic and socio-cultural context that shaped midwifery activism from 1960 to 1987. Like Fynes, Bourgeault draws on the professionalization literature to conceive the integration of midwifery in Ontario in terms of its transition from a

---

⁷ Several of these authors were writing from personal experience of involvement in the legalization process. Ivy Lynn Bourgeault was involved as a consumer activist; Betty-Anne Daviss and Mary Sharpe were leading midwife activists. Mary Fynes also wrote from an ‘interested’ perspective, as a British-trained midwife living in Canada.

⁸ For example: feminism, state responsibilities and fiscal priorities, political opportunities and allies, conventional maternity care practices, relations with medical professionals, and the challenge of events such as baby deaths during or following midwife-assisted births.

social movement in the 1970s to a formal, organized profession with a separate consumer activist group. Bourgeault's analysis extends beyond Fynes's timeframe to include the intense and contested period of policy-making from 1989 to 1993, which determined how midwifery would be regulated.

By examining the political process in relation to the bureaucratization of the profession, Bourgeault (1996) offers a more critical analysis than Fynes (1994) of the impacts and outcomes of legalization on relations within the activist community and on the quality of legislated midwifery care. More critical still is Betty-Anne Daviss's study of the legalization of midwifery (1999). Drawing from both social movement theory and the professionalization literature, Daviss argues that the social movement of midwifery was marginalized by the political process and advocacy of legalization, leading to "internal conflict" and lasting divisions among midwives (p. 271). Mary Sharpe (2004) also considers the effects of legalization on midwives. However, her focus is on the development of the professional discourse of midwifery over fifteen years from 1979 to 1994, in relation to the constraints of the policy-making context, to consider the implications on the practice of midwifery.

Fynes (1994), Bourgeault (1996), and Daviss (1999) perceive the history of midwifery activism in Ontario in relation to the processes, key events, and outcomes of professionalization, whereas Sharpe (2004) does so in terms of its discourse. They use policy documents, newsletters, media articles, and informant interviews as the primary sources to tell their respective histories of midwifery. With the same primary sources, the history of midwifery can be re-told by

focusing on the strategies and discourse of its advocacy. Fynes, Bourgeault, Daviss and Sharpe do consider different aspects of how midwifery was advocated publicly, politically⁹ and to the media.¹⁰ However, by making the process, outcomes and implications of professionalization their focus, the strategies and discourse¹¹ of midwifery advocacy tend to play a secondary or supportive role in their analyses rather than being the primary consideration. In contrast, I have made the advocacy strategies and discourse the central focus and offer this communication perspective as a contribution to the growing literature on the history of the 'new' midwifery in Ontario.

CONCLUSION

In this chapter, I have identified the key themes, concerns, and gaps in the literature on women's political activism, health activism, and midwifery. Making advocacy the focal point of analysis, to re-interpret midwifery history from a communication perspective, has not yet been attempted. Equally, aside from the communication literature, the role of the media in women's activism appears to be under-examined. The discourse of midwifery advocacy has not been analyzed in relation to media coverage, nor have the media representations of midwifery been analyzed systematically. Current scholarship on midwifery in Canada has

---

⁹ Fynes (1994) and Bourgeault (1996) offer rich studies of the political activism of midwifery, from which information on political outreach strategies can be gleaned. Daviss's (1999) critical assessment of the experiences of legalization also offers valuable insights into the organizing strategies of the activist community, particularly in relation to their impact on individual activists.

¹⁰ Media outreach is given significantly less consideration than the political activism of midwifery. Although Fynes (1994) and Bourgeault (1996) make brief references to media advocacy and coverage, they do not offer analyses of the role of the media in midwifery activism.

¹¹ Sharpe (2004) is the only scholar to give serious consideration to the discourse of midwifery, in terms of policy, again in relation to the implications of professionalization rather than advocacy.

not tended to study advocacy in terms of textual discourse. Scholars have used “text,” such as policy submissions, newsletters and interview data, to elucidate contextual or structural aspects of how midwifery was legalized but not to consider the content of advocacy or how it was shaped by its context. I believe that the focus of a communication perspective on the study of advocacy has much to offer scholarship on women’s political activism generally and, in this case, to midwifery in particular.

Journeying through parts of the wide literature on women and activism has enabled me to identify the key themes and concerns in feminist and academic analysis that have guided my research. The literature review has oriented me to several different areas of research that have helped me to re-interpret the history of midwifery activism in Ontario from a communication perspective. To study how the legalization of midwifery was successfully advocated in Ontario in the 1980s, I consider: the contextual factors that shaped midwifery activism; the organizational structures, communication tools, strategies and discourse developed by the activist community; and their effects on public support, the policy-making process, media coverage, and relations between activists. Having situated my research within its broader academic context, in chapter two I outline the theoretical framework and methodology I have developed to study the advocacy strategies and discourse of the ‘new’ midwifery in Ontario in the 1980s.

Chapter Two

Conception: Theoretical Framework and Methodology

Having surveyed the rich scholarship on women's political activism and established a sense of how I could contribute to this literature, I needed to consider how to conduct the research. The question of how to undertake a study of the advocacy of the 'new' midwifery in Ontario in the 1980s led me to review various theoretical and methodological approaches. My intention is to conduct the research from a feminist perspective, focusing on the activism and communication of advocates of midwifery. In exploring the strategies and discourse of the activist community, I seek to understand how midwifery advocacy was influenced and shaped by the broader contexts of health care policy-making and media representations of midwifery.

Finding a way to draw together these focal points requires me to conceive feminism and feminist research, women's political activism in relation to policy-making, independent media production, and mass media coverage, to define key terms such as advocacy and discourse, and to decide on the most appropriate methodology. The purpose of this chapter is to outline the theories, concepts and methods I have drawn from in order to develop the theoretical framework and methodology for this study. In this chapter I consider: the meaning of conducting research from a 'feminist' perspective; how women's political activism has been conceived in relation to policy-making and the media; how I have defined the key terms (discourse, advocacy, novelty, and legitimacy) that shape the study; and

the methods used to trace the advocacy strategies and discourse of the 'new' midwifery in Ontario from 1979 to 1989.

THEORETICAL FRAMEWORK

Defining the 'feminist' in feminist research

The meaning of what constitutes 'feminist' research has been debated since the 1970s (van Zoonen, 1994, p. 127). Feminists seem to agree that studying gender or women is insufficient to merit the descriptor 'feminist' research (ibid). Another source of consensus appears in the belief that feminist researchers take an 'interested' and political position on the issues they investigate with the intention of advocating beneficial change in women's lives (Code, 1995; MacDonald & Bourgeault, 2000; van Zoonen, 1994). Echoing this sense of the political nature of the feminist approach, Iris Young (1997) defines feminist analysis as a "mode of questioning, an orientation and set of commitments" that pays attention to the "*effects* of institutions, policies, and ideas on women's well-being and opportunities.... [A]nd to *women's experiences*" (p. 3: emphasis added).

Central to the politics of feminist analysis is a critique of western epistemological traditions of rationality, value-neutrality, and objectivity, in recognition of the inherently biased nature of knowledge production (Code, 1991, 1995). Lorraine Code (1995) describes feminist research as "value-laden... and hence not properly objective" (p. 17). In the process of defining knowledge as constructed and interested, rather than objective and disinterested, Code draws attention to how women's "experiential knowledge" has been undervalued,

marginalized, ignored and silenced (p. 18). Thus, feminist research, as outlined in chapter one, seeks to “make women visible” by telling *their* stories as “counterpoints to hegemonic stories” (MacDonald & Bourgeault, 2000, p. 162).

Another way of conceiving the ‘feminist’ in feminist research is by defining different *types* of feminism and how they relate to western intellectual trends (Cirksena & Cuklanz, 1992; Code, 1993). Code contextualizes contemporary feminist theory in relation to the influences of liberalism, Marxism, and psychoanalysis. Kathryn Cirksena and Lisa Cuklanz provide a similar typology of the strands of feminism (liberal, socialist, radical, psychoanalytic, and cultural), by way of critiquing five dualisms that have influenced western thought (reason/emotion, public/private, nature/culture, subject/object, and mind/body). Despite the differences in focus and scope between the strands of feminist analysis, both typologies demonstrate how feminist research contests and reformulates “traditional notions of knowledge” (Cirksena & Cuklanz, p. 39).

Clearly, the attempt to critique and redefine epistemological traditions and practices is a core attribute of feminist research. Central to this process, is the questioning of arbitrary divisions between disciplines. Lana Rakow (1992) describes the “multi-disciplinarity” of feminist scholarship as “a general disregard ... for the sanctity of [a] field’s boundaries and categories” (p. 13), which allows for a “redefinition of ... problems and issues” (p. 14). In relation to communication studies, Rakow suggests that feminist perspectives have encouraged the consideration of “more interesting and useful questions and research topics” (p. 10). The adoption of a cross-disciplinary focus enables the researcher to

“start from a topic significant to women... and work out from there” (p. 12), drawing from diverse sources that allow the complexities of the context to be explored rather than being constrained by the confines of a single discipline.

In seeking to conduct my research from a ‘feminist’ perspective, I have been guided by a conceptualization of research as an ‘interested’ process of knowledge production with political implications. Rather than confining my approach to a particular type of feminism, I have chosen to follow Young’s broader definition of feminist research, as a mode of questioning and analysis that focuses on women’s experiences and knowledge, and the effects of institutional practices and policies on their lives. Although my approach to the study of midwifery activism is multi-disciplinary, it is shaped by a communication perspective that focuses on advocacy strategies and discourse.

Theorizing women’s political activism and policy-making

By representing women’s roles, contributions, thoughts, and activities, feminist researchers theorize the practices of women’s lives. Traditionally, theory has been “granted an intellectual authority that overrides experience” (Code, 1993, p. 52). By questioning the conventions of knowledge production, feminist researchers have attempted to shift the balance between theory and practice (Code, 1993; Fraser, 1989; Young, 1997). As a result, feminist researchers use women’s “lifeworld experience” (Young, 1997, p. 4) and “actual or possible political practices” (Fraser, 1989, p. 2) to test and improve, rather than prove, their theories. In my research, I focus on the actual political practices of midwifery activists in Ontario in the 1980s.

Studying women's political activism requires a consideration of the meaning of contested terms such as 'political' and 'women.' In line with several of the authors cited in chapter one (e.g. Bourque, 2001; Deutchman, 1985/86; West & Blumberg, 1990), Nancy Fraser (1989) argues for a "broader conception of politics" (p. 6) that includes organizing outside of the formal, or governmental, political sphere. She distinguishes between 'institutional' and 'discursive' senses of the political. In the former sense "a matter is deemed 'political' if it is handled directly in the institutions of the official governmental system" (p. 166). In the discursive sense, "something is political if it is contested across a range of different discursive arenas and among a range of different publics" (ibid). The legalization of midwifery was contested by different health publics in the political and media arenas. For this reason, I have applied Fraser's discursive sense of the political to my research.

Whereas feminist researchers seem to agree on the need to broaden the concept of the 'political' to adequately theorize women's activism, the meaning of 'woman' and 'women' has remained the subject of fierce debate since the 1980s. Questioning the "falsely universal category of 'women'" (Code, 1993, p. 47) has allowed for a more critical consideration of the differences between women. However, in taking women's lives as its starting point, feminist research continues to rely upon the ability to conceive womanhood. Iris Young's (1997) conceptualization of women as a "series," a reformulation of Jean-Paul Sartre's concept of collective seriality, is a valuable contribution to this debate.

Young's distinction between "series" and "group" is useful to my research. She defines women as a "series," an "unselfconscious collective unity," and contrasts this with "group," for example the midwifery community, defined as "a self-consciously mutually acknowledging collective with a self-conscious purpose" (1997, p. 23). Young describes the interconnection between series and groups as "constant ebbs and flows of groupings out of series" (p. 34). By focusing on the 'new' midwifery as an example of women's political activism, I have presumed the possibility to conceive women as a group. However, I recognize that "defining a group identity tends to normalize the experience of some group members and marginalize others" (Young, p. 5), and have sought to avoid homogenizing the midwifery community as a cohesive and static entity.

Several authors (Bourgeault, 1996; Daviss, 1999; Fynes, 1994) have used social movement theory to define midwifery advocates as a self-conscious group. Rather than drawing from this broad literature I have followed Carol Baachi's lead (1999), which questions the explanation that the public status of social issues is "generated by claims-makers or social movements" (166). Instead, she proposes that social issues attain problem status and political attention when they are perceived by policy-makers as "threatening to social order" (ibid). This focus is not intended to minimize the agency of midwifery activists, but rather to understand how the structures of the political context influenced the advocacy strategies and discourse of midwifery.

In addition to defining the meaning of 'political,' and 'women,' the study of women's political activism requires a way of conceiving the *context* of political

debate and the *practice* of policy-making. Feminist critiques of Jürgen Habermas's conceptualization of the public sphere¹² provide a productive means of considering the context of political activism. Feminist scholars have criticized Habermas for failing to consider the exclusionary nature of the public sphere (Young, 1997, pp. 62-65) and its marginalization of the political activities of women, 'plebian' men, and visible minorities (Fraser, 1989,1990; Hurd, 2000; McLaughlin, 1993). The need to account for the diversity of voices in "multiple public spheres" (McLaughlin, p. 600) contributed to a reformulation of the public sphere. Nancy Fraser (1989) reconceived this notion as a "highly contested political arena" and a "site of discourse about problematic needs" (p. 156) where different "publics" compete "over the boundaries of the political" (p. 167).

Defining the political context of the midwifery debate in terms of competing 'publics' is useful. Of more value to my research, however, is the concept of the 'counterpublic,' a central idea in the feminist reformulation of the public sphere, which offers a way of conceiving midwifery activism. Theorists developed the concept of the counterpublic to account for the oppositional politics of student protest, feminism and other social movement activism that emerged in the late 1960s (Felski, 1989, p. 166). Nancy Fraser defined the "subaltern counterpublic" as a "subordinated social group" whose members "invent and circulate counterdiscourses" to "expand discursive space" (1990, p. 67) by raising awareness of issues that are not salient in the public, political and mainstream

---

¹² Habermas's public sphere is defined as a "theater in modern societies in which political participation is enacted through the medium of talk" or deliberation (Fraser, 1990, p. 57); or as an idealized "discursive space where private citizens debate issues of public concern" (McLaughlin, 1993, p. 601).

media arenas. Although Fraser's conceptualization provides a means of investigating resistant political activism in context, it is somewhat problematic.

Although Nancy Fraser (1989, 1990) offers a way to consider how the relative power *between* different publics shapes public debate, she does not adequately theorize the influence of power relations *within* a public. Lisa McLaughlin (1993) argues that Fraser "largely idealizes counterpublics" (p. 609), emphasizing their unity while failing to adequately consider how "the notion of female community is exclusionary despite its ideal status" (p. 610). While I take McLaughlin's point and partially agree with her criticism, Fraser does recognize that counterpublics "are not always above practicing their own modes of informal exclusion and marginalization" (1990, p. 67). Mary Lay's study (2000) of the failed attempt to legalize midwifery in Minnesota in the mid-1990s offers a counterweight to the tendency to idealize group unity by identifying divisions within the activist community (p. 26) and discursive shifts over time (p. 21).

Another criticism of Fraser's conceptualization is that she does not theorize the formation of counterpublics or provide indicators of the attainment of counterpublic status. Fraser's conceptualization of the "subaltern counterpublic" is based partially on Rita Felski's definition of the feminist counterpublic (1989). Felski conceives the counterpublic as an "oppositional discursive arena" (p. 9) that is premised on a "common identity," which unites its members "beyond their specific differences" (p. 166). Felski offers more detail than Fraser as to her definition of the concept; she considers the "self-definition" or formation of counterpublics, how they are shaped by their context, and the contradictions

inherent in structuring activism around a common identity. For these reasons I have applied Felski's concept, rather than Fraser's, to my analysis of the emergence and development of the midwifery counterpublic. Supplementing Felski's concept of the counterpublic with Lay's observations encouraged me to attend to the differences and tensions within the midwifery activist community in order to consider how its advocacy was shaped. In this respect I hope to contribute to feminist theory and the concept of the counterpublic with a consideration of how such groups emerge and evolve.

Fraser's reconceptualization of the public sphere as a contested political arena provides a way of rethinking the *context* of political activism. By defining the public sphere as a site of discourse she also draws attention to the complexities in the *practice* of policy-making. Fraser conceives policy-making as the "politics of need interpretation," arguing that "the interpretation of people's needs is itself a political stake" (1989, p. 145). She contests the perception in social theory that the interpretation of needs is "simply given and unproblematic" (p. 164). Carol Baachi (1999) is equally critical of the hesitancy in policy studies "to interrogate the meanings" and effects of how social issues and problems are represented in policy proposals (p. 8). Influenced by Fraser, Baachi argues that "a great deal is at stake in competing representations of 'problems,'" which are essentially conflicts over different visions of social organization (p. 4).

Baachi claims that "every policy proposal contains ... an explicit or implicit diagnosis of the 'problem'" – what she calls the "problem representation" (p. 1). Central to her consideration of problem representations is how they can "close off

the space for normative debate” (p. 20). Distinguishing her approach from agenda-setting and traditional policy analyses that conceive social issues in terms of problem definition and solution, Baachi argues that her focus of study is “problematizations” rather than “problems” (p. 2). By analyzing competing interpretations of need and problem representations both Fraser and Baachi draw attention to the discourses of political activism and policy-making. Later in the chapter I discuss how they and others conceive discourse.

My approach to the conceptualization of women’s political activism and policy-making has adopted a broad sense of the political to study the lived experiences of women who advocated the ‘new’ midwifery. I have followed Nancy Fraser’s discursive sense of the political to consider midwifery as an issue contested across different discursive arenas and publics. Although the purpose of my research is not to conduct a study of the public sphere, Fraser’s theorization of publics and the discursive arena of policy-making provides a way of considering the context of midwifery activism. Within that context, my primary focus is on the development of the counterpublic of midwifery activists and the strategies and discourse employed to advocate their model of care.

Theorizing women’s political activism and the media

Feminist communication scholars have used the concept of the counterpublic as a framework to explore Canadian women’s political communication practices and projects (Benner, 2004; Hamilton, 1999; Marshall, 1995). Despite the value of this concept, communication scholars have critiqued Nancy Fraser (1989, 1990) and Rita Felski (1989) for under-conceptualizing the

media specifically and communication practices in general (Camauër, 2000; McLaughlin, 1993; Sreberny and van Zoonen, 2000). McLaughlin (1993) argues that feminist research on the public sphere, and in social science scholarship more generally, has given the media “scant attention, despite the necessity to account for the feminist movement’s publicist orientation” (p. 600). This criticism substantiates the observation I made in chapter one that scholarship on women’s political activism, health, and midwifery tends either not to consider the media at all or to provide limited analysis of their role.

To guide my approach to the advocacy of midwifery, I reviewed different conceptualizations of the mainstream media in public discourse and the role of independent media practices in women’s organizations. The role of the media in the public sphere is described as a “classic issue in communication studies” (Sreberny and van Zoonen, 2000, p. 9). Annabelle Sreberny and Liesbet van Zoonen define the media as “core intermediaries in contemporary politics” (p. 2) and the “prime institutions of the political sphere” (p. 3). They suggest that it is “impossible nowadays to imagine any kind of public debate without media playing *some* part in it” (p. 9, emphasis added). When accentuating the centrality of the media in public debate, the media are perceived as “*the* forum in which the major discussions of our society take place” (Wallack, Dorfman, Jernigan & Themba, 1993, p. 53, emphasis added). With the ability to “amplify and lend legitimacy to certain voices and views,” they are also regarded as “essential participants in social change of any kind” (p. 2).

The power to influence public debate by conferring status and legitimacy on certain issues and perspectives, by selecting them as newsworthy, (Wallack et al., 1993, p. 58) implies the power to ignore, marginalize, silence or trivialize other issues and voices (p. 61). In this respect, the media have been portrayed as “agents of social control” (p. 60) that tend to “reinforce official power” and the interests of government elites while “delegitimizing and marginalizing oppositional voices” (Jacobsen & Jang, 2003, p. 58). Depicting the media as a tool to reinforce elite power and hegemony is countered, while being mirrored, by the view of the media as a resource for disseminating oppositional messages and effecting social change (van Zoonen, 1992; Wallack et al., 1993). Van Zoonen (1992) is critical of how this instrumentalism reduces the “important and complex role” of the media to that of “plain transmitters” of messages (p. 455).

Rather than considering the media as an instrument for either the reinforcement of hegemony or for the transmission of oppositional messages, van Zoonen (1994) advocates a more nuanced conceptualization. She describes the media as “contemporary mediators of hegemony” (p. 24) and as sites of “discursive negotiation” (p. 41). By regarding the media as mediators of publics and negotiators of meaning in the public sphere, van Zoonen indicates how the media play a role in constructing public discourse while recognizing the need to analyze media influence in context. In other words, to avoid “media-centric”¹³ analysis that both overstates and oversimplifies their role, it is important to situate

---

¹³ See, for example, Schlesinger (1990), Schlesinger, Tumber and Murdock (1991), and Hansen (1991) for criticisms of “media-centric” communications research. A common criticism in these studies is the over-emphasis of the media’s role in the definition of social issues, and the failure to account for non-official sources and their media strategies, or to adequately consider the contested nature of meaning-making within and between social institutions and organizations.

the media in relation to other publics and particular contexts, rather than presuming the ability to homogenize the media and generalize about their role.

Sreberny and van Zoonen (2000) argue that the feminist struggle over the boundaries of the 'political' cannot be adequately understood without considering the role of the media (3). They perceive the media as "profoundly entangled" (p. 9) in women's political activism. In studying the advocacy discourse of midwifery, my purpose is to understand how the media represented the policy debate on midwifery and whether this influenced the strategies and discourse of the activist counterpublic. I focus my analysis of media coverage on the representations of the midwifery standpoint. In this respect, the work of feminist communication scholars on women's activism, publicity, and the media (Camauër, 2000; McLaughlin, 1993; van Zoonen, 1992) has been most useful.

Lisa McLaughlin (1993) describes feminist organizations as having a "public character," which they project in order to direct "oppositional claims and agitational activities through media ... toward wider publics" (p. 600). "Publicizing work" is the term Leonor Camauër (2000, p. 161) uses to describe how feminist groups attempt to communicate their message and disseminate their advocacy. McLaughlin describes the media as playing a "problematic, and often obstructive, role" (p. 612) in the representation of feminist issues and activities. By contextualizing print media coverage of feminist activism in the Netherlands and Sweden, van Zoonen (1992) and Camauër (2000) offer interesting insights into the complexities of the interaction between the media and political activists. While suggesting the potential of the media as a means of mobilizing support for

particular causes, these analyses differ from instrumentalist approaches by recognizing the problematic nature of activist and media interaction.

The public character that organizations wish to project may differ from their “public identity,” or how they are depicted in media representations (van Zoonen, 1992, p. 453). Van Zoonen conceives the public identity of women’s political activism as the product of “a collision of ... conflicting organizational routines of the movement and media, and of conflicting individual preferences of journalists and activists” (p. 454). The media’s “selecting, ordering and judging practices” determine what is reported and how it is represented (McLaughlin, 1993, p. 612). This process of news production is determined by a “variety of constraints,” including commercial interests and the narrative form of “news as storytelling” (Wallack et al., 1993, p. 58). As well as influencing the coverage and representation of oppositional voices, these constraints often restrict access to the media for “unequally empowered social groups” (McLaughlin, p. 612). However, by drawing attention to the “public identity” of activist groups, van Zoonen offers a way to explore the interplay between advocacy and the media.

In my research, I have conceptualized the media as a primary social institution with the power to influence public debate by determining what is newsworthy. With the ability to draw public attention to particular issues, and certain representations of those issues, the media play an influential role in mediating¹⁴ social relations, determining what should be documented in the

---

¹⁴ I consider the media as a “mediator” in the sense of “an intermediate agency” or “connecting link” between “parties in dispute” on matters of public concern (Barber, 1998, p. 899). I do not consider them as an impartial individual or body seeking to produce reconciliation or agreement.

public domain, and thereby shaping public discourse. In the case of midwifery, media decisions had the potential to influence the policy debate in terms of what was reported, whose perspectives were reported, and how they were represented. To avoid a media-centric focus, the media role has been considered as one of several factors that influenced the shape of midwifery advocacy.

Defining key terms:

Besides considering how to conceive women's political activism, it is essential to define the key terms from which my analysis of the advocacy of midwifery has been constructed. My thesis contends that successful advocacy requires the ability to present a novel perspective on the issue in question and to persuade policy-makers and the media of the legitimacy of that particular representation over competing proposals or existing practices. As a student of communication, my focus is on the strategies and discourse used to advocate midwifery to the public, politicians and bureaucrats, and the media. In this section, I describe how I have defined and applied the key terms advocacy, discourse, novelty, and legitimacy in my research.

Defining advocacy

To understand how midwives and their supporters represented their vision of midwifery required a definition of advocacy. According to Wallack et al. (1993), advocacy is a means to "increase the power of people and groups to make institutions more responsive to human needs" (p. 28). This equates advocacy with oppositional causes and beneficial social change, simplifying and idealizing the practice and its context. In contrast, Lorraine Code (1995) provides a more

critical consideration of advocacy, describing it as the “politics of speaking for, about and on behalf of...” (p. 30). The act of representing a particular constituency, by standing or speaking for its members, requires the ability and legitimacy to publicly represent their version of reality (Bennett, Grossberg & Morris, 2005, p. 308). The nature and legitimacy of representing others is open to debate. While recognizing that advocacy has the power to contest authoritative knowledge, Code draws attention to the power dynamics and “potential abuses of advocacy positions” (p. 30). Adopting Code’s more nuanced perception, I have defined advocacy as a contested and potentially exclusive practice of meaning-making that is undertaken within a public to define its official standpoint, in relation to competing publics, in order to win support for that position.

Defining discourse

Putting discourse at the centre of analysis allows for “meaning-oriented” inquiry (Fraser, 1989, p. 146) that draws attention to the “contested character” of public debate (p. 162). Carol Baachi (1999) describes the focus on discourse as an interest in how “arguments are structured” (p. 41) and how “problems achieve their reality in language” (p. 37). Valuing discourse is one matter, determining *how* to navigate its contested meaning is quite another. Discourse is a “slippery” concept (Baachi, p. 39), the meanings of which are “contradictory and exclusionary” (Wodak, 1997, p. 4). It is conceived as: spoken dialogue, written text, language use in context, interaction between reader/writer and text (Wodak, p. 4); a frame or way of viewing issues (Baachi, p. 40; Fairclough, 2003, p. 17); the “domain of statements” in social life (Fairclough, p. 124, Baachi, p. 40), or a

set of statements (Fairclough, p. 124; Wodak, p. 5) used to define knowledge of a particular topic (Hall, 1992, cited in Baachi, p. 39).

Michel Foucault's pioneering conceptualization of discourse as social practice (Hoy, 1986, p. 5) considers how context shapes advocacy. In proposing a "new economy of power relations," he suggests that we take "resistance against forms of power as its starting point" (Foucault, 1982, p. 780). In other words, to understand the context that shaped the midwifery counterpublic is to investigate its forms of resistance, including advocacy strategies and discourse. Nancy Fraser's discursive sense of the political (1989) and Carol Baachi's problem representation approach (1999), both applied to my research, have been influenced by Foucault's conceptualization of discourse. Influenced by these scholars, I have defined discourse as: a set of statements representing a particular knowledge type and social vision; and as the product of social interaction and negotiation both within a counterpublic and in relation to competing publics.

Defining novelty

Investigating how the advocacy discourse of midwifery constructed a sense of novelty was one of my research goals. Few social issues in the public arena are entirely new and tend instead to be reformulations of old issues (Wallack et al., p. 81). However, because issues compete to make it onto the crowded political agenda (Cobb & Elder, 1981, p. 408; Hilgartner & Bosk, 1988, p. 55), novelty *is* an important factor. To explain why certain social issues gain prominence, Stephen Hilgartner and Charles Bosk's public arenas model (1988)

includes novelty as a key element. Novelty is also a news value, a factor that influences what is perceived by the media as newsworthy (Wallack et al., p. 80). For my purposes, I have defined novelty as the attempt to establish a “new character” (Barber, 1998, p. 996), a “renewed or reformed” identity (p. 978), as a way of distinguishing self from other in order to construct a jurisdictional niche.

Following other scholars (Barrington, 1985; Bourgeault, 2000; Burtch, 1988; MacDonald, 2004; Shroff, 1997), I chose to use the adjective ‘new’ to define the resurgence of midwifery in Ontario in the 1970s. In recognition of how midwifery in Ontario is part of a longer history and tradition, my use of the adjective new is marked with inverted commas. In my analysis, I consider use of the term, ‘new’ midwifery, as part of the counterpublic’s advocacy discourse.

Defining legitimacy

The ability to persuade decision-makers of the legitimacy of a particular way of representing a social issue and policy solution over competing proposals is a primary component in successful advocacy. The supporters of midwifery advocated the legitimacy of their knowledge and practices as “authoritative definitions of social situations and legitimate interpretations of social needs” (Fraser, 1989, p. 6). Discursive and jurisdictional boundaries legitimize certain theories, standards of practice, techniques, technologies, and procedures over others. Mary Lay (2000) identifies the traditional sources of legitimacy for authoritative knowledge in western society as academic, scientific, and technical knowledge (p. 28) rather than “experiential” or practical knowledge (p. 17). The appeal to legitimacy tends to imply a sense of “conforming to a recognized

standard” (Barber, 1998, p. 817). I have defined legitimacy as the sources of “authorization” used to “serve as a justification for” (ibid) the legalization of midwifery.

So far I have outlined the various theories, concepts and definitions that inform and structure my analysis of the advocacy of midwifery. I have considered: the meaning of a feminist approach to research; ways of conceiving women as a group; how to conceptualize public debate, policy-making, and political activism in terms of competing publics; how to contextualize the mass media in public debate; how to consider the publicizing work of political activists and media representations of their activism; and the definition of key terms (discourse, advocacy, novelty, and legitimacy) and their application to my research. The remainder of the chapter shifts from the theoretical framework to the methodology, to describe how I conducted the analysis.

METHODOLOGY

The purpose of my research is to determine how the proponents of midwifery advocated its legalization. To achieve this I seek to understand the strategies and discourse used by the midwifery counterpublic in relation to the context that shaped midwifery activism. Although my research focuses on the activist community, my intention is to understand how midwifery advocacy was shaped by the broader context of health policy-making and influenced by the media. The methodology I have developed to explore this topic combines: the analysis of activist strategies, qualitative interviewing of activists, and discourse analysis of midwifery advocacy in activist newsletters, policy documents, and

media articles. My research is guided by feminist concerns about the methods used to investigate and interpret women's lives.

'Feminist' Methods

Feminist researchers have questioned the methods they use (Cirksena & Cuklanz, 1992; Code, 1995; MacDonald & Bourgeault, 2000; Rakow, 1992; van Zoonen, 1994). The debate about what constitutes 'feminist' research has centred on the "politics of doing research" (van Zoonen, 1994, p. 129) and the quest to develop "appropriate 'tools'" (p. 128) to study women. Feminist researchers seek to address the power imbalances between researcher and researched (ibid, p. 129; Cirksena & Cuklanz, p. 38) by: accounting for their research goals (Rakow, p. 11); recognizing the power and responsibility inherent in interpretation (MacDonald & Bourgeault, p. 152); and being accountable to the individuals and groups they research (Burt & Code, 1995: 9).

Feminist scholars appreciate that the act of representing the lived experiences and knowledge of other women raises troublesome questions about expertise and authority in feminist analysis (Burt & Code, 1995). Facing these questions requires "vigilant methods" (Code, 1995, p. 33) and "ongoing and vigilant attention" (MacDonald & Bourgeault, 2000, p. 164). This includes being attuned to the personal and political implications of the researcher's interpretation for the individuals and communities represented. Such reflection and sensitivity inspires a sense of responsibility in the researcher. Equally, the awareness of how the researcher is implicated in the power dynamics of the "politics of

representation” (MacDonald & Bourgeault, p. 164) provides her with a first important step towards redressing the imbalances in the research process.

As the author of this study my focus and interpretation are privileged throughout. However, this privilege is offset by my responsibility to represent the midwifery community and interpretations of individual activists fairly and accurately. To investigate the advocacy of the ‘new’ midwifery, I draw from four types of primary source data (activist newsletters, policy documents, media articles and qualitative interviews) and focus my research on three broad areas: the establishment of the advocacy counterpublic; their involvement in a provincial health policy review process; and their interaction with the media. Within those areas, my research centres on the strategies and discourse used by activist leaders to advocate the legalization of midwifery in Ontario.

My study covers the decade from 1979 to 1989. Although the selection of a specific time frame for analysis is a useful academic device, I recognize the arbitrariness of breaking the flow of time by focusing attention on a particular period. Attempts to legalize midwifery in Ontario began earlier than 1979 and continued after 1989 until legalization in 1994. I focus on the period from 1979 to 1989 as this begins with the early organizing of the activist counterpublic, traces the formalization of their advocacy through a provincial health policy review from 1983 to 1987, and ends with the release of recommendations on legalization in early 1989 and the government’s decision to implement midwifery. Beyond the scope of this study is analysis of the period of policy-making from 1989 to 1993 by another government-appointed body, the Interim Regulatory Council on

Midwifery, which determined the scope of midwifery practice and its integration within Ontario's health-care system.¹⁵

The remainder of this chapter details the research process I have undertaken to explore the formation and development of the advocacy strategies and discourse of midwifery in Ontario. I begin by outlining the data collection procedures (archival research and qualitative interviewing) used to gather the four primary source data types (activist newsletters, policy documents, media articles, and informant interviews). I then describe the analytical methods (analysis of publicist strategies and discourse) used to analyze and interpret the data. My overview of the research design also considers the key methodological concerns that guided my approach, reflections on difficulties encountered in the research process, and recognizes limitations in the research design.

Data Collection:

Archival Research

Archival material is used either to supplement other data sources or as the "primary focus" of research (Deacon, Pickering, Golding & Murdock, 1999, p. 14). In this study, the archival data is a primary focus; it is the subject of analysis, rather than a supplementary source. From my secondary source research, I identified midwifery newsletters, policy documents and media articles as key archival documents for understanding the development of midwifery activism in Ontario. Locating primary source midwifery documentation was the most challenging obstacle I encountered in the data collection process. The publicly

---

¹⁵ For details of this divisive period of advocacy, including fractures within the activist community and formation of breakaway groups, see Bourgeault (1996) and Daviss (1999).

accessible archives on midwifery in Ontario are very small, limited, and incomplete.¹⁶ Although some primary source data are housed in public archives,¹⁷ much of the historical documentation is held privately in the filing cabinets and storage boxes of midwives, supporters, and academics. Archiving material for the historical record tends not to be a priority for volunteer-led and under-resourced activism, as in the case of midwifery in Ontario. However, with a combination of persistence and serendipity, I tracked down a complete set of policy documents (n= 4) and an incomplete set of midwifery newsletters (n=25).¹⁸

Locating media coverage of midwifery was significantly easier than finding material developed by the activist community. This task was facilitated by the existence of on-line, full-page archival databases for print media. I restricted my study to print media coverage in order to limit the size and scope of the data set. Much of the political activism of midwifery centred on Toronto, the seat of the provincial legislature, and for this reason I restricted my search for media coverage of midwifery to two Toronto-based, mainstream, English language, daily newspapers with wide circulation in Ontario: *The Globe and Mail* (Metro edition) and *The Toronto Star*.¹⁹ My purpose is to not conduct a comprehensive analysis of media coverage but rather to consider the factors that influence and

---

¹⁶ At the time of writing, Elizabeth Allemang, a midwife and lecturer at Ryerson Polytechnic University, was considering developing a publicly accessible midwifery archive in Toronto. The Canadian Women's Movement Archive (CWMA) at the University of Ottawa had also expressed an interest in expanding their small archival collection on midwifery. I have donated interview data from this study to the CWMA's midwifery archive.

¹⁷ Including the CWMA at the University of Ottawa and the Library and Archives Canada, Ottawa.

¹⁸ My data set comprises only four newsletters for the midwives associations and 25 for the consumer association. As a result, my primary focus is on the consumer newsletter, *Issue*.

¹⁹ I retrieved media articles from the Canada's Heritage Since 1844 database (*The Globe and Mail*) and Pages of the Past database (*The Toronto Star*).

shape advocacy, including media representations. More comprehensive analysis of the media representations of midwifery would include broadcast coverage and media outside of Toronto, but these focuses are beyond the scope of this study.

I limited my search of print media coverage to “hard” news articles in the “news” sections of the papers. Keyword searches on “midwifery,” “midwife,” and “midwives” from January 1979 to December 1989 yielded total populations of 125 news articles in *The Globe and Mail* and 104 in *The Toronto Star*.²⁰ I coded each article for content as follows: No Relevance (NR - metaphorical use of keywords or passing reference, e.g. source was a midwife);²¹ Low Relevance (LR – midwifery outside of Canada);²² High Relevance 2 (H2 – midwifery in Canada but outside of Ontario);²³ and High Relevance 1 (H1 – midwifery in Ontario).²⁴ The code for each article was entered into a Microsoft Excel spreadsheet that tracked the *Globe* and *Star* data separately by month from 1979 to 1989. My analysis focuses on news articles about midwifery in Ontario (H1), although I contextualize these in relation to coverage in Canada, outside of Ontario (H2). To restrict my analysis to “hard” news articles, I removed all letters to the editor, opinion editorials,²⁵ and events listings from the H1 and H2 data sets. This restricted the H1 samples to 41 articles in the *Globe* (see appendix A) and 46

---

²⁰ All duplicate articles were removed from the data set.

²¹ NR media articles: n=18 in the *Globe* and n=29 in the *Star*.

²² LR media articles: n=21 in the *Globe* and n=5 in the *Star*.

²³ H2 media articles: n=27 in the *Globe* and n=14 in the *Star*.

²⁴ H1 media articles = 59 in the *Globe* and n=56 in the *Star*.

²⁵ Letters to the editor and op eds, referred to as “opinion discourse” (Greenberg, 2000), offer another way of analyzing the media advocacy of midwifery but are not considered in this study.

articles in the *Star* (see appendix B) and the H2 samples to 15 articles in the *Globe* (see appendix C) and 14 in the *Star* (see appendix D).

Qualitative Interviewing

The printed word in activist newsletters, policy documents and media articles represents the “fine edge and the final stage of a whole process of mobilization” (Latour, 1988, p. 40). This process is invariably contested and oftentimes conflictual but signs of discontent are frequently erased, or at least minimized, in the written record. To get a glimpse of the unseen mobilization process behind the discourse of midwifery advocacy, I needed to supplement the documentary material with activists’ reflections on their lived experiences. This led me to consider qualitative interviewing as a key data collection method. Qualitative interviewing is described as a “preeminent method in communication” (Lindlof & Taylor, 2002, p. 170) and the “most popular method in feminist media studies” (van Zoonen, 1994, p. 136). Its use and popularity as a method is explained by its ability to allow the researcher to gather “experiential knowledge” (Gubrium & Holstein, 2003, p. 4), to generate “empirical data about the social world” (Holstein & Gubrium, 2003, p. 67), to inquire about the past or “processes that cannot be observed by other means,” and to “verify, validate, or comment on information obtained from other sources” (Lindlof & Taylor, pp. 174-175).

Qualitative interviewing allows the researcher to give voice to perspectives that may have been silenced or marginalized in “official histories” (Lindlof & Taylor, 2002, p. 175). In this respect, it is “an invaluable means of generating new insights about women’s experiences of themselves and their worlds”

(Anderson & Jack, 1991, p. 11). It is a method that allows the researcher to collect data that are rich in depth and detail. The conversational format of qualitative interviewing allows for “spontaneous exchange” (ibid, p. 12), enabling informants to raise issues, suggest other ways of perceiving a topic, and to clarify points from their perspective (Lindlof & Taylor, p. 185). By allowing for the negotiation of meaning between informant and interviewer, qualitative interviewing seeks to redress the traditional power imbalances in research (Anderson & Jack; Lindlof & Taylor). However, qualitative interviewing is potentially limited by “false recalls” (Lindlof & Taylor, p. 178) in that memories can be reshaped by the passage of time and subjectivity of individual experience. This risk was mitigated by the use of other primary source material and secondary source research on midwifery activism in Ontario.

Research of primary and secondary source material enabled me to identify key individuals involved in midwifery activism in Ontario. My intention was to conduct interviews with a minimum of five and a maximum of ten leading midwifery activists, all women. Criteria for the sample were the inclusion of: both midwives and midwifery supporters (referred to as “consumers,” the users of midwifery care); diversity in geographical location, role and contribution during this period of activism; and different perceptions, including critical reflection, of the legalization process. My aim was not to produce a sample that was representative of the midwifery community, the small number of informants negated this, but rather to indicate some of the diversity of “lived experiences” within the activist community. I contacted a total of nine activists, secured

permission to interview eight, and conducted qualitative interviews with seven (as the eighth was forced to cancel). The involvement of two informants was conditional on my notifying them of the interview material I intended to use in the thesis and the context of its use.

Clearance to conduct informant interviews was secured from the Carleton University Research Ethics Committee. Following the university's protocols for ethical research, each informant was mailed a letter of information (see appendix E) and a consent form (see appendix F) prior to the interview. Permission was secured from each informant to record the interview. Anonymity was offered but was not requested. The informants included four midwife activists, two consumer activists, and one informant who self-identified as both a consumer and midwife activist during the 1979-1989 period. Three informants lived in the Toronto area during that time and the remaining four informants lived in northern Ontario (North Bay area), eastern Ontario (Ottawa and area) and southwestern Ontario (Guelph, Kitchener-Waterloo, and London).

The interviews were "semi-structured" (van Zoonen, 1994, p. 137), with topics, questions and prompts pre-determined (see appendix G). The relatively open-ended, conversation-like format of the qualitative interview allowed me to clarify meaning with additional questions. It also gave informants the space to follow their train of thought, to question the wording or assumptions of my questions, or to steer the interview onto other topics. The experience of interviewing made me reflect on the power dynamics of the traditional research relationship and the "agency" of informants (Lindlof & Taylor, 2002, p. 185). The

interview can be used as an opportunity to downplay controversies or tensions, or to emphasize points that have been forgotten and perceptions that have been marginalized in the “official” narrative. As a novice interviewer, I was aware that there were certain agendas at play during the interviews and I did not always have the skill or knowledge to re-direct the conversational flow.

With the exception of one telephone interview, the interviews were conducted in person, at a time and place selected by the informant. Each interview was digitally recorded. The interviews ranged in length from one hour to one hour 50 minutes, averaging one hour 20 minutes. I manually transcribed each interview to generate ‘text’ for analysis. The seven interviews totaled nine hours 45 minutes of recording and took a total of 31 hours 15 minutes to transcribe; an average rate of 3.2 times longer for the transcription than the recording.²⁶ Although the process of locating and contacting potential informants and conducting and transcribing the interviews was labour-intensive and time-consuming, it yielded rich, detailed data on the “lived experiences” of activism.

Data Analysis:

Regardless of how qualitative data is obtained, whether from interviewing, archival research of primary sources, or bibliographical research of secondary sources, once collected it must be analyzed and interpreted. According to Liesbet van Zoonen (1994), how to conduct the analysis is the “most demanding and least examined aspect of qualitative research” (p. 140). The remainder of the

---

²⁶ Lindlof and Taylor note that a good rate of transcription is usually two the three times the length of the recording (2002, p. 204).

chapter outlines the approaches I used to analyze the strategies and discourse of midwifery advocacy in relation to the primary source data collected.

Analyzing activist strategies

By investigating how midwifery was advocated, I consider “how women [were] ‘speaking out’ in public spaces” (McLaughlin, 1993, p. 615) and seeking to establish a “public character” (p. 600) for their activism. For this purpose, I have adopted a research strategy from Leonor Camauër (2000) for analyzing the “publicist practices” (p. 161) of women’s organizations. She defines publicist practices as: independent media production (activist journals, newsletters, brochures, posters etc.); media outreach strategies (letters to the editor, debate articles, media releases and advisories); and public outreach strategies (meetings and events) (p. 165). I have broadened Camauër’s analysis of strategies to include political outreach, as this was central to midwifery advocacy. The application of Camauër’s research model to data in the activist newsletters and informant interviews enabled me to identify and analyze the publicist practices and outreach strategies of midwifery advocates and their interactions with the policy-making process and the media.

Camauër’s analysis of media coverage in relation to publicist practices also offers a way to explore the differences between the “public character” (McLaughlin, 1993, p. 600) that organizations wish to project and their “public identity” (van Zoonen, 1992, p. 454), the way that they are depicted by the media. The analysis of media advocacy in relation to the news coverage of midwifery has enabled me to compare the public character that midwifery

supporters sought to project with the public identity of midwifery in media representations. This has allowed me to analyze the strategies used to advocate midwifery and to consider the interplay between advocacy and the media.

Analyzing advocacy discourse

In addition to identifying the strategies employed by midwifery activists, my purpose was to analyze the discourse of midwifery advocacy. To analyze the 'text' of activist newsletters, policy submissions, and media articles, I required a qualitative methodology that allowed for the interpretation of meaning. Although researchers regularly work with textual data, Norman Fairclough (2003) describes a "widespread anxiety about how to analyse such material" (p. 1). Discourse analysis is used to interpret the linguistic features of text and the contexts of its production, reception and interaction with other texts. It is a labour-intensive method, applied to samples, rather than large volumes, of text (p. 5). In this study, I have used discourse analysis to identify "traces and cues" (Deacon et al., 1999, p. 154) and "forms of representation" (p. 146) across broad samples of text that comprised, or influenced, the discourse of midwifery.

Besides the linguistic features of text, my analysis considers other factors, such as how text is defined by its context, interaction with other discourses, and authorship. Sara Mills (1995) suggests discourse analysis should concern itself with "the macro-contexts of larger social patterns" rather than the "micro-contexts" of words and sentence structure (p. 159). Similarly, Carol Baachi's problem representation approach draws attention to the "structuring discourses" (1999, p. 45) that contextualize and shape public policy. Focusing on context

also indicates how discourses are “interdiscursive,” how they interact with other discourses and re-articulate them (Fairclough, 2003, p. 126). In addition to how context shapes discourse, Fairclough indicates the importance of identifying the “social agents” who “texture texts” (p. 22). As part of a broader consideration of *how* texts are produced Mills also suggests that we pay attention to *who* authors texts to determine “whose point of view” is represented (p. 202).

I use Baachi’s “problem representation” method to understand the context and content of the advocacy discourse of midwifery. Discourse analysis of the newsletters provides an indication of how the problem representation of midwifery was developed informally within the activist community. My analysis focuses on the range of discursive tones used by activist leaders to mobilize support from members of the midwifery counterpublic. I also consider how, through articles in the newsletters, members of the counterpublic communicated a sense of the novelty of midwifery and, in the process, established their collective identity. Discourse analysis of midwifery policy submissions allowed me to explore how the formal problem representation of midwifery was communicated in the political arena. My analysis of the policy submissions considers: the social discourses that structured argumentation; the influence of and constraints on authorship; how novelty was discursively created; and the sources used to communicate the legitimacy of the midwifery standpoint.

To analyze the media coverage of midwifery, I adopt a mixed method approach developed by Liesbet van Zoonen (1992). I first conducted a quantitative overview to map out the coverage and identify “critical events” (van

Zoonen, p. 457), periods of heightened media interest. This was followed by qualitative analysis of the media representations of midwifery. Adopting this approach allows me to consider how midwifery activism was represented by the media and how those representations may have influenced midwifery advocacy. As mentioned earlier in the chapter, the informant interviews enabled me to access the “lived experiences” of midwifery activists. I did not analyze the discourse of the interviews, but, rather, used them to breathe life into the newsletters, policy documents, and media articles. The interviews complement the discourse analysis of midwifery documents and news articles by allowing information to be crosschecked between sources, patterns to be identified, and certain assumptions to be challenged. I have attempted to weave together the analyses of activist strategies and advocacy discourse to gain a fuller understanding of how the legalization of midwifery was advocated in Ontario.

CONCLUSION

The purpose of this study is to conduct woman-centred research that is sensitive to feminist concerns about knowledge production. The methodology I use is guided by the voices, perspectives, and recollections of activist leaders, in the form of their newsletters and policy briefs, written during this intense period of activism, and in-depth, qualitative interviews that reflect back on that time. To understand the influence of external forces on midwifery advocacy, I supplement the primary source material reflective of activist perspectives with secondary source research and the analysis of mainstream media articles. These

perspectives shift the focus from within the activist community to without, providing an indication of the interplay between advocacy and context.

My study of the advocacy of the 'new' midwifery was built from four types of primary source data: midwifery newsletters, midwifery policy submissions, qualitative interviews with activists, and mainstream media articles. Focusing on communication strategies and advocacy discourse, the analysis considers how novelty and legitimacy were discursively constructed in order to advocate the legalization of midwifery in Ontario. I also consider how some perspectives were marginalized in the process. From these four sources of primary data, the strategies and discourse used to advocate the 'new' midwifery in Ontario from 1979 to 1989 are traced across three broad contexts: the 'counterpublic' of midwifery (chapter three); the provincial review of policy on health professions (chapter four); and the media (chapter five). This allows me to explore the advocacy of midwifery and to consider how activism is shaped by its context.

Chapter Three

Emerging, Organizing, Mobilizing: Birth and Growth of the Counterpublic

The successful advocacy of midwifery in Ontario was contingent on the ability to forge a cohesive activist community with representation across the province. In this chapter I trace the emergence and development of the midwifery counterpublic in relation to the context, the organizing structures and communication strategies, and the mobilizing discourse that shaped it. Drawing from the informant interviews and activist newsletters, I consider why a discernible community of midwifery advocates emerged and how it began to establish a sense of collective identity. Throughout the chapter I test the applicability of the concept of the counterpublic to the midwifery community. I begin by considering the socio-political conditions that facilitated the emergence of the 'new' midwifery. I then explore the organizing strategies, communication tools, and challenges that shaped the midwifery counterpublic. I end the chapter by outlining the discourse used to mobilize support and define a sense of collective identity.

EMERGENCE OF THE MIDWIFERY COUNTERPUBLIC

Advocacy is not developed in a vacuum; it is shaped by its context, including factors such as existing policies, practices, and social values. Nancy Fraser (1989, 1990) offers a useful guide to the influence of context on

oppositional political activism. However, it is Rita Felski's more detailed theorization (1989) that I use to explore the emergence and development of the midwifery counterpublic. Felski's definition of counterpublic considers how oppositional activism is shaped by its context. She draws attention to how a counterpublic is neither "autonomous" nor "separate from the rest of society" (p. 171) but, rather, is "conditioned by and dependent upon the broader network of ideological relations and social structures within which it has emerged" (p. 154). According to Felski, a "concept of community" (p. 155) and a sense of "shared experience" are necessary starting points for the emergence of oppositional activism (pp. 168-169). In this section, I consider the contexts from which the midwifery counterpublic in Ontario emerged.

The social context

Prevailing social trends influenced the revival of midwifery in Ontario in the 1970s.²⁷ Demands for reform in maternity care and the perception of midwifery as a legitimate alternative to orthodox medical practices formed part of a broader context of social activism in the 1970s and early 1980s. During that time activism was "culturally current," it was "something that people did ... that gave [them] inspiration and fulfillment."²⁸ Through different streams of activism – "the hippie, back to the land movement, the feminist movement, providing a choice to

---

²⁷ For details of the history of the decline and revival of midwifery in Ontario, see Bourgeault (1996, 2000), Fynes (1994) and James-Chetlat (1989).

²⁸ Interview with Vicki Van Wagner, midwife activist, on October 21, 2005, at Ryerson Polytechnic University in Toronto.

people”²⁹ – mainstream ideas were challenged and alternative ways of living and organizing society proposed. These movements held “a very healthy and very exciting vision” for social change.³⁰ The medical treatment of birth was regarded as “just one small piece of a much larger problem in our society” and midwifery care was conceived as one aspect of the broader movement for social change.³¹

Shaped by the context of social activism, midwifery was an issue that appealed to women in “very different camps.”³² It appealed to “counterculture” women³³ who were “looking for a more natural lifestyle,” and the option to give birth at home, as part of a “back to the earth movement” that revered motherhood.³⁴ It also appealed to “really strong feminist women”³⁵ who related “the issues around childbirth to ... feminist activism,” including abortion rights.³⁶ Perceived from a feminist perspective pregnancy and childbirth provided “a very rich topic for looking at how we empower or disempower women.”³⁷ Unlike abortion, an issue that divided women along distinct pro-life and pro-choice lines, midwifery had the ability to unite women of divergent political perspectives, “pulled together” with “motherhood as [their] focus.”³⁸

---

²⁹ Interview with Anne Maranta, consumer and midwife activist, on October 28, 2005, at the Society of Obstetricians and Gynecologists of Canada in Ottawa.

³⁰ Interview with Betty-Anne Daviss, midwife activist, on October 24, 2005, at the Society of Obstetricians and Gynecologists of Canada in Ottawa.

³¹ Ibid.

³² Maranta, 2005.

³³ Ibid.

³⁴ Telephone interview with Ava Vosu, midwife activist, on October 27, 2005, in Powassan.

³⁵ Maranta, 2005.

³⁶ Van Wagner, 2005.

³⁷ Interview with Maureen Kellerman, consumer activist, on November 3, 2005, at her home in Ottawa.

³⁸ Maranta, 2005. Barrington (1985, p. 151) refers to some tensions between midwifery advocates over abortion.

The confluence of prevailing social trends also included demands by consumers for reforms in a “health-care system that was archaic, ... monolithic,” slow to change³⁹ and “paternalistic” (York, 1987, p. 6). A “wave of consumer activism” in health care had begun in the 1970s and constituted a “major social force” in Ontario by the early 1980s (p. 173). By then, “consumers of health services ... [were] beginning to assert their rights” (p. 8), to question medical orthodoxy, and to promote interest in “alternative health politics.”⁴⁰ The intersection of consumer demands, women’s rights and an interest in alternative health care, led to women questioning the high rates of surgical intervention in Canada, particularly in women’s reproductive health (p. 55). Activist research in women’s health care, including obstetrics, demonstrated that “what was common practice wasn’t necessarily good practice,”⁴¹ justifying the demand for change.

Rita Felski (1989) notes that a “shared experience of oppression” is often the starting point for oppositional activism (p. 169), providing the impetus that develops into a “self-consciously oppositional identity” (p. 167). The proponents of a more holistic and humanistic approach to maternity care in Ontario were drawn to the advocacy of midwifery for varied reasons. These included different combinations of: a desire for social change, for a more naturalistic way of living, to celebrate motherhood, to support women’s rights in health care and society more generally, and to contest medical authority with alternative choices and knowledge. My purpose is not to discern how these diverse social trends aligned

---

³⁹ Maranta, 2005.

⁴⁰ Interview with Holly Nimmons, consumer activist, on October 21, 2005, at the YWCA’s head office in Toronto.

⁴¹ Kellerman, 2005.

or where they were in contradiction but to indicate their contribution to the rich tapestry of social activism that shaped the advocacy of midwifery in Ontario.

The political context

Party politics and political events intersected with the currents of social activism and contributed to the shape of midwifery advocacy. The period from 1979 to 1989 was marked by changes in party politics, attempts to control rising health-care costs, challenges from the medical profession, including the use of the coroner's inquest as a forum to investigate midwifery, and political opportunity in the form of a provincial health professions review. This period began with the seemingly entrenched Provincial Conservatives in power and witnessed the end of their 42-year reign in June 1985, displaced by an informal coalition of the Liberals and New Democratic Party, which in turn gave way to a Liberal majority in 1987 (White, 1998). Despite these shifts in government, midwifery "was never seen as an item that belonged to one particular political party's platform.... [E]ach [party] was able to connect with it and ... make a claim to having made a contribution."⁴²

The ability to secure "cross-party support" for the legalization of midwifery was influenced by the broader political context,⁴³ particularly concerns about the rising costs of health care (White, 1998; York, 1987). The cost of Medicare, Canada's national health insurance program, forced successive governments, at both federal and provincial levels, to consider ways to reduce spending on

---

⁴² Interview with Rena Porteous, midwife activist, on October 20, 2005, at Ryerson Polytechnic University in Toronto, followed up by telephone on October 25 to complete the interview.

⁴³ Van Wagner, 2005.

health.⁴⁴ A cost-cutting measure that resurfaced at different points in time proposed to expand the practice of “paramedical” health workers such as nurses, nurse-practitioners, and midwives, thereby reducing reliance on more expensive health professionals, such as doctors and obstetricians (York, p. 5). Although midwifery had been considered as a viable means of reducing health care costs in Ontario since the 1960s (Fynes, 1994, pp. 55-61),⁴⁵ the idea had not advanced beyond discussion.

Any initiative perceived as limiting the scope of the medical profession risked the opposition of the powerful medical ‘public.’ Midwifery advocates were confronted by challenges from the medical community in the form of inquests into midwife-attended births and statements against home birth and unlicensed birth attendants. Eight coroner’s inquests into neonatal deaths and stillbirths were held in Ontario from 1982 to 1989, six involved midwifery and/or a home birth (Martin, 1993, p. 6). Dianne Martin argues that the medical public used the inquests “to maintain preeminence in matters of safety by locating midwife-attended births in the sphere of the exceptional and dangerous” (pp. 4-5). Although the legal forum was not chosen by midwifery advocates, it “put a highlight on the semi-legal practice of midwifery”⁴⁶ and provided a platform from which to argue its merits.

---

⁴⁴ The Canada Health Act (1984) banned “extra-billing” in the medical system. This forced provincial governments to confront medical billing practices. In Ontario the Health Care Accessibility Act (Bill 94) passed into law despite a doctors’ strike against it in 1986 (York, 1987).

⁴⁵ Fynes (1994) refers to reports made by the Royal Commission on Health Services (1961) and the Ontario Committee on the Healing Arts (1966).

⁴⁶ Van Wagner, 2005.

The inquests were “an incredibly gut-wrenching, exhausting experience for the people involved,”⁴⁷ but they mobilized support for midwifery. Medical statements against home births also gave impetus to the practice of midwifery. In January 1982 and March 1983, the College of Physicians and Surgeons of Ontario (CPSO) issued bulletins to its members advising them to discontinue attending home births and working with unlicensed practitioners (Bourgeault, 1996, p. 76; Fynes, 1994, p. 75). As a result, “many physicians stopped doing [home births] because they were nervous about their own status.”⁴⁸ In that “broad environment of a decline in family practitioners attending births,”⁴⁹ midwives who had been attending home births with doctors were faced with a decision: to cease practice or to “grab the nettle and ... do this ourselves.”⁵⁰

Medical opposition to home birth and unlicensed practice inadvertently created opportunities for midwifery. However, this was attenuated by a decline in physician support and medical backup for home births and the realities of working as an unlicensed practitioner within a “grey, alegal state” where “there were no laws prohibiting the practice of midwifery and ... none supporting it.”⁵¹ The Conservative government’s decision to begin a review of the legislation⁵² governing health professions in Ontario in 1983 initiated a political opening for midwifery advocates. The Health Professions Legislation Review (HPLR) was “an unbelievable, stupendous opportunity ... to take political action at a very high

---

⁴⁷ Porteous, 2005.

⁴⁸ Van Wagner, 2005.

⁴⁹ Ibid.

⁵⁰ Porteous, 2005.

⁵¹ Maranta, 2005.

⁵² The Health Disciplines Act.

level and to be invited to do so.”⁵³ The HPLR and subsequent Task Force on the Implementation of Midwifery in Ontario (TFIMO) were galvanizing processes that focused and shaped midwifery advocacy.⁵⁴

Although the practice of midwifery in Ontario was reborn within the broader context of social activism, its development was shaped by its engagement with the challenges thrown up and opportunities offered in the political arena. Despite changes in party politics and challenges from the powerful medical lobby, “midwifery [fitted] into some of the agendas that the state [had] at that time.”⁵⁵ Political concern about rising health-care costs created a climate in which governments were prepared to oppose the medical lobby by supporting the introduction of non-medical practitioners, such as midwives, into the health system. The political process, through the HPLR and subsequent TFIMO, facilitated a debate about health care in Ontario and a context that was conducive to the consideration of alternatives.

Beginnings of the midwifery counterpublic

Understanding the socio-political context that shaped the revival of midwifery in Ontario still does not give me sufficient insight into *how* the midwifery counterpublic had emerged. To understand this I turn to activists’ recollections of how they became involved in midwifery advocacy. As mentioned earlier, midwifery activism was part of a more general critique of the medicalization of health in North America. Opposition to the “assembly line

---

⁵³ Porteous, 2005.

⁵⁴ Kellerman, 2005; Maranta, 2005; Van Wagner, 2005.

⁵⁵ Van Wagner, 2005.

medicalization of birth”⁵⁶ was influenced by “a broader movement for reform around women’s experiences in childbirth”⁵⁷ that “built up first on the west coast of the [United] States and came up to [British Columbia] and then came across Canada.”⁵⁸ In that social milieu of questioning medical orthodoxy and “looking for alternatives,”⁵⁹ “women of childbearing age” connected through their “birth stories,” their involvement in organizations such as La Leche League and the Childbirth Education Association,⁶⁰ and their dissatisfaction with the “mainstream system” of maternity care.⁶¹

Midwifery was “an issue that came at the right time” for many women.⁶² For women in their childbearing years, who were “living that stage of their life very intensely,”⁶³ the issue resonated personally and often sparked an interest in political activism. The sharing of experiences and information between women precipitated an “increased awareness” of, and consumer demand for, “a different kind of care.”⁶⁴ The act of women talking and sharing their personal experiences was at the root of consciousness-raising, a strategy of the women’s movement at that time (Morgen, 2002, p. 4; Ruzek, 1978, p. 32). As a result, “women were talking about [midwifery] and choosing to have home births and wanting the

---

⁵⁶ Porteous, 2005.

⁵⁷ Kellerman, 2005.

⁵⁸ Porteous, 2005.

⁵⁹ Daviss, 2005.

⁶⁰ Kellerman, 2005.

⁶¹ Daviss, 2005.

⁶² Nimmons, 2005.

⁶³ Kellerman, 2005.

⁶⁴ Porteous, 2005.

support of midwives.”⁶⁵ A “gradual growing small group of women” – Ontario’s ‘new’ midwives – responded to their search.⁶⁶

A springboard for activism was the realization that “midwifery was not an option,”⁶⁷ “that we didn’t have midwives.”⁶⁸ In the desire to change this, “little pockets” of activism⁶⁹ and “very loose networks” of women, those interested in finding and/or becoming a midwife, began to form in communities across Ontario.⁷⁰ Drawn together by a shared concern for alternatives in maternity care, these informal groups of women began to meet “to talk about midwifery”⁷¹; “to learn and study together, bring in teachers from other places, [and] work with those doctors who still attended home births.”⁷² From their origins as “intimate gatherings of women in small settings discussing book knowledge... but also discussing the births that they were doing,”⁷³ midwifery study groups, workshops and small community schools developed in the late 1970s and 1980s.⁷⁴

In this very practical, supportive way, “the first kind of organizing was around learning.”⁷⁵ At a time when there was no formal education or funding for midwifery, these community-based groups allowed midwives and their supporters

---

⁶⁵ Van Wagner, 2005.

⁶⁶ Porteous, 2005.

⁶⁷ Porteous, 2005.

⁶⁸ Daviss, 2005; Van Wagner, 2005.

⁶⁹ Daviss, 2005.

⁷⁰ Vosu, 2005.

⁷¹ Ibid.

⁷² Van Wagner, 2005.

⁷³ Daviss, 2005.

⁷⁴ Maranta, 2005.

⁷⁵ Van Wagner, 2005.

to “connect with one another ... to talk about the profession”⁷⁶ and to “develop a shared sense of ... acceptable practice.”⁷⁷ The early activism was “very midwife-focused,”⁷⁸ as consumers – the users of midwifery services – supported their individual midwife or a group of local midwives, including helping them to develop their practices.⁷⁹ During a period when midwifery was characterized by its uncertain, alegal status, midwives and their supporters “did come to realize that organizing politically would be an important part of protecting [themselves] from the potential legal implications of what [they] were doing.”⁸⁰

In an unstructured, organic, informal way, what the informants describe as the midwifery “movement” began to coalesce around an alternative form of care. The origins of midwifery activism in Ontario were woman-led, “very grassroots”⁸¹ and “very community-based.”⁸² The act of describing how an activist group emerged risks erasing the differences that composed it. In many respects the midwifery counterpublic was characterized by diversity. Midwives themselves represented diversity in training and methods of practice.⁸³ Their clients⁸⁴ included women of different income levels, occupations, political persuasion,

---

⁷⁶ Maranta, 2005.

⁷⁷ Kellerman, 2005.

⁷⁸ Maranta, 2005.

⁷⁹ Daviss, 2005; Maranta, 2005. Daviss did not have a secretary, she had mothers helping her develop her practice and physically take care of her. She describes it as a “community effort.”

⁸⁰ Van Wagner, 2005.

⁸¹ Vosu, 2005.

⁸² Daviss, 2005.

⁸³ E.g. nurse-midwifery training in Britain (Porteous, 2005); apprenticing with family doctors and midwives in Ontario (Maranta, 2005; Van Wagner, 2005); apprenticing with traditional midwives in Guatemala and Alabama (Daviss, 2005), and New Mexico (Vosu, 2005).

⁸⁴ Activism that contested health-care conventions included the re-evaluation of language use, and the users of midwifery services became ‘clients’ or ‘consumers’ rather than patients.

sexual orientation, culture and religion, with a partner and without.⁸⁵ Politically divergent women's groups⁸⁶ and health professionals, including doctors, also supported the practice of midwifery and its legalization in Ontario (Barrington, 1985, p. 142).

Women talking to other women, questioning medical orthodoxy, and searching for alternative forms of care provided the impetus for the emergence of midwifery advocacy as a form of oppositional activism. From these informal beginnings, women who supported midwifery care in Ontario began to develop a "concept of community," which Felski (1989) considers to be a central feature of a counterpublic (p. 155). Felski's theorization of how context mediates oppositional politics is borne out by an analysis of the factors that shaped the emergence of the 'new' midwifery in Ontario. Support for midwifery was nurtured by the broader context of social movement activism in North America, in the form of the rights-based politics of feminism and consumerism and the advocacy of alternatives to mainstream practices and ways of living. It was also shaped by the political context in the form of the medical establishment's decisions against home birth and the state's willingness to consider health-care alternatives as a means of controlling rising costs.

DEVELOPING THE COUNTERPUBLIC

From its informal, community-based origins, the midwifery counterpublic developed into a province-wide network of midwives and "consumer" activists.

---

⁸⁵ Maranta, 2005; Nimmons, 2005; Van Wagner, 2005.

⁸⁶ E.g. REAL Women of Canada and the Ontario Coalition for Abortion Clinics presented pro-midwifery submissions, one following the other, to the TFIMO (Van Wagner, 2005).

Defining the counterpublic as a “discursive community” (p. 9) premised on “solidarity rooted in a collective identity” (p. 168), Rita Felski (1989) draws attention to the internal workings of the activist community to determine how activist communities emerge and develop. She suggests that we consider “important moments in the self-definition” of an oppositional identity (p. 154). Felski recognizes that the development of a sense of collective identity is “necessary yet often problematic” (p. 9). Following Felski, in this section I explore the counterpublic’s development in relation to its organizational structures, organizing strategies, and communication tools, perceiving these as “moments” in the “self-definition” of the midwifery counterpublic, used to communicate a sense of collective identity, and indicate a discernible oppositional community. I also consider the challenges faced in the attempt to establish the midwifery counterpublic and define a collective sense of identity.

Organizational Structures and Organizing Strategies

From 1979 to 1989, political organizing was concurrent with a continued emphasis on community-based learning and building the practices of local midwives. However, the time and energy required to advocate the legalization of midwifery shifted the primary focus of organizing from pedagogy to politics. This shift was influenced by challenges and opportunities in the political context: medical opposition to the practice of midwifery and home birthing, government interest in controlling health-care costs, and the opening up of the review of provincial policy on health professions. The shift to political organizing was accompanied by a formalization of the structures of the midwifery counterpublic,

the attempt to integrate local pockets of activism into a regional structure, and the creation of a separate consumer organization from the professional association.

The organizational origins of the midwives' professional body, the Association of Ontario Midwives, lie in the amalgamation of two organizations in 1984: the Ontario Nurse-Midwives Association (ONMA) and the Ontario Association of Midwives (OAM). The ONMA, established in 1973 (Fynes, 1994, p. 65), was composed primarily of British-trained nurse-midwives who shared the belief that "midwifery should be part of the [health] service" in Ontario.⁸⁷ Despite their training, the majority of ONMA members were not practicing midwifery in Ontario due to its alegal status and their activism was limited to "a theoretical, philosophical discussion more than anything."⁸⁸ In contrast, the OAM comprised "empirically trained midwives who worked primarily with ... family physicians doing home births."⁸⁹

Established in 1979,⁹⁰ the OAM grew from a suggestion made by Ava Vosu to other midwives in the Guelph area of the need for "some kind of a support network so if things happen politically [they would be] somewhat ready."⁹¹ Some midwives were nervous about drawing public attention to their practice (Fynes, 1994, p. 73); others were reticent about formalizing their grassroots approach with structure and hierarchy.⁹² At a time when midwives in America were facing prosecution for their alegal practice, Vosu foresaw the

---

⁸⁷ Porteous, 2005.

⁸⁸ Ibid.

⁸⁹ Ibid.

⁹⁰ AOM, 1985, September, p. 3; MTF-O, 1985, July, p. 3.

⁹¹ Vosu, 2005.

⁹² Ibid.

benefits of forging a community of midwifery advocates (Fynes, p. 73). Three years later Ontario's first coroner's inquest into a hospital stillbirth, that "began as a planned home birth attended by midwives," opened on May 20, 1982 (Barrington, 1985, p. 138). The inquest confirmed the legal vulnerability of midwives in Ontario and provoked interest in developing a more formal organizational structure.⁹³

The establishment of contact between the nurse-midwives of the ONMA and the "empirical" midwives of the OAM helped to strengthen the emergent midwifery counterpublic. Securing the support of nurse-midwives was a strategy promoted by activists in British Columbia⁹⁴ that led to the OAM's initiation of contact with the ONMA.⁹⁵ Rena Porteous, a member of the ONMA at that time, recalls that contact was first initiated at a conference of the Registered Nurses Association of Ontario. Despite differences in training and their "worldview of a lot of things including midwifery," representatives of the two groups began meeting regularly in Toronto and "gradually developing that connection and dialogue."⁹⁶ The initiation of the HPLR in 1983 gave this nascent relationship a heightened sense of political meaning as both organizations were invited to submit briefs on midwifery and agreed to join forces as the "Midwives Coalition." Their

---

⁹³ Vosu, 2005.

⁹⁴ This strategy was shared with midwifery activists from across Canada at a conference held in Vancouver in 1981. The *Midwifery is a Labour of Love* conference was organized by the BC-based Campaign Association for the Legalization of Midwifery (Barrington, 1985, p. 142).

⁹⁵ Vosu, 2005.

⁹⁶ Porteous, 2005.

collaboration was consolidated with the decision to form a single professional body, the Association of Ontario Midwives (AOM), in 1984.⁹⁷

Another organizing strategy promoted by British Columbian midwifery advocates was the establishment of a separate consumer organization to advocate legalization.⁹⁸ West coast activism “spread ripples of political awareness to midwifery groups across Canada” (Barrington, 1985, p. 142) and encouraged the development of consumer groups that were organizationally distinct from the midwives’ professional associations. Up until the establishment of the Midwifery Task Force of Ontario (MTF-O) in 1983, consumers had been involved in the OAM or other local pockets of midwifery activism in their communities.⁹⁹ Although midwives and consumers continued to work together closely, the organizational separation of midwifery practice, under the AOM, from the promotion of midwifery care, by the MTF-O, was designed to sidestep criticisms of professional self-interest on the part of midwives.

Politically the MTF-O gave midwifery advocacy “a more powerful voice,”¹⁰⁰ with “consumers, people receiving the care, blowing the horn and doing the promotion.”¹⁰¹ Organizationally, the establishment of the MTF-O encouraged the development of a network of consumer-based organizations that complemented the regional structure of the OAM, and later AOM. The first “chapter” of the

---

⁹⁷ Ibid. The merger was publicly announced in November 1984 at the *Creating Unity* conference of the Midwives Alliance of North America. See Bourgeault (1996, p. 98) and Fynes (1994, p. 106) for details.

⁹⁸ Vosu, 2005. Barrington (1985, p. 142) also refers to this strategy.

⁹⁹ Daviss, 2005; Kellerman, 2005; Nimmons, 2005; Van Wagner, 2005.

¹⁰⁰ Van Wagner, 2005.

¹⁰¹ Nimmons, 2005.

MTF-O was in Toronto and spread from there, initially by word of mouth through the pre-existing local networks of midwives and their supporters.¹⁰² In Ottawa, Bobbi Soderstrom, a midwife and member of the OAM, “had heard that they were getting a consumers’ group together in Toronto, so she suggested that we do that.”¹⁰³ Consumer activist Maureen Kellerman recalls that it took some time for the group in Ottawa to become a formal chapter as the MTF-O “wasn’t developed enough even to have a process for becoming a chapter.”

From its organic, informal beginnings in community-based groups across Ontario, the midwifery counterpublic began to take on the shape of a more formal and conventional infrastructure.¹⁰⁴ The AOM’s constitution established a governing board comprising regional representatives who liaised with groups at the local level, working committees that were designed to be regionally inclusive, and board meetings to be held quarterly in a different region each time.¹⁰⁵ The MTF-O’s organizational structure comprised a coordinating group, located primarily in Toronto, and chapter groups, with designated representatives, that carried out advocacy at the local level.¹⁰⁶ The chapter system of the MTF-O and the AOM’s regional structure sought to represent women from across Ontario and avoid a “Toronto-centric” bias.¹⁰⁷ The realities of geography and limited resources challenged these attempts at formalization and regionalization.

---

¹⁰² Maranta, 2005; Nimmons, 2005.

¹⁰³ Kellerman, 2005.

¹⁰⁴ Referred to as “formalization” in organizational communication (McPhee & Poole, 2001).

¹⁰⁵ AOM, 1985, September, pp. 8-9.

¹⁰⁶ Nimmons, 2005.

¹⁰⁷ Ibid.

As the AOM and MTF-O worked to engage the state through the political process of the HPLR, having conventional, recognizable governing structures in place was both an organizational and political strategy. A clearly delineated infrastructure made the task of developing and organizing the midwifery counterpublic across the province more manageable. From a political perspective, the appearance of a cohesive, organized structure with local chapter groups and regional representation conferred legitimacy on the counterpublic's ability to claim support in numbers and places from across the province. Although the decision to establish a more conventional organizational structure was debated to determine "what kind of democratic process was adequate,"¹⁰⁸ the resulting formalization was not without its critics.

Communication Strategies and Tools

In addition to developing a more conventional organizational structure, the midwifery counterpublic was strengthened by certain communication strategies. Ontario's midwifery counterpublic tapped into international midwifery by joining professional bodies, such as the International Confederation of Midwives¹⁰⁹ and the Midwives Alliance of North America.¹¹⁰ This strategy enabled Ontario's midwifery counterpublic to plug into the international midwifery network, gain from the political experience of its members, and benefit from the legitimacy conferred by belonging to a broader, more established – and therefore credible – community of legally recognized midwives as well as those seeking state

---

¹⁰⁸ Van Wagner, 2005.

¹⁰⁹ Porteous, 2005; OAM, 1984, April, p. 2; AOM, 1985, September, p. 3 (item 2).

¹¹⁰ Vosu, 2005; OAM, 1984, April, p. 2.

recognition. Through representation on these bodies, midwifery in Ontario benefited from being part of an international communication network¹¹¹ that disseminated ideas, strategies, information and support.

Conferences were a vital tool in the communication network that fed information between local, regional, national and international levels. They enabled Ontario advocates to draw on the support, knowledge and advice of “politically experienced colleagues” (Barrington, 1985, p. 143). By bringing disparate groups of activists together, midwifery conferences also inspired a sense of membership in a broader movement for change. In 1981 the *Midwifery is a Labour of Love* conference in Vancouver brought midwifery advocates from across Canada, at a time when activism was more organized in British Columbia than other parts of Canada (Barrington, p. 142). It inspired the first formal event of the OAM – the five-day *Loving Hands* midwifery conference held in August 1981 in Guelph,¹¹² and regarded as the “first drawing together” of midwifery supporters in Ontario.¹¹³ The *Creating Unity* conference¹¹⁴ held in Toronto in November 1984 is perceived as having “really kicked off midwifery in Ontario” by inspiring a sense of community¹¹⁵ and rejuvenating activism.¹¹⁶ It was also an

---

¹¹¹ The “network” metaphor is used extensively in organizational communication (Monge & Contractor, 2001).

¹¹² Vosu, 2005; MTF-O, 1985, July, p. 3. See also Barrington (1985, p. 143) and Fynes (1994, p. 73).

¹¹³ Vosu, 2005.

¹¹⁴ Second annual conference of the Midwives Alliance of North America.

¹¹⁵ Maranta, 2005.

¹¹⁶ MTF-O, 1985, July, p. 3.

opportunity to garner political and media attention, and raise public awareness, to “get midwifery on the radar screen of people who didn’t even think about it.”¹¹⁷

Conferences were a key communication tool that supported the emergence and development of the midwifery counterpublic in Ontario. So too were the meetings of the AOM board, the MTF-O coordinating group, and the local chapter meetings of each organization. Meetings at these different levels provided the opportunity for information exchange between the branches of the midwifery counterpublic. The representatives of local chapters were in regular telephone contact with the central groups, information was also exchanged by mail,¹¹⁸ and would “be fed back into the local communities through regular meetings.”¹¹⁹ For periods of urgent action, such as a call to rally or to flood the health ministry with telephone calls and telegrams, the MTF-O established a phone tree¹²⁰ and later on a fax tree to facilitate “direct communication.”¹²¹

Besides the use of mail, the telegram, telephone and fax to organize and mobilize activism, the independent medium of quarterly newsletters¹²² was a primary communication tool that connected the midwifery counterpublic. The newsletters, the “vision” of Toronto-area midwife Theo Dawson,¹²³ were established to serve as a “forum” for members to exchange information, ideas

---

¹¹⁷ Porteous, 2005.

¹¹⁸ Kellerman, 2005; Maranta, 2005.

¹¹⁹ Maranta, 2005.

¹²⁰ Maranta, 2005; Nimmons, 2005.

¹²¹ Maranta, 2005. Other activists did not recall using a fax (Kellerman, 2005; Nimmons, 2005). This suggests differential access by activists to communication technology during the 1979 to 1989 time period, and that activists took advantage of the technologies they could access.

¹²² The OAM's *Issue* and then *The Ontario Midwife*, the AOM's *Newsletter*, and the MTF-O's *Issue*, re-named *The Midwifery Issue* in winter 1985/1986.

¹²³ Nimmons, 2005; Vosu, 2005.

and opinions.¹²⁴ They provided a “way of networking” across the province between midwives and consumers;¹²⁵ providing educational material for midwives;¹²⁶ orienting new members to the advocacy work and giving background information to existing members.¹²⁷ The newsletters kept members and supporters informed about the legalization process and were also a medium for sharing tips on activism and advocacy (see chapters four and five).

Challenges to organizing

“[F]or activism the technology really does need to be pointed out.”¹²⁸ The midwifery counterpublic was established without the benefit of contemporary electronic communication technologies such as email and the Internet.¹²⁹ The cost of telephone communication across the province, an expense often borne by activists, “was a significant factor and made it really difficult.”¹³⁰ Mailing correspondence could be a less expensive form of communication but sometimes “created delays”¹³¹ and did not allow for the instantaneity required to respond quickly to political events. To produce policy briefs, minutes, and submissions for the newsletters, midwifery activists were “working on typewriters

---

¹²⁴ MTF-O, 1983, Fall, p. 3.

¹²⁵ Vosu, 2005.

¹²⁶ Maranta, 2005; OAM, 1984, April, p. 1.

¹²⁷ Maranta, 2005.

¹²⁸ Kellerman, 2005.

¹²⁹ Kellerman, 2005; Maranta, 2005; Nimmons, 2005; Van Wagner, 2005.

¹³⁰ Maranta, 2005.

¹³¹ Ibid. See, for example, reference to the impact of mail strikes on midwifery activism in MTF-O, 1987, Fall, p. 11.

a lot of the time, not computers. So just even drafting things [was] more challenging.”¹³²

Besides working within the limitations of the communication technology of the time, the primary challenges faced by the midwifery counterpublic in Ontario related to resources and geography. Midwifery activism in Ontario was volunteered from 1979 to 1989 and for most of this period ran on “bake sales and personal membership fees.”¹³³ Public outreach events were often organized as fund-raisers, “but it was never enough.... [W]e were just always looking for resources.”¹³⁴ The costs of local activism – “money for travel or for phone calls, money for photocopying” – were raised locally,¹³⁵ or were borne as a personal expense.¹³⁶ With volunteer labour and in-kind goods and services the midwifery counterpublic saved on costs and used their scarce resources effectively.¹³⁷

Midwife activists were faced with the challenges of working as alegal, unregulated, unfunded practitioners, including unpredictable hours and irregular pay.¹³⁸ Consumer activists, for the most part new mothers or at home with young children, generally “didn’t have access to funds”¹³⁹ and were not the “most

---

¹³² Kellerman, 2005. See, for example, calls for volunteers to help with typing policy briefs in AOM, 1985, September, p. 37 and MTF-O, 1985, October, pp. 17-18.

¹³³ Van Wagner, 2005. In 1988, the MTF-O received funding from the Secretary of State, Women’s Division, to help strengthen communication links (MTF-O, 1988, Summer, pp. 7-8.)

¹³⁴ Maranta, 2005.

¹³⁵ Kellerman, 2005.

¹³⁶ Maranta, 2005.

¹³⁷ Porteous, 2005.

¹³⁸ Maranta, 2005; Porteous, 2005. Van Wagner (1988) described midwives as “grossly underpaid,” with many offering their services as a “labour of love,” on a voluntary basis (p. 115).

¹³⁹ Nimmons, 2005.

resource-rich... or time-rich group of people.”¹⁴⁰ Beyond core activists, sustaining the long-term interest and commitment of consumers was hard; “women are really excited about it when they’re pregnant and birthing but then their interest wanes.”¹⁴¹ Volunteer turnover was an ongoing challenge faced by the counterpublic, as evidenced by the regularity of calls for new volunteers in the activist newsletters. The intensity of this period also came with a personal cost: “we burned people out.... relationships were challenged to the breaking point.”¹⁴²

The interpersonal politics of the midwifery counterpublic were trying. There were “some really big differences in personalities and opinions” among the midwives and “emotions ran pretty high sometimes.”¹⁴³ Midwife activists in particular had a great deal at stake, their livelihood essentially, in how midwifery was advocated. Establishing a counterpublic that was representative of the diversity of women in Ontario, on limited resources, was a major challenge. Ontario’s geography and the “difficulty of being able to organize across diverse communities”¹⁴⁴ appear to have exacerbated the interpersonal tensions among midwives. The will to travel, consult widely, and be inclusive was constrained by the limited resources of the midwifery counterpublic and the vast distances and diversity of needs in Ontario. “[T]his is a vast, vast province. A six-hour drive from

---

¹⁴⁰ Van Wagner, 2005.

¹⁴¹ Vosu, 2005.

¹⁴² Nimmons, 2005.

¹⁴³ Vosu, 2005.

¹⁴⁴ Van Wagner, 2005.

Toronto to Ottawa – it's a pretty significant hike. And it's not reasonable to go to Thunder Bay to consult if you don't have any money and we had no money.”¹⁴⁵

With the seat of the provincial government located in Toronto and health care a provincial jurisdiction “a lot of the decisions and a lot of the key work” took place there.¹⁴⁶ This precipitated “resentment at times” among activists who felt that “everything was very urban-based”¹⁴⁷ or, more specifically, Toronto-centric.¹⁴⁸ Maureen Kellerman, a consumer activist in Ottawa, observed that she sometimes felt “out of the loop” and probably would have played a different role had she lived in Toronto. The challenge of living “outside of the hub” meant that some activists felt that they did not have “as much of a voice” as those who were geographically closer to the political action.¹⁴⁹ In particular, some activists felt that the needs of rural midwives and consumers¹⁵⁰ were not adequately considered. Some midwives recall feeling increasingly excluded by the activism of the “Toronto group”¹⁵¹ and by what they interpreted as this group's perception that activists from elsewhere were not well-enough informed or capable of speaking for themselves.¹⁵²

Following Rita Felski (1989), this section has explored the organizational development of the midwifery counterpublic from its informal beginnings to the

---

¹⁴⁵ Maranta, 2005.

¹⁴⁶ Kellerman, 2005.

¹⁴⁷ Vosu, 2005.

¹⁴⁸ Maranta, 2005.

¹⁴⁹ Vosu, 2005.

¹⁵⁰ E.g. midwives working solo and traveling up to 100 miles to attend births (Vosu, 2005); attending activist meetings in the winter when travel could be slowed down or prevented by poor weather, roads that haven't been cleared, and difficult driving conditions (Maranta, 2005).

¹⁵¹ Daviss, 2005.

¹⁵² Daviss, 2005; Vosu, 2005.

formalization of its structures and the creation of a communication network that attempted to connect activist groups across the province. I have conceived the formal structures and organizing and communication strategies as “important moments” in the “self-definition” (Felski, p. 154) of the midwifery counterpublic. The shift to formalization, hierarchy and a certain degree of centralization facilitated communication within the counterpublic. It also meant that the counterpublic, with its conventional organizational structures, could be externally represented to the public, policy-makers and the media as organized, coherent, unified and professional. Behind this external appearance, the counterpublic worked to overcome the challenges of distance, lack of resources, and interpersonal tensions that constrained – and sometimes contested – its collective identity.

MOBILIZING THE COUNTERPUBLIC

Although Rita Felski (1989) recognizes the tensions inherent in defining a group identity, she contends that “some form of appeal to collective identity and solidarity is a necessary precondition” for activism (p. 168). She describes the process of self-definition as the “construction of symbolic fictions” (p. 154). Playing on the idea of fiction in relation to identity, she describes activist literature as having an “enabling function” (p. 182) and “self-referential dimension” (p. 177), used to build a sense of collective identity. The activist newsletters can certainly be read as a tool used by members to share their lived experiences of midwifery and to build a sense of collective identity. They can also be read as a tool used by midwifery leaders to mobilize public support and action. In this final section of

the chapter I analyze the discourse of the activist newsletters to consider how support was mobilized and the collective meaning of the 'new' midwifery defined.

Mobilizing Discourse

Volunteer-led activism is dependent on hard work, good will, commitment and a steady supply of supporters. Analysis of the discourse employed in the activist newsletter *Issue* indicated a range of tones used to galvanize the midwifery counterpublic to donate time, money, skills or services to the cause. These discursive tones ranged from the celebratory and self-congratulatory, including the attempt to forge a sense of togetherness and unity, through the gently persuasive, to the exhortative, accusatory and desperate. I consider these differences in tone separately although they were often interspersed within the same article as the author tried to strike the right balance to encourage members to action. The rallying calls to mobilize the broader membership were generally written by the women who led the midwifery counterpublic, coordinators, editors, committee leads, or regional representatives.

A self-congratulatory tone was used to celebrate the achievements of the midwifery counterpublic, conceive its short history, and build a sense of community. For example coordinator Arlene Thorn described the rapid growth of the MTF-O from "a small consumer-based Toronto organization" to a "province-wide network; turning the head of provincial government and the public of Ontario."¹⁵³ Similarly, in a retrospective on the first three years of the MTF-O, Thorn described its evolution from a "kitchen table to a provincial organization

---

¹⁵³ MTF-O, 1986, April, p. 3.

with international recognition.”¹⁵⁴ While establishing a positive sense of development and growth this tone also communicated pride in the ability to command political, public, and even international attention.

Invoking the collectivity was used to mobilize the counterpublic by emphasizing strength through unity. The first edition of *Issue* stresses this with expressions such as “the strength of our united voice,” “by working together we can achieve this goal,” “when pooled together our resources are great.”¹⁵⁵ Notions of togetherness and unity were used to mobilize activism: “Working together in one strong collective voice we will effect change.”¹⁵⁶ Referring to the *Creating Unity* conference, MTF-O coordinator Holly Nimmons stated, “[w]e’ve come a long way.... We’ve done it together, all of us.”¹⁵⁷ By celebrating shared successes along with the activism that had fuelled them, mobilizing discourse was used by the leaders of the counterpublic to build a sense of community while tacitly emphasizing the importance of volunteer commitment and unity.

Less tacit tones were also used to mobilize action. A persuasive tactic used in four of the first six editions of *Issue* reminded consumers of how their midwife had advocated for them and now she needed their support: “Your midwife has been your advocate. Now it is time for consumers to come together to share the task of advocating...”;¹⁵⁸ “[b]ecause she was our advocate during

---

¹⁵⁴ MTF-O, 1988, Summer, p. 13.

¹⁵⁵ MTF-O, 1983, Fall, p. 2.

¹⁵⁶ MTF-O, n.d., 1 (3), p. 4.

¹⁵⁷ MTF-O, 1985, January, p. 3.

¹⁵⁸ MTF-O, 1983, Fall, p. 2.

the birth, I feel that we must advocate for her now.”¹⁵⁹ This tactic was used to solicit donations of money and volunteer support for midwives: “Your midwives today are working hard to support you. Can you show your support today with a generous donation?”¹⁶⁰ “[I]f you have some time and energy, why not consider working with your local midwife? She needs you.”¹⁶¹ This gently manipulative discourse sought to mobilize support by reminding consumers of how they had benefited from midwifery care and had a responsibility to reciprocate in kind.

Occasionally the discourse used to communicate this sense of reciprocity was more overtly exhortative, designed to provoke a sense of urgency, guilt perhaps, and action: “Many of us have already enjoyed the support and caring of our midwives .... We are wrong to suppose that their services will always be available to us – unless we are willing to work for their recognition.”¹⁶² The threat of the loss of midwifery care was used to mobilize action with the argument that the success or failure of midwifery advocacy was contingent on the efforts of activists. Adopting an accusatory tone, Anne Jean Bradley-Low, MTF-O editor for the northern region, threw down the gauntlet to fellow activists: “Recognized midwifery is a specific, important, short-term and obtainable goal. If we do not succeed it will only be because most of us didn’t give it high enough priority for this short period of time.”¹⁶³ Using harsh tones to chivvy members to action was relatively rare and was usually offset with encouragement.

---

¹⁵⁹ MTF-O, n.d., 1 (3), p. 4.

¹⁶⁰ MTF-O, n.d., 1(4), loose-leaf insert.

¹⁶¹ MTF-O, 1985, January, p. 18.

¹⁶² MTF-O, 1983, Fall, p. 2.

¹⁶³ MTF-O, n.d., 1(3), p. 8.

The tactic of emphasizing the dependence of midwifery activism on volunteer labour was frequently used to mobilize support. Volunteer participation is described as “essential” to the success of midwifery advocacy.¹⁶⁴ The ongoing challenge of volunteer turnover is indicated with reports of departing office-holders and calls for replacements.¹⁶⁵ The effect of the shortage of volunteers is also reported in *Issue*, for example, the inability to produce a financial report due to there being no treasurer¹⁶⁶ or justifying the “lateness” of an edition of *Issue* with the explanation that the MTF-O was still without an editor.¹⁶⁷ The reporting of these effects accounted for deficits and delays while emphasizing the urgency of the need for volunteers.

In the process of calling for support from members, a subtle sense of difference within the midwifery counterpublic was set up between the “us” and “we” of the leadership and active volunteers and the “you” of less involved members. Varying tones were used to communicate differences within the counterpublic in levels of responsibility and volunteer commitment. Sometimes the tone was positive, inviting, inclusive and encouraging: “*We need your help now!!! Welcome to the challenge*”,¹⁶⁸ “*We need your support and encouragement to achieve our goal*”,¹⁶⁹ “You stand front and centre in the movement toward

---

¹⁶⁴ AOM, n.d., 1(1), p. 8; AOM, 1985, September, p. 26; MTF-O, n.d., 1(4), loose-leaf insert.

¹⁶⁵ MTF-O, n.d., 1(5), pp. 2 & 3; MTF-O, 86-87, Winter, p. 3; MTF-O, 1987, Summer, p. 3; MTF-O, 1987, Fall, p. 3; MTF-O, 1988, Summer, pp. 3 & 7-8; MTF-O, 1988, Fall, p. 2; MTF-O, 1989, Spring, pp. 4 & 5.

¹⁶⁶ MTF-O, n.d., 1(5), p. 3.

¹⁶⁷ MTF-O, Summer 1987, p. 3.

¹⁶⁸ MTF-O, 1983, Fall, p. 2, emphasis added.

¹⁶⁹ MTF-O, 1 (2), p. 2, emphasis added.

humane and caring maternity care in Ontario. Stay with us in 84-85” – “We are counting on *you*.”¹⁷⁰

Other times the tone – and style with the use of text in bold and capital lettering – was more demanding and direct, stressing the differences in levels of commitment rather than the unity of the counterpublic: “We are all exhausted, overworked and optimistic.... [W]e are at a point of extreme financial crisis and **need** *your* membership more than ever”;¹⁷¹ “TO CONTINUE THE IMPORTANT WORK OF THE MTF-O: HELP US NOW.”¹⁷² A call for donations was followed up in the next edition of *Issue* with reference to how “10% of our members or 40 households” had responded and the reminder: “it’s not too late for *the rest of you* to send in *your* donations.”¹⁷³ The survival of midwifery as a practice and the success of its advocacy were largely dependent on volunteer labour and financial contributions. The activist newsletters provided the midwifery leadership with a means to organize and mobilize the widespread counterpublic and a range of discursive tones were employed to encourage volunteer activism.

Defining the ‘New’ Midwifery

In addition to serving as a communication tool for leaders to mobilize activism, the newsletters provided a forum for members of the counterpublic to give voice to the personal meaning of midwifery care. In letters to the editor and articles written in *Issue*, midwives and consumers defined the meaning of the ‘new’ midwifery. There are few explicit references in the newsletters to the “new

---

¹⁷⁰ MTF-O, n.d., 1(4), p. 3 and loose-leaf insert, emphasis added.

¹⁷¹ MTF-O, n.d., 1(4), p. 3, bold emphasis in original, emphasis in italics added.

¹⁷² MTF-O, 1988, Summer, p. 3, emphasis in original.

¹⁷³ MTF-O, n.d., 1(5), p. 3, emphasis added.

midwifery”¹⁷⁴ or “new midwives,”¹⁷⁵ which suggests that the explicit branding of midwifery in Ontario as ‘new’ was not a common tactic.¹⁷⁶ However, there was a pronounced attempt to establish a sense of the novelty of midwifery in relation to mainstream maternity care available at that time. Through their representations of midwifery care, midwives, pregnant women, and birth, the counterpublic’s “problem representation” (Baachi, 1999) of midwifery emerges. As the circulation of *Issue* was targeted at members and supporters of the counterpublic, the representations of midwifery care were personal in tone and content.

My analysis of the discourse of midwifery representations in *Issue* indicates various ways in which midwifery care was defined. A common representation was to contrast midwifery with what advocates depicted as the deficits of medical maternity care. The medical treatment of pregnancy and childbirth was represented in terms of: pathology, which emphasizes disease and abnormality;¹⁷⁷ and risk assessment¹⁷⁸; the “authority” of the medical profession;¹⁷⁹ “short and functional” visits;¹⁸⁰ and the obstetrician’s “high-risk” and “interventionist techniques.”¹⁸¹ In contrast, representations of midwifery care

---

¹⁷⁴ MTF-O, n.d., 1(3), pp. 7 & 11.

¹⁷⁵ MTF-O, 1985, July, p. 3.

¹⁷⁶ The interviews revealed distinct differences in perceptions of the term, “new midwifery,” and its use in advocacy in the 70s/80s. Two informants felt strongly that the term was used, particularly in scholarship on midwifery, as a means of marking the distinct nature of the care they were advocating (Maranta, 2005; Van Wagner, 2005). Two others did not recall using the term to advocate midwifery but understood its intention (Nimmons, 2005; Porteous, 2005). Three informants stated that the term was not used to advocate midwifery and that it misrepresented the continuity of the traditions and history of midwifery (Daviss, 2005; Kellerman, 2005; Vosu, 2005).

¹⁷⁷ MTF-O, 1985, July, p. 15.

¹⁷⁸ MTF-O, 1(2), p. 3.

¹⁷⁹ MTF-O, n.d., 1(3), p. 11.

¹⁸⁰ Ibid, pp. 14-15.

¹⁸¹ MTF-O, 1985, July, p. 18.

emphasized: “a positive view of childbirth”;¹⁸² the provision of “continuous care,”¹⁸³ from a midwife whose “ENTIRE profession”¹⁸⁴ and “occupational focus”¹⁸⁵ is on pregnancy and birth; “long, relaxed visits”;¹⁸⁶ and the use of “watchfulness,” “assistance,” and “alternative techniques”¹⁸⁷ with the goal of “preventing unnecessary cesareans” or other interventions.¹⁸⁸ By contrasting these forms of care, advocates defined the novelty of midwifery.

The midwife was described as both the “specialist”¹⁸⁹ and “guardian”¹⁹⁰ of ‘normal’ and ‘natural’ birth. The terms ‘guardian’ and ‘specialist’ were used to distinguish midwifery from orthodox medical care and to legitimize its knowledge and practices. ‘Guardian’ invoked a sense of the midwife as a protector of traditional birthing practices that had been marginalized in the medical system and risked being lost or eliminated. It also portrayed her as a defender of the rights of consumers. Portraying Ontario’s ‘new’ midwives as “pioneers”¹⁹¹ helped to enhance this notion of guardianship, with the depiction of midwives as women who had “weathered the challenges of breaking new ground”¹⁹², made a “journey into uncharted territory,”¹⁹³ and “created (re-created) a profession.”¹⁹⁴

---

¹⁸² MTF-O, 1985, July, p. 15.

¹⁸³ MTF-O, n.d., 1(3), p. 11.

¹⁸⁴ MTF-O, 1(2), p. 3, emphasis in original.

¹⁸⁵ MTF-O, n.d., 1(3), p. 11.

¹⁸⁶ Ibid, pp. 14-15.

¹⁸⁷ Ibid: p. 12.

¹⁸⁸ MTF-O, 1985, July, p. 15.

¹⁸⁹ MTF-O, n.d., 1(3), p. 6; MTF-O, 1985, July, p. 5.

¹⁹⁰ MTF-O, n.d., 1(3), p. 6; MTF-O, 1985, July, p. 18.

¹⁹¹ MTF-O, 1985, July, p. 3.

¹⁹² Ibid, p. 11.

¹⁹³ Ibid, p. 12.

¹⁹⁴ Ibid, p. 3.

The use of the term 'specialist' to describe the midwife implies a cooptation of the language of authoritative knowledge and expertise to legitimize midwifery skills and practices. This usage also separated the jurisdictional practice of the midwife in 'normal' and 'natural' birth from the obstetrician's specialization in 'high-risk' pregnancies and, by implication, the 'unnatural' use of interventionist methods. The midwife's "knowledge" and "wisdom"¹⁹⁵ were defined in juxtaposing terms that reflected a balancing of tradition and modernity: the blending of the "art and skillful knowledge" of midwifery;¹⁹⁶ the weighing up of the "orthodox medical-model approach against her own experience and intuitiveness."¹⁹⁷ Describing the midwife's practice by juxtaposing her "feelings, sensings and touch with her techniques and skills"¹⁹⁸ served to distinguish the novelty of midwifery care from orthodox medical practices while emphasizing its legitimacy as a viable alternative to mainstream maternity care.

The advocates of midwifery drew from various representations of pregnancy, labour and birth to define the novelty of midwifery care. These representations portrayed childbirth in terms of naturalness, empowerment, and individuality, reflecting perhaps the influences of environmental, feminist and consumer activism that were current at the time. Contesting conventional representations of birth in terms of the "sensory images of pain, hospital smells and fear,"¹⁹⁹ the act of giving birth was reconceived – and normalized – by

---

¹⁹⁵ MTF-O, n.d., 1(4), p. 18.

¹⁹⁶ MTF-O, n.d., 1(3), p. 12.

¹⁹⁷ MTF-O, 1985, July, p. 11.

¹⁹⁸ MTF-O, n.d., 1(3), p. 12.

¹⁹⁹ MTF-O, n.d., 1(3), p. 3.

midwifery advocates as a “natural event,”²⁰⁰ “an innately natural process”²⁰¹ and a “natural everyday occurrence.”²⁰² Pregnancy and labour were represented as “unique” to the individual woman.²⁰³ Celebrating womanhood, childbirth was also represented as an empowering “accomplishment”²⁰⁴ of “triumphant”²⁰⁵ and “powerful” women.²⁰⁶

Midwifery was portrayed in the newsletters as the provision of “personalized care”²⁰⁷ that recognized the “individuality of each mother and child.”²⁰⁸ The individual orientation of its care served to contrast midwifery with the “rigid standard[s]” of medical care, which required women to “fit the mould” of medical knowledge.²⁰⁹ This representation reflected the influence of women’s rights activism and consumer demands on midwifery’s revival in Ontario. Reflecting the language of feminism and consumer activism, midwifery was presented in terms of “freedom of choice,” in place of birth, attendants, birthing position and labour coping methods,²¹⁰ and the consumer’s “desire for more control and responsibility” in birth.²¹¹ Midwifery was also represented within the

---

²⁰⁰ MTF-O, n.d., 1(3), p. 3.

²⁰¹ MTF-O, 1985, July, p. 12.

²⁰² MTF-O, 1989, Spring, p. 1.

²⁰³ MTF-O, n.d., 1(3), p. 6; MTF-O, n.d., 1(5), p. 18.

²⁰⁴ MTF-O, n.d., 1(4), p. 18; MTF-O, 1985, July, p. 14.

²⁰⁵ MTF-O, n.d., 1(4), p. 18.

²⁰⁶ MTF-O, n.d., 1(3), p. 12.

²⁰⁷ Ibid, p. 7.

²⁰⁸ MTF-O, 1(2), p. 3.

²⁰⁹ MTF-O, n.d., 1(3), p. 12.

²¹⁰ MTF-O, n.d., 1(3), p. 12; MTF-O, 1985, July, p. 5.

²¹¹ MTF-O, 1985, July, p. 11.

counterpublic, through its newsletters, as a “woman-led” approach to birth,²¹² and as a “woman’s right” to health-care alternatives.²¹³

Analysis of the activist newsletters indicates that several discursive tones were used to mobilize support and different representations were used to define midwifery care, giving shape to the collective identity of the counterpublic. The newsletters were a vital communication tool that connected members and helped to establish a sense of community. Written by and for supporters of midwifery, the newsletters have a strong “self-referential dimension” (Felski, 1989, p. 177). Their “enabling function” (p. 182) was to keep the geographically scattered midwifery counterpublic informed, to mobilize action when required, and to provide a forum for supporters to share the personal meaning of midwifery. Through personal reflection on their lived experiences, midwifery advocates communicated their shared sense of collective identity, interests and needs in opposition to mainstream perceptions of childbirth and maternity care.

CONCLUSION

In this chapter I have outlined the emergence, organization and mobilization of midwifery advocacy in Ontario. Using Rita Felski’s (1989) theorization of oppositional activism to guide my analysis, I traced the origins and growth of the midwifery counterpublic in relation to its context, organizational structures and communication strategies, and mobilizing discourse. Felski’s conceptualization of the counterpublic offers valuable direction on how to

---

²¹² MTF-O, n.d., 1(3), p. 12.

²¹³ MTF-O, 1985, July, p. 10.

consider the external forces and internal tensions that define oppositional activism and the formation of a collective identity. Influenced by Felski, I situated the emergence of the counterpublic within its broader socio-political context; considered how the development of the counterpublic was shaped by the strategies, tools and the challenges that both facilitated and confounded organization; and analyzed the tones and representations of midwifery discourse used to mobilize the counterpublic and build a sense of collective identity.

The advocacy of midwifery in Ontario was defined by its context: nurtured by currents of social movement activism, challenged by medical decisions, and fostered by the political interest in reforming health policy and cutting costs. A confluence of concerns – the lack of legally available midwifery care in Ontario, the questioning of medical orthodoxy, and the demand for greater participation in health-care decisions and less invasive alternatives to mainstream medical practices – provided the impetus for the emergence of midwifery as a cause to be advocated. The opening up of the provincial review of health professions instigated a transition from pedagogical activism to political advocacy. In response to its context, the midwifery counterpublic began to develop with the formalization of its organizational structures and creation of a communication network connecting activist groups and midwifery supporters across the province.

These organizational structures, organizing strategies and communication tools contributed to the self-definition of the midwifery counterpublic, encouraging the formation of a collective sense of identity. They facilitated communication between members, offering a way to overcome the challenges that often

constrain oppositional activism. In addition, their conventionality allowed for the external representation of the counterpublic as professional, organized and unified, therefore worthy of legalization. The newsletters were a key communication tool used to mobilize support and construct a sense of collective identity within the counterpublic. As Felski warns, however, there is an inherent tension in the formation of collective identity; while necessary it is problematic. I investigate this tension further in chapters four and five. Having considered how the midwifery counterpublic emerged and developed, I will now explore the political strategies and policy discourse used to formally advocate the 'new' midwifery.

Chapter Four

Claims and Compromises: Advocating Midwifery in Policy

The successful advocacy of midwifery in public policy was premised on the external appearance of a unified position and the ability to communicate a cohesive sense of novelty and legitimacy. Drawing from the interviews, activist newsletters, and policy submissions, this chapter explores advocacy strategies and discourse in relation to the practice of policy-making. Continuing to apply Rita Felski's concept of the counterpublic (1989), I look at the tensions between the "internal" and "external" functions (p. 168) of organizations engaged in state policy-making. I begin by considering how policy was developed *internally*, within the midwifery counterpublic. I then shift from those *internal* workings to analyze the *external* representations in midwifery policy discourse, using Carol Baachi's "problem representation" approach (1999). I end the chapter by identifying the political outreach strategies used to advocate midwifery publicly, to consider *internal* attempts to discipline *external* representations of midwifery.

From 1983 to 1989 the activism of the midwifery counterpublic was dominated by a policy-making process initiated by Ontario's Conservative government. The Health Professions Legislation Review (HPLR) was established in November 1982 to propose recommendations to the Minister of Health on how to revise the regulatory structure and legislation governing health professions (Bourgeault, 1996; Fynes, 1994). From 1983 to 1985 the midwifery counterpublic made three written submissions to the HPLR advocating the establishment of

midwifery as a self-regulating health profession. In January 1986 the Liberal government announced its decision to legalize midwifery, premised on further research and consultation by a second advisory committee, the Task Force on the Implementation of Midwifery in Ontario (TFIMO).

The policy consultations of the HPLR were limited to 'interested' publics, organizations officially representing existing and aspiring health professions. The TFIMO continued the state's conferral with these groups but also held public consultations that were open to 'interested' individuals, including midwives and consumers of midwifery care. The TFIMO published its recommendations in October 1987. The HPLR's recommendations and draft legislation on the regulation of health professions, including its proposed midwifery act, were released in January 1989. As advisory bodies, the HPLR and TFIMO only had the power to make recommendations. The legalization and implementation of midwifery in Ontario were contingent on government decisions. From 1983 to 1989, the midwifery counterpublic lobbied politicians to gain support for their position, to keep midwifery on the political agenda, and to pressure the government to implement the recommendations of the HPLR and TFIMO.

POLICY DEVELOPMENT

Advocacy, as I defined it in chapter two, is a contested and potentially exclusive practice of meaning-making undertaken within a public to define its official standpoint, in relation to competing publics, in order to win support for that position. Nancy Fraser (1989) and Carol Baachi (1999) provide useful ways of thinking about the contested context of public policy-making but they do not

consider how policy is formulated *within* a public, and so do not explore the internal and external challenges that complicate this process. In contrast to their approaches, Rita Felski (1989) explores the tensions inherent in the policy-making process in relation to the internal workings of the counterpublic. She draws attention to the contradictions of the “dual function” of the counterpublic: to “internally” generate a “unifying identity” that is “externally” represented through political action (p. 168). Felski describes the formation of a collective identity as necessary but problematic (p. 9), an “enabling fiction” that often obscures political and material inequalities between members of the counterpublic in the name of unity (p. 168).

Echoing the idea of fiction, Bruno Latour (1988) describes policy documents, and other “inscriptions,” as the end point of an unseen series of actions and discussions, a “whole process of mobilization,” rendered invisible by the finality of the printed word (p. 40). I have made the internal workings of the midwifery counterpublic my starting point to uncover the discussions, decisions, communication tools, and tensions that characterize and complicate policy development, yet frequently go unseen when analysis focuses on the end products of this process. My discussion includes: differing perceptions of the policy-making process; the authorship of midwifery policy and means of communication used to exchange information and debate policy; issues that divided the counterpublic and attempts to resolve them by consensus; and the influence of external factors on policy development within the counterpublic.

Perceptions of the risks and benefits of public policy-making

Rita Felski (1989) describes the relationship between oppositional interests and the state as a contradiction between the potential for meaningful social change in public policy and the risk that the process of “mainstreaming and institutionalization” will have the opposite effect (p. 172). This tension between the potential and risks of engaging in the state’s public policy-making process was felt within the midwifery counterpublic. The HPLR was perceived by some members of the midwifery counterpublic as an opportunity to be capitalized on.²¹⁴ It enabled midwifery to get onto the political agenda and “galvanized” the counterpublic into action.²¹⁵ The HPLR was perceived as a “political process” that necessitated compromise and required midwifery advocates to define their “vital and non-negotiable” items.²¹⁶ Activist leaders used the timeliness of the HPLR to communicate a sense of urgency, to justify their calls for immediate action.²¹⁷ They also argued that the failure to become actively involved in the political process would lead to the marginalization of the midwifery counterpublic and to it being defined and controlled by others (Van Wagner, 1988, p. 116).²¹⁸

However, the decision to participate in the state’s health policy-making process did not go uncontested. Other members of the counterpublic perceived the political process with more ambivalence, reluctance and reticence.²¹⁹ There was a genuine concern that securing a “place in the system” would compromise

---

²¹⁴ Kellerman, 2005; Nimmons, 2005; Porteous, 2005; Van Wagner, 2005.

²¹⁵ Van Wagner, 2005.

²¹⁶ OAM, 1984, April, p. 6.

²¹⁷ Ibid; MTF-O, 1989, Summer, p. 18.

²¹⁸ Porteous, 2005; MTF-O, 1989, Spring, p. 20.

²¹⁹ Daviss, 2005; Vosu, 2005.

midwifery care²²⁰ resulting in its cooptation by the “misogynist, hierarchical medical system.”²²¹ The decision to lobby for legalization through the HPLR marked the first major rift within the nascent counterpublic, exposing fundamental differences in strategy and perceptions of the role of midwifery in relation to the state and mainstream maternity care. Activists who supported the strengthening of an “underground network” instead of securing legalization through public policy were marginalized by the decision and some stepped away from active involvement in the counterpublic.²²² The risks and benefits of integration continued to be debated²²³ and remained a source of friction among activists.²²⁴

Policy authorship and consultation

In spite of the ambivalence and concerns of some activists, the decision to pursue legalization was made.²²⁵ Following this, the primary authors of midwifery policy were members of the counterpublic’s lobby and legislation committee.²²⁶ Unlike the established health publics with experience in policy-making and the resources to assign paid staff to the task, the midwifery counterpublic relied on the volunteer labour of women who were often “working full-time as midwives.”²²⁷ Small in number, they met on a regular basis in Toronto²²⁸ and worked

---

²²⁰ MTF-O, 1989, Summer, p. 17.

²²¹ Nimmons, 2005.

²²² In a letter published in *Issue* (MTF-O, 1990, Winter/Spring, p. 4), Jutta Mason, a critic of legalization, refers to a meeting held in Toronto in June 1983, where “different factions” argued over the direction of midwifery activism.

²²³ Van Wagner, 2005.

²²⁴ Daviss, 2005; Vosu, 2005.

²²⁵ This decision was “unanimously passed” by AOM members (AOM, 1985, September, p. 5).

²²⁶ This was a committee of the AOM, supported by the MTF-O.

²²⁷ Maranta, 2005.

²²⁸ Maranta, 2005; Porteous, 2005; OAM, 1983, Fall, p. 3.

collaboratively to develop the policies outlined in the HPLR and TFIMO submissions. Individual members of the committee would draft different sections of policy and then the group would meet to review them, often to “tear them apart and put them back together again.”²²⁹ It made practical sense for a core group of activists, located primarily in one location, to take on this intensive task. Nonetheless this appears to have fuelled criticisms that the process of policy development was Toronto-centric.²³⁰

The policy positions advocated drew their legitimacy from the interests and goals of the counterpublic. The lobby and legislation committee was directed by the board of the Association of Ontario Midwives (AOM) with the involvement of the coordinating group of the Midwifery Task-Force of Ontario (MTF-O), and, more broadly, was accountable to members of the counterpublic. By advocating the interests of the counterpublic, the authors of midwifery policy were responsible for producing submissions that were representative of their members and the “views of all concerned Ontarians.”²³¹ In their attempt to produce broadly representative policy statements, members of the lobby and legislation committee kept the counterpublic informed about the political process and solicited their input into policy development. The activist newsletters, written and telephone contact between leading members, and meetings were the means of communication used to disseminate information and discuss policy.

---

²²⁹ Porteous, 2005.

²³⁰ Maranta, 2005; Vosu, 2005.

²³¹ MTF-O, 1983, Fall, loose-leaf insert.

The formulation of cohesive policy positions on midwifery relied on the ability to keep supporters informed, engaged, and committed to the legalization process. For this purpose, the independent medium of the newsletter was a primary communication tool that enabled activist leaders to share information and ideas with the broader counterpublic. Activist leaders used the newsletters as a means of “networking” between branches of the midwifery counterpublic across the province²³² and keeping members informed about the political process and engaged in midwifery activism.²³³ The newsletters provided members with quarterly updates on the political process, reports on lobbying and submission-writing, summaries of the content of submissions, and provided information on how to obtain copies of the submissions. In preparation for each submission made to the HPLR and TFIMO the newsletters were also used to seek feedback, comments, contributions, concerns and ideas from members.²³⁴

Analysis of the newsletters suggests that there was a genuine effort by leading activists to keep members informed, solicit their input, and justify the policy choices made. However, because they were only published on a quarterly basis, the newsletters alone were inadequate to the task of consulting the counterpublic on matters of policy. For this purpose, more direct communication was required. The authors of midwifery policy corresponded with regional and local representations by telephone, written correspondence and face-to-face communication at meetings; information was then disseminated on to local

---

²³² Vosu, 2005.

²³³ Kellerman, 2005; Maranta, 2005; Nimmons, 2005; Van Wagner, 2005.

²³⁴ OAM, 1984, April, p. 8; AOM, 1985, September, p. 37; MTF-O, 1983, Fall, insert; MTF-O, 1985, October, pp. 17-18; MTF-O, 1986, April, insert; MTF-O, 1987, Summer, p. 4.

chapter group members.²³⁵ Policy discussions at provincial, regional and local meetings were the primary mechanism used to define the shape of midwifery advocated in Ontario. Reaching consensus on policy was a goal of the counterpublic.²³⁶ The commitment to consensus was understood as both an attempt to get “broad input from different perspectives”²³⁷ and the means to “reconcile our various world views.”²³⁸

Divisive issues and building consensus

Besides the decision to pursue legalization, mentioned earlier in the chapter, other divisive issues that were debated within the counterpublic in the 1980s included: the form of regulation (licensing or certification), the relationship of midwifery to mainstream maternity care, the role of home birth and its contraindications, the type of midwifery education (university or community college) and place of apprenticeship within it.²³⁹ Perceptions of whether differences of opinion were resolved within the counterpublic and consensus reached on these issues vary. Strong advocates of legalization argue that consensus was actively sought and obtained, forming a basis of legitimacy from which to formulate policy. From this perspective the “thoroughness and thoughtfulness” with which issues were debated is perceived as a source of “strength and solidarity” that unified the counterpublic.²⁴⁰ The commitment to

---

²³⁵ Kellerman, 2005; Maranta, 2005; Nimmons, 2005.

²³⁶ Consensual decision-making was a stated objective in the AOM's constitution (1983). Where consensus could not be reached, decisions were determined instead by a majority vote.

²³⁷ Van Wagner, 2005.

²³⁸ Porteous, 2005.

²³⁹ Daviss, 2005; Kellerman, 2005; Porteous, 2005; Van Wagner, 2005; Vosu, 2005.

²⁴⁰ Van Wagner, 2005.

discussion and consensus is also believed to have helped the counterpublic to preserve its “non-negotiable items”²⁴¹ and “basic tenets.”²⁴²

The claim of having had a “total commitment to consensus” is offset by the recognition that not “everyone was in lockstep,” “some people ... never really were reconciled” to the integration of midwifery, and others “feel that they weren’t heard.”²⁴³ This concession to the existence of rifts in the midwifery counterpublic is minimized by the assertion that the “majority” supported regulation²⁴⁴ and therefore “the consensus was ... to move ahead this way.”²⁴⁵ Yet, critics of how legalization was advocated have a different perception of the attempt to develop policy through debate and the forging of consensus. While agreeing that attempts were made to discuss divisive issues, they argue that these issues were not resolved and, therefore, consensus was not achieved.²⁴⁶ The “internal politics” of the counterpublic “silenced opinion for some people.”²⁴⁷ This included midwives whose practices and views were thought to endanger the political process or to represent a threat to the counterpublic’s hierarchy,²⁴⁸ and other midwives who felt too “intimidated” to speak out in the forum of a meeting to contest what was

---

²⁴¹ Porteous, 2005.

²⁴² Nimmons, 2005.

²⁴³ Porteous, 2005.

²⁴⁴ Nimmons, 2005; Porteous, 2005.

²⁴⁵ Nimmons, 2005.

²⁴⁶ Daviss, 2005; Vosu, 2005.

²⁴⁷ Vosu, 2005.

²⁴⁸ Daviss, 2005; Kellerman, 2005. The standardization of midwifery practices was contentious. One of the most divisive issues within the counterpublic was around the provision of midwifery for a vaginal birth after a women had previously had a caesarian section (VBAC). For details, see Bourgeault (1996), Daviss (1999), and Mason (1990).

being advocated as the consensus.²⁴⁹ Despite this, policy positions speaking for the counterpublic, representing their unity, were formulated.

External constraints

Differences of opinion and strategy within the counterpublic complicated the attempt to forge unity in policy. In addition to the challenge of managing differences from within, policy development was constrained by external factors that exacerbated those internal tensions. The challenge of meeting the demands of the policy-making process is frequently referred to in the activist newsletters. There is mention of the “limited time” available before the submission of the first HPLR brief,²⁵⁰ how “rushed the initial process was” and how “there’s a bit of time before the next round” for consultation.²⁵¹ The approach to the third HPLR submission was described as a “difficult deadline” with “very little time for wide ranging discussion.”²⁵² While input was encouraged, the pressure of meeting the demands of the political process compromised the quality of consultation and meant that not enough voices were heard,²⁵³ suggesting that consensus was not always obtained and may not have been adequately sought.

The demands of the political process and the limited resources of the counterpublic arguably compromised the quality of consultation across the province and led to some frustration among activists. However, playing the political game necessitated a certain degree of conformity. Despite differences

---

²⁴⁹ Vosu, 2005.

²⁵⁰ OAM, 1983, Fall, p. 3.

²⁵¹ OAM, 1984, April, p. 7.

²⁵² AOM, 1985, September, p. 37; MTF-O, 1985, October, pp. 17-18.

²⁵³ Maranta, 2005.

within the counterpublic, the authors of midwifery policy were required to present the appearance of a united front with comprehensive, cohesive policy positions. The political processes of the HPLR and TFIMO required that policy proposals were submitted on time, conforming to the conventions of policy writing, with content that addressed the concerns and questions specified by state bureaucrats. Thus, the constraints of the political context on the activities of policy consultation and authorship dictated the “possibilities of expression” (Mills, 1995, p. 29) and contributed to the shape of the policy discourse of midwifery.

Rita Felski’s (1989) observations help to draw attention to some of the *internal* differences and *external* factors that challenged the development of midwifery policy, and to consider the tensions inherent in the process of formulating advocacy in policy. Although counterpublics develop from a shared cause or sense of purpose they are made up of individuals with varying goals and different strategies for how to attain them. Informing and consulting members and debating issues in order to reach consensus are practices commonly used to legitimize policy as representative of the collectivity. However, in the process of defining a sense of collective identity *internally* and representing that *externally* through policy the group’s diversity begins to be homogenized. This process of self-definition is politically expedient but often causes friction, as it tends to normalize some perspectives and marginalize others.

POLICY DISCOURSE

Policy development involves the attempt to navigate conflicting tensions within and outside of a counterpublic. The act of balancing these competing

interests characterizes the policy-making context and the discourse of policy. Having outlined some of the challenges encountered in the process of developing policy, I now move on to an analysis of the discourse of midwifery policy using Carol Baachi's (1999) "problem representation" approach. According to Baachi every policy proposal contains a "problem representation," the construction of a perceived problem to which a solution is offered (p. 1). In applying Baachi's approach, my intention is to determine how the advocacy discourse of midwifery was structured, to understand how the "problem" of maternity care was constructed and midwifery advocated as a credible health practice. My analysis of the policy discourse of midwifery considers: the influence of context; the strategies used to construct midwifery's novelty; and the sources used to advocate the legitimacy of midwifery.

Structuring discourses

Baachi's "problem representation" approach suggests different focuses – including language use, terminology, problem nesting, and structuring discourses – that can be applied to demonstrate how problems are constructed in policy. The concept of "structuring discourses" (p. 45) allows me to consider how the problem representation of midwifery was constructed in policy. This concept is influenced by Michel Foucault's notion of discourse as social practice. In chapter two, I defined discourse as a set of statements representing a particular type of knowledge and the product of social interaction and negotiation. My understanding of Baachi's concept of structuring discourses is a combination of these two definitions, meaning that a single discourse, or set of statements, is the

product of its interaction with other socially pertinent discourses.²⁵⁴ In my analysis of submissions to the HPLR and TFIMO I identify public safety, cost-effectiveness, and consumer choice as the structuring discourses that shaped the policy advocacy of midwifery. Although these discourses frequently intersect,²⁵⁵ I have disentangled them to discuss each one separately.

A key policy goal of midwifery advocates was to demonstrate their commitment to the public interest rather than to professional self-interest. To this end, public safety was one of the structuring discourses of midwifery policy. It was used in two ways to advocate legalization. Firstly, the counterpublic represented the “problem” of maternity care in terms of the risks of medical interventionism. Standard obstetrical practices²⁵⁶ were portrayed as “hazardous” and “dangerous” forms of “interference,”²⁵⁷ “controversial in nature” yet subject to only limited “epidemiological testing.”²⁵⁸ Secondly, the “problem” of maternity care was portrayed in terms of the risks of unregulated midwifery. The lack of legal recognition “endangered” the public,²⁵⁹ advocates argued, whereas regulation of the profession would “protect the public”²⁶⁰ from “incompetence, incapacity, or professional misconduct”²⁶¹ and “potentially unsafe

---

²⁵⁴ Like Baachi, Sara Mills (1995) and Norman Fairclough (2003) also draw attention to how the context of political, ideological, and social forces influences discourse.

²⁵⁵ Norman Fairclough (2003) refers to this as the “interdiscursive” nature of discourse (p. 126).

²⁵⁶ For example: induction, the use of forceps, episiotomies, and caesarian section.

²⁵⁷ OAM/ONMA, 1983, December, pp. 1 & 2.

²⁵⁸ AOM, 1986, September, p. 39.

²⁵⁹ Midwives Coalition, 1984, June, p. 56.

²⁶⁰ OAM/ONMA, 1983, December, p. 9; Midwives Coalition, 1985, October, p. 20.

²⁶¹ OAM/ONMA, 1983, December, p. 9.

practitioners.”²⁶² In both usages, public safety was invoked to represent the “problem” of maternity care practices in terms of risk, in order to offer legalized midwifery as a viable solution.

Besides reflecting the state’s responsibility for public safety, the policy discourse of midwifery tapped into political concerns about the rising costs of health care. Midwifery advocates represented the “problem” of maternity care as one of cost. Obstetrical care was depicted in terms of “expensive technology”²⁶³ and rising interventionism.²⁶⁴ The “overuse of technology” and “routine and unnecessary use of obstetrical interference” were criticized for being “extremely costly.”²⁶⁵ These representations were contrasted with midwifery’s emphasis on preventive, individualized care, less invasive and interventionist techniques, and the appropriate use of technology, to support its self-portrayal as “the most cost effective form of maternity care.”²⁶⁶ The claim that legalized midwifery could make “sizeable savings to the health care system” was not substantiated in dollar figures but in reference to international data on cost-effective care.²⁶⁷ Thus, the policy discourse of midwifery echoed political concerns about the costs of health care to offer an alternative with the promise of potential savings.²⁶⁸

Not only did the advocacy discourse of midwifery policy echo political concerns about cost and safety, it also reflected the social trend of consumer

---

²⁶² OAM/ONMA, 1983, December, p. 15; Midwives Coalition, 1984, June, p. 6.

²⁶³ Midwives Coalition, 1984, June, p. 68.

²⁶⁴ Midwives Coalition, 1985, October, p. 33.

²⁶⁵ OAM/ONMA, 1983, December, p. 2.

²⁶⁶ Midwives Coalition, 1984, June, pp. 68-70.

²⁶⁷ Ibid.

²⁶⁸ Midwifery advocates combined their representations of the cost-effectiveness and safety of midwifery. This is what Fairclough (2003) describes as “interdiscursivity” (p. 126).

activism. The third “structuring discourse” that I identified in the midwifery policy submissions was based on the notion of consumer choice. This was used to construct the “problem” of maternity care as a lack of childbirth options and the failure of the medical profession to meet public demands for change. The discourse of midwifery policy represented this as a “void in childbirth”²⁶⁹ that restricted choice to either “a specialist trained in high risk obstetrics or a family physician.”²⁷⁰ The existence of consumer groups was offered as evidence of public “dissatisfaction” with maternity care²⁷¹ and the “failure of the current profession to respond to public demands.”²⁷² In contrast, consumer action was depicted as the catalyst for the re-emergence of midwifery in Ontario,²⁷³ to which midwives had responded with “a different kind of maternity care.”²⁷⁴

Baachi (1999) proposes that the identification of structuring discourses offers a way of analyzing how problems are constructed in policy. This concept has offered me a way of contextualizing the arguments that were used to structure midwifery advocacy and persuade policy-makers of the need to legalize midwifery. Political and social concerns about public safety, cost-effective care, and consumer choice structured the key arguments of midwifery advocacy. These structuring discourses were used to represent maternity care as deficient and to counter competing policy proposals by defining them as part of the

---

²⁶⁹ OAM/ONMA, 1983, December, p. 1.

²⁷⁰ Ibid, p. 3.

²⁷¹ Midwives Coalition, 1984, June, p. 1; AOM, 1986, September, p. 4.

²⁷² Midwives Coalition, 1984, June, p. 62.

²⁷³ OAM/ONMA, 1983, December, pp. 2 & 4; Midwives Coalition, 1984, June, p. 2; Midwives Coalition, 1985, October, p. 1; AOM, 1986, September, p. 3.

²⁷⁴ Midwives Coalition, 1984, June, p. 62.

problem. Reference to these structuring discourses also enabled midwifery advocates to demonstrate the social and political relevance of their policy proposals. By representing the “problems” of maternity care in terms of safety, cost, and choice, midwifery was proposed as a viable solution.

Constructing novelty through difference

Contrasting the benefits of midwifery care with the perceived deficits of medical care was a common discursive strategy employed in the advocacy discourse of midwifery.²⁷⁵ This strategy was used in relation to the structuring discourses of public safety, cost, and choice to represent midwifery as a viable solution to the “problem” of maternity care. The purpose of this strategy was to distinguish midwifery from the health publics of general practice (doctors), nursing, and obstetrics, which sought to maintain control over the boundaries of maternity care. Midwifery advocates defined their novelty, or difference, from other health publics involved in maternity care in order to justify their quest for legalization and self-regulation. I now consider how the asymmetric discursive strategy of contrasting the deficits of medical care with the benefits of midwifery played out in the policy submissions to consider how novelty was constructed.

The novelty of midwifery was represented by constructing the distinctiveness of its goals, interests, basic assumptions, and philosophy from those of competing health publics. Midwifery was repeatedly described in terms of difference, separation and otherness to assert its professional independence

---

²⁷⁵ As outlined in chapter three, this discursive strategy was used in the activist newsletters to construct the counterpublic’s collective identity. In the newsletters, individuals communicated the personal intimacy of their lived experiences whereas the policy submissions were the formal expression of the *official* collective vision of the counterpublic.

and autonomy. It was portrayed as a “*separate discipline*”²⁷⁶, a “*separate health discipline*,”²⁷⁷ and a “*separate entity distinct from nursing and medicine*.”²⁷⁸ The difference or otherness of midwifery was also conveyed with reference to its “own” history and philosophy,²⁷⁹ its “distinct qualities” and “unique approach,”²⁸⁰ a “philosophy of care... lacking in the health care system.”²⁸¹ The discursive strategy of establishing novelty through difference was designed to persuade policy-makers of both the need for legalized midwifery and the particular form of professional self-regulation that they advocated.

The novelty of midwifery was also constructed in the policy discourse with the identification and comparison of separate models of care: the “medical model” and the “midwifery model.”²⁸² Contrasting tones and vocabulary were used to juxtapose the perceived deficits of medical maternity care with the benefits of midwifery. Medical care was depicted in terms of discontinuity, as “fragmented,” “impersonal,”²⁸³ and “disease-oriented.”²⁸⁴ In contrast, midwifery was represented in terms of continuity and completeness, a “holistic approach,”²⁸⁵ with “continuous support,” and “continuity of care” for the pregnant woman.²⁸⁶ Short visits and the involvement of many different caregivers during

---

²⁷⁶ Midwives Coalition, 1984, June, p. 44, emphasis added.

²⁷⁷ Midwives Coalition, 1985, October, p. 13, emphasis added.

²⁷⁸ OAM/ONMA, 1983, December, p. 9, emphasis added.

²⁷⁹ Midwives Coalition, 1984, June, p. 46; AOM, 1986, September, p. 19.

²⁸⁰ AOM, 1986, September, p. 19.

²⁸¹ Midwives Coalition, 1985, October, p. 10.

²⁸² Midwives Coalition, 1984, June, pp. 7-11; AOM, 1986, September, pp. 4-9.

²⁸³ OAM/ONMA, 1983, December, p. 3.

²⁸⁴ AOM, 1986, September, p. 4.

²⁸⁵ Ibid, p. 5.

²⁸⁶ OAM/ONMA, 1983, December, p. 2.

pregnancy²⁸⁷ were used to characterize pre-natal medical care as “depersonalized.”²⁸⁸ Midwifery was contrasted as an approach that emphasized the personal with “availability and quality of contact,” and a “trusting relationship” between woman and midwife,²⁸⁹ fostered through long visits.²⁹⁰

Juxtaposing vocabularies and tones were also used to contrast medical and midwifery representations of pregnancy, birth, and the role of the woman. Medical perceptions of pregnancy were depicted in midwifery policy discourse as a “disease, which places stress on the female body,” a “condition” requiring “treatment,” and a “deviation from the ‘normal’ nonpregnant state.”²⁹¹ In contrast, midwifery represented pregnancy as a “normal physiological event,”²⁹² a “normal process” and a “healthy state.”²⁹³ Medical perceptions of labour and delivery were associated with risk, “a potential, impending, natural disaster”²⁹⁴ or a “medical emergency.”²⁹⁵ Midwifery discourse perceived labour and childbirth as a “significant event in the larger context of a woman’s life”²⁹⁶ and a “normal physiological function.”²⁹⁷ The medical view of the pregnant and labouring

---

²⁸⁷ Midwives Coalition, 1984, June, pp. 7-8.

²⁸⁸ AOM, 1986, September, p. 5.

²⁸⁹ OAM/ONMA, 1983, December, p. 2.

²⁹⁰ Midwives Coalition, 1984, June, p. 8.

²⁹¹ AOM, 1986, September, p. 4.

²⁹² Midwives Coalition, 1984, June, p. 45.

²⁹³ AOM, 1986, September, p. 5.

²⁹⁴ Ibid, p. 4.

²⁹⁵ OAM/ONMA, 1983, December, p. 39.

²⁹⁶ AOM, 1986, September, p. 5.

²⁹⁷ Ibid.

woman as passive and inactive²⁹⁸ was contrasted with midwifery's perception of the woman as "primary decision-maker" during pregnancy and birth.²⁹⁹

The discursive strategy of establishing novelty through difference aimed to persuade policy-makers of the need for legalized midwifery and self-regulation. However, one of the effects of this strategy was that it emphasized difference rather than complementarity, and homogenized each model of care in the process. Despite the determination to retain their professional autonomy, midwifery advocates sought integration into the health-care system as a means of improving maternity services. To advocate the legitimacy of midwifery as a regulated health profession, its novelty had to be balanced with a demonstrated willingness to work within the maternity system. The advocates of midwifery demonstrated their willingness to work within the system by portraying midwives as equal "members of the health care team."³⁰⁰

Representing legitimacy through authority

Demonstrating the legitimacy of the claim to legalization and self-regulation was central to the advocacy discourse of midwifery. I now turn to the sources that were used to represent the legitimacy of midwifery in policy, first considering the sources inside and outside of Ontario cited as evidence of the support for midwifery. Public dissatisfaction³⁰¹ and the demand for change³⁰² were given as key sources of legitimacy in Ontario. Health consumerism was a

---

²⁹⁸ AOM, 1986, September, p. 4.

²⁹⁹ Ibid, p. 5.

³⁰⁰ Midwives Coalition, 1984, June, p. 70; Midwives Coalition, 1985, October, p. 12; AOM, 1986, September, p. 26.

³⁰¹ Midwives Coalition, 1984, June, p. 1; AOM, 1986, September, p. 4.

³⁰² OAM/ONMA, 1983, December, p. 6; Midwives Coalition, 1984, June, p. 1.

pertinent social force at that time and choice was used to structure the problem representation of midwifery, as indicated earlier. Childbirth education groups and women's organizations, public critics of obstetrical care, were cited as having endorsed midwifery.³⁰³ International evidence, in the form of worldwide government support for midwifery, was also used to indicate the legitimacy of the policy claims of midwifery advocates and to represent the Canadian position as anomalous, particularly among Canada's peers in the developed world.³⁰⁴

Factors such as public demand, organized activism, and the practices of other governments are useful indicators of support. Data are another important source used to legitimize standpoints in the policy arena. The deployment of data was a key discursive strategy used to substantiate midwifery policy and counter competing claims. Data sources used by midwifery advocates included medical, midwifery and social science research studies, statistics, survey results, and the findings of experts. International data were used to support arguments about the safety and cost-effectiveness of midwifery and to compare maternity care outcomes in Canada to countries with legalized midwifery.³⁰⁵ Midwifery advocates also gathered their own data to demonstrate their commitment to peer review and the evaluation of their practices.³⁰⁶ Advocates communicated the professionalism and legitimacy of midwifery practice by accessing, navigating,

---

³⁰³ OAM/ONMA, 1983, December, p. 1; Midwives Coalition, 1984, June, pp. 50-53.

³⁰⁴ The policy discourse of midwifery repeatedly used the shaming tactic of identifying Canada as the "only western industrialized country" without provision for midwifery care (OAM/ONMA, 1983, December, pp. 1, 10, & 32; Midwives Coalition, 1984, June, p. 32).

³⁰⁵ For example, comparative data on caesarian sections and other forms of intervention, birth outcomes in hospitals and at home, perinatal mortality figures, prematurity rates, and rates of neo-natal injury. See, for example: OAM/ONMA, 1983, December, pp. 1-4; Midwives Coalition, 1984, June, p. 12.

³⁰⁶ AOM, 1986, September, p. 8; Midwives Coalition, 1985, October, pp. 30, 37, & 43.

and deploying authoritative knowledge. The formality of these knowledge sources was used to substantiate their policy recommendations and legitimize their claim to the status of legal, self-regulating health professionals.

Definitions and standards were another important source used to legitimize the policy positions of midwifery. The scope of midwifery advocated in Ontario was based on a definition endorsed by the International Confederation of Midwives, the World Health Organization, and the International Federation of Obstetricians and Gynaecologists.³⁰⁷ Recommendations on midwifery education were also based on “international standards.”³⁰⁸ Contextualizing policy in relation to the traditions and practices of international midwifery³⁰⁹ added weight and prestige to the claims of the alegal, under-resourced counterpublic. Midwifery advocates also sought legitimacy in their policy discourse by referring to attempts to standardize midwifery care practices in Ontario. These included plans to educate, discipline, and monitor the compliance of members with professional standards, practices, protocols, a Code of Ethics, a governing body in the form of a College of Midwives, and formal midwifery education.³¹⁰ Invoking pre-existing standards and definitions was used to legitimize midwifery policy and demonstrate the professionalism of the counterpublic.

---

³⁰⁷ OAM/ONMA, 1983, December, p. 13; Midwives Coalition, 1985, October, pp. 13 & 32; AOM, 1986, September, p. 18.

³⁰⁸ Midwives Coalition, 1985, October, p. 4; AOM, 1986, September, pp. 18-19.

³⁰⁹ Midwives Coalition, 1985, October, p. 5.

³¹⁰ OAM/ONMA, 1983, December, pp. 20, 22, 27-29 on governance and midwifery education; Midwives Coalition, 1984, June, pp. 18-24 on midwifery education; Midwives Coalition, 1985, October, pp. 14-15 on compliance.

Analysis of the discourse of midwifery policy using Carol Baachi's problem representation approach helps to explain how midwifery care was discursively constructed by its advocates. My primary focus was on the discursive strategies used, their intention, and effects. The structuring discourses of safety, cost and choice were used to establish the relevance of midwifery as a social and political issue. Using contrasting tones and vocabularies and the juxtaposition of models of care enabled advocates to define the novelty of midwifery. Finally, authoritative sources – the interests of the voting public, government practices, international data, standards and definitions – were used to associate midwifery with professionalism and legitimacy. In the process, definitions of midwifery care began to harden and a certain uniformity was imposed on the counterpublic.

ADVOCATING MIDWIFERY

The policy submissions made to the HPLR and TFIMO were the primary tools for communicating the official positions of the midwifery counterpublic. They were complemented by advocacy strategies that reinforced key policy messages. Using Leonor Camauër's study of the "publicist practices" of women's organizations (2000) as a guide,³¹¹ I identify the "face-to-face" and "mediated" forms of the midwifery counterpublic's "dissemination practices" (p. 65). I also continue to consider Rita Felski's (1989) observations about the tensions between the internal and external functions of a counterpublic. I explore attempts made by activist leaders to keep policy messages consistent and to project a

---

³¹¹ Camauër's primary focus is on media and public outreach. I have adapted her approach to consider the political outreach strategies used to advocate midwifery policy.

professional public image, and the effects of these attempts. In this respect, I perceive political outreach strategies as *internal* attempts to discipline *external* representations of midwifery.

Advocacy Strategies

Midwifery activists used both “face-to-face” (networking, lobbying, and rallying) and “mediated” (letters, petitions, telegrams, and telephone calls) forms of communication to disseminate their political advocacy. Networking was one of the primary advocacy strategies used to promote midwifery. Initiating contact with representatives “in the larger advocacy communities”³¹² provided members of the counterpublic with the opportunity to explain their policy positions and to solicit support for the legalization of midwifery. Telephone contact was initiated and face-to-face meetings held with women’s groups, community organizations, and professional bodies to secure public endorsements of midwifery.³¹³ Networking also developed contacts and support from less likely sources, including the medical and nursing professions.³¹⁴

Political networking was a key advocacy strategy used to draw attention to the issue of midwifery, get legalization onto the political agenda, and keep it there. The mentorship of experienced political activists such as former NDP politician Stephen Lewis provided the counterpublic with advice and guidance on

---

³¹² Nimmons, 2005.

³¹³ Kellerman, 2005. This is in reference to the TFIMO’s public hearings in Ottawa on October 14, 1986. Support was secured from feminist activists, social workers, lawyers, and local doctors.

³¹⁴ Nimmons, 2005; MTF-O, 1987, Summer, p. 4.

how to navigate the policy-making process,³¹⁵ particularly in the early days.³¹⁶ Lewis also provided midwifery representatives with access to politicians, such as NDP health critic Dave Cooke who supported the legalization of midwifery with the introduction of a private members bill in 1984.³¹⁷ Although the bill failed on its second reading, its debate in the legislature secured political attention, was used as a publicity strategy (Bourgeault, 1996, p. 103; Fynes, 1994, p. 101;), and was depicted as a “victory” for the counterpublic.³¹⁸ Such political opportunities were rare and “took a lot of political organizing” behind the scenes.³¹⁹ They depended on access to the political arena and networking to find the individuals with the interest and sufficient profile to champion midwifery.

The strategy of networking with senior politicians in Toronto was complemented by the lobbying of Members of the Provincial Parliament (MPPs) at strategic times. Lobbying was shaped by changes in provincial politics. Members of the counterpublic were encouraged to lobby MPPs in their ridings prior to the provincial elections in 1985 and 1987³²⁰ and in response to the change of government in 1985, when the Liberal-NDP Accord replaced the Conservatives.³²¹ Developments in the policy-making process also precipitated the call for members to lobby their political representatives to endorse the policy

---

³¹⁵ OAM, 1984, April, p. 6. See also Bourgeault (1996, p. 101) and Fynes (1994, pp. 89-91).

³¹⁶ Porteous, 2005.

³¹⁷ Van Wagner, 2005. See also Bourgeault (1996, pp. 100-103) and Fynes (1994, pp. 100-101).

³¹⁸ MTF-O, January 1985, pp. 11-13.

³¹⁹ Van Wagner, 2005.

³²⁰ MTF-O, n.d., 1(5), p. 2; MTF-O, 1987, Summer, p. 8.

³²¹ AOM, 1985, September, p. 7.

briefs made to the HPLR and TFIMO,³²² to apply pressure on politicians when the TFIMO report was delayed,³²³ and to maintain that pressure, following the report's release, by pushing for the implementation of its recommendations.³²⁴

To complement the "face-to-face" strategies of political networking and lobbying, members were encouraged to participate in the "mediated" dissemination practices of writing letters, sending telegrams, making telephone calls and signing petitions in support of midwifery. For maximum effect these tactics were reserved for key moments during the policy-making process or in reaction to critical events. In response to the HPLR and TFIMO, members were encouraged to advocate midwifery policy by writing to their MPP, the Minister of Health, health critics, and other key politicians.³²⁵ Petitions were used less frequently³²⁶ than the call to write letters of support. However, used strategically, petitions provided a way of demonstrating public support in Ontario. For example, following a campaign initiated in early 1984 to gather signatures in support of midwifery, activists presented the petitions to the Minister of Health, Keith Norton, at the provincial legislature when the second reading of Dave Cooke's private member's bill to legalize midwifery was tabled in November of that year.³²⁷

At two critical points in the 1980s members were encouraged to send telegrams or make telephone calls to the Ministry of Health to communicate their

---

³²² MTF-O, n.d., 1(4), pp. 4-5; MTF-O, 1986-1987, Winter, pp. 17-18.

³²³ MTF-O, 1987, Summer, p. 4.

³²⁴ MTF-O, 1987, Fall, p. 10.

³²⁵ MTF-O, 1983, Fall, p. 2; MTF-O, n.d., 1(4), p. 4; MTF-O, 1985, January, p. 12; MTF-O, 1985, October, pp. 17-18; MTF-O, 1986, February, p. 6; MTF-O, 1987, Summer, p. 8; MTF-O, 1987, Fall, insert.

³²⁶ MTF-O, n.d., 1(3), p. 19 & insert; MTF-O, 1986, April, insert.

³²⁷ MTF-O, n.d., 1(3), p. 19.

support of legalized midwifery. The first telegram campaign was initiated by the MTF-O in 1985, to rally support during the inquest into the death of baby Daniel McLaughlin-Harris, following a midwife-assisted birth on Toronto Island.³²⁸ The MTF-O used their consumer telephone tree to put out a call to members for immediate action. In response, “overnight, for the first time ever, the Minister of Health’s office was flooded with phone calls and cables,” close to a thousand of them.³²⁹ Following the release of the TFIMO’s report on the implementation of midwifery, in October 1987, a second telegram campaign was initiated to pressure the government to act.³³⁰ As the campaign proceeded, members were asked to revert to sending letters rather than telegrams to the Ministry of Health; activist leaders had been advised that personal letters were a more “effective” tool than the formulaic telegram.³³¹ This simple advice about the power of the personally crafted message is a useful one for contemporary activists.³³²

At these critical points more publicly visible demonstrations of support were used to advocate midwifery with rallies and marches in public spaces. Whereas the polite, behind the scenes strategies of networking and lobbying complied with the conventions of the political arena, the “face-to-face” strategies of demonstrating in public space were designed to force politicians and the media to take notice. To complement the first telegram campaign of the

---

³²⁸ Nimmons, 2005.

³²⁹ Ibid.

³³⁰ MTF-O, 1987, Fall, p. 5.

³³¹ MTF-O, 1988, Summer, p. 8.

³³² With advances in electronic communication, activists have the means to send form messages to politicians at the click of a mouse. The personally crafted message still counts for more than the formulaic one.

counterpublic in 1985, Toronto-area members were called to a rally outside the courthouse where the McLaughlin-Harris inquest was being held and to march from there to the legislature.³³³ When the TFIMO report was released, members of the counterpublic were called to a rally in Toronto.³³⁴ This was to maximize the effect of other tactics, including lobbying and the telegram campaign, and to give a visible and vocal demonstration of the support for midwifery in the province.

Message Discipline

The legalization of midwifery was advocated with signatures on petitions, the written word in telegrams and letters, meetings with supporters, critics and politicians, and visible, vocal public gatherings. These varied “mediated” and “face-to-face” forms of communication were employed by the counterpublic, in combination, at strategic points during the policy-making process. Their purpose was to demonstrate to politicians and policy-makers the degree of public support for legalized midwifery in Ontario, the unity of the counterpublic, and the coherence of its policy positions. Maintaining the consistency of midwifery advocacy was a major challenge that activist leaders tried to overcome with attempts to discipline the messages used to represent midwifery in public.

Maintaining consistency in how midwifery was publicly advocated was believed to demonstrate the professionalism of the counterpublic. Activist leaders believed that consistency in advocacy communicated unity, coherence, and credibility, features that they valued as indicators of the legitimacy of the

---

³³³ Nimmons, 2005. As with the telegram campaign, the call to rally was initiated through the MTF-O phone tree.

³³⁴ Maranta, 2005.

counterpublic's claim to legalization and self-regulation. Having everyone "sing from the same songbook"³³⁵ or "reading from the same page" was considered as a source of "tremendous strength" within the activist community and an external indicator of "unity."³³⁶ The need to "present a very consistent vision" of midwifery in public, to substantiate the counterpublic's policy goals, was supported by the argument that "[t]his is not the time for individual visions of midwifery – although hopefully the time is coming."³³⁷ In other words, until midwifery had been legalized, the collective vision, as defined in official policy positions, was to take precedence over individual perceptions, particularly those that diverged from the party line.

Message discipline, like policy development, was achieved through the counterpublic's communication network. Strategic decisions were made about who would represent midwifery in the political arena;³³⁸ representatives were briefed as to the key messages to convey.³³⁹ Meetings were an important means of disseminating information, discussing strategies, and disciplining messages within the counterpublic.³⁴⁰ The newsletters were a primary means of coordinating advocacy activities across the province. They provided tips on letter-

---

³³⁵ Kellerman, 2005.

³³⁶ Porteous, 2005.

³³⁷ MTF-O, 1988, Winter, pp. 11-14.

³³⁸ Daviss, 2005.

³³⁹ Kellerman, 2005; Porteous, 2005. Rena Porteous recalls that pre-meeting briefings were held by activists to organize their message and ensure consistency in their approach and post-meeting de-briefings were held to reflect on their performance.

³⁴⁰ Kellerman, 2005.

writing³⁴¹ and lobbying strategies³⁴² and also directed members as to the key policy messages to be emphasized, to whom they should be addressed, how and when for maximum political effect. The policy submissions and TFIMO report were offered as useful “tools” to direct lobbying.³⁴³ The MTF-O coordinating group also produced a lobby package with key information on midwifery and the political situation in Ontario to guide members.³⁴⁴ Using both “mediated” and “face-to-face” forms of communication, leaders of the midwifery counterpublic were “remarkably successful” in achieving consistency in the policy issues discussed and language used to discuss them in public.³⁴⁵

Controlling the public image of midwifery

Strategic decisions were also made about the public image of midwifery. Members of the counterpublic most actively involved in its political advocacy determined the styles, dress and tones of speech most appropriate to communicating the professionalism and respectability of midwifery. Counter-cultural clothing, coloured socks and Birkenstock sandals,³⁴⁶ was “out”; the business attire of the ‘80s professional woman, nylons, heels, hair up, and wearing a suit,³⁴⁷ was “in.” When speaking in public about midwifery, advocates were encouraged to be “enthusiastic” but to use a “rational and cooperative”

---

³⁴¹ Each call to write letters supporting midwifery was accompanied by a form letter. However, activists were encouraged to draft their own letter, express their own views, “write in [their] neatest hand” and not to “worry if your letter is not perfect” (MTF-O, 1983, Fall, p. 2).

³⁴² MTF-O, n.d., 1(4), pp. 4-5; MTF-O, 1986-1987, Winter, pp. 15-16.

³⁴³ MTF-O, 1987, Fall, p. 10.

³⁴⁴ The lobby package was disseminated by mail to regional coordinators and then onto local members, to be used in preparation for visits to MPPs (MTF-O, n.d. 1(4), pp. 4-5).

³⁴⁵ Kelleman, 2005.

³⁴⁶ Maranta, 2005; Porteous, 2005; Van Wagner, 2005; MTF-O, 1988, Winter, p. 12.

³⁴⁷ Maranta, 2005; Porteous, 2005.

tone.³⁴⁸ With a “conscious image” of professionalism, advocates hoped to contest stereotypes that represented midwifery and its supporters as marginal and counter-cultural, offering themselves, instead, as “thoughtful, reasonable people.”³⁴⁹ The dress and demeanor of the female professional, arguably a stereotype in itself, was adopted in public to persuade policy-makers, politicians, and the other health publics to “acknowledge us and take us seriously.”³⁵⁰ Key political advocates in the counterpublic made a conscious decision to make their appearance a non-issue by complying with the expectations of the political arena and conforming to conventions in style and tone.

Activist leaders also attempted to control the image of midwifery in the public spaces where rallies and marches were held. When Toronto members were called to rally in support of midwifery during the McLaughlin-Harris coroner’s inquest in 1985, they were directed on what to wear, to make placards with midwifery slogans, and to bring partners and parents as well as children.³⁵¹ Holly Nimmons of the MTF-O recalls that leaders of the counterpublic “were very, very clear about what [the rally] should look like” in order to “reinforce key messages” and indicate broad-based support for midwifery. In 1987, members from across Ontario were called to a rally in Toronto in support of the TFIMO recommendations and the implementation of midwifery. To communicate an image of professionalism and respectability, members were advised by the

---

³⁴⁸ MTF-O, 1988, Winter, p. 12.

³⁴⁹ The stereotypes of midwifery included: “‘a backwoods hippie’ or ‘starry-eyed earth mother’... or a ‘strident, angry militant feminist’ or ‘selfish home birth fanatic’” (MTF-O, 1988, Winter, p. 12).

³⁵⁰ Porteous, 2005.

³⁵¹ Nimmons, 2005.

MTF-O coordinating group to “get rid of your flowered skirts, no T-shirts, nothing with slogans, no placards....”³⁵² Refusing to conform, and intent on asserting the diversity of midwifery supporters, the MTF-O chapter in Kitchener-Waterloo attended the rally with “ribbons in our hair, [wearing] our Birkenstocks with funky socks,... even those of us who never dressed that way.”³⁵³

Rather than being recognized as pragmatic and strategic this attempt to control the public image of midwifery was perceived as a denial of individuality and a negation of the counterpublic’s diversity. At that point, activist leaders had crossed the fine line between disciplining and dictating the message; members demonstrated their opposition to this tactic by their refusal to comply. Attempts to control the public image of midwifery were criticized by other members of the counterpublic for being overly compliant, conservative and conformist. Strategic decisions made to use designated representatives, to dress a certain way, and to use a particular tone in order to “look good for the authorities” gave credence to one particular style of midwifery advocacy – asserting professionalism over social activism.³⁵⁴ In the process, Betty-Anne Daviss believes that midwifery activism began to lose its spirit, “to lose some of who and what we were.” The tendency for social activist groups to conform to the expectations of the political arena, Daviss argues, stems from a fear “that they won’t be accepted and that their ideas will be marginalized.”

---

³⁵² Maranta, 2005, in reference to the MTF-O chapter in Kitchener-Waterloo.

³⁵³ Ibid.

³⁵⁴ Daviss, 2005.

Attempts to control the collective image of the counterpublic – by advising members what to wear, what to say, and how to say it – were perceived by some activists as necessarily pragmatic and by others as overly conformist. In this final section I have used Leonor Camauër's research (2000) to identify and analyze the political outreach strategies used to advocate midwifery policy. I have identified a range of "mediated" and "face-to-face" strategies used to disseminate the policy discourse of midwifery and considered the means of communication used by activist leaders to address the challenge of advocating midwifery consistently across the province. I determined that attempts to discipline the message and to control the public image of midwifery were intended to demonstrate the counterpublic's unity, professionalism, and readiness for legalization in the form of self-regulation. Felski refers to this strategy as "the fiction of a unifying identity" (p. 168), the projection of an ideal that masks differences within the counterpublic. However, there is a fine line between disciplining the message in the name of unity and being seen to dictate behaviour. For some members of the counterpublic this line was crossed.

CONCLUSION

In this chapter I have explored the political strategies and policy discourse used to advocate midwifery. I opened the chapter with the contention that the successful advocacy of midwifery in public policy was premised on the external appearance of unity, with cohesive policy positions that demonstrated the novelty and legitimacy of the midwifery standpoint. I conclude the chapter having discussed: the problematic process of developing policy *internally*, within the

nascent and under-resourced counterpublic, the discursive strategies used to communicate the advocacy of midwifery *externally*, and the *internal* attempts made to discipline *external* representations of midwifery. As in the previous chapter, my analysis of midwifery advocacy has been shaped by Rita Felski's conception of the counterpublic (1989). Her nuanced observations of the tensions inherent in the process of defining a collective identity and representing it publicly have been of particular value.

The decision to participate in the HPLR and TFIMO involved the counterpublic in a high-stake, high profile public policy-making process through which the future of midwifery was defined. Exploring the workings of the counterpublic in relation to the development of its policy discourse demonstrated the internal tensions and external constraints that shaped the advocacy of midwifery. The communication tools of the counterpublic – newsletters, meetings, and contact between activists – were used to keep members informed about the policy-making process and to solicit their input. Members were consulted on policy, divisive issues were extensively discussed, attempts were made to reach consensus. However, internal resource constraints, differences in perceptions of policy-making as a means of social change, the external pressures of the policy-making process, and the requirement to project a collective identity in policy compromised the quality of consultation and consensus.

Engaging in public policy-making required midwifery advocates to define their collective identity and its relation to the mainstream health system. The policy discourse of midwifery was defined by its context. It was interdiscursive; it

interacted with and reformulated the social discourses of public safety, cost, and choice to establish midwifery as a relevant social and political issue. Discursive strategies communicated midwifery's novelty through difference, carving out a jurisdictional niche for this form of maternity care. Influenced by the expectations of the policy-making context, the authors of midwifery policy deployed the conventional sources of authoritative knowledge – data, medical studies, statistics, international standards, expert opinion – to define the meaning of their alternative form of care. In the process, definitions of midwifery began to harden, some positions were normalized while others were marginalized, and a certain uniformity was imposed on the counterpublic, in the name of unity.

It was politically expedient to represent the counterpublic as a unified community with cohesive policy positions and an identifiable jurisdictional niche. The external appearance of unity and cohesion conferred legitimacy on the cause of midwifery and its claims to legal recognition. However, attempts to discipline the advocacy and public image of midwifery, while pragmatic, were problematic and caused some friction within the counterpublic. Policy-making is a process of compromise between internal and external interests, strategies and visions. Advocacy involves speaking for, or on behalf of, a community, to externally represent its collective identity. Internally defining a collective identity and externally representing it on behalf of others are contested and potentially exclusive practices in which some positions and people are marginalized. This idea of the tension between internal and external aspects of activism is continued in chapter five, where I explore the media advocacy of midwifery.

Chapter Five

Representations: Midwifery Advocacy and the Media

With strategic and proactive media strategies, midwifery advocates projected a “public character” (McLaughlin, 1992, p. 600) of respectability and professionalism, to influence their “public identity” (van Zoonen, 1992, p. 454).³⁵⁵ Using the informant interviews, activist newsletters, and print media articles, this chapter explores advocacy in relation to media coverage, with the intention of considering the interplay between activism and media representations. Leonor Camauër (2000) has criticized Rita Felski (1989) and others for inadequately considering the role of communication in oppositional activism. She describes the “publicist orientation of women’s movements and the mass media’s role in it” as the most neglected area in scholarship on women’s political activism (p. 165). To address this, Camauër proposes a three-part research strategy that I adopt to consider the counterpublic’s media outreach strategies, mainstream news media coverage of midwifery, and activists’ impressions of the media coverage.

ORGANIZING MEDIA ADVOCACY

Leonor Camauër’s analysis of the “publicizing practices” of women’s organizations includes a consideration of their “own media” (e.g. the independent medium of a newsletter), “mass media inputs” (e.g. media packages, releases

---

³⁵⁵ As noted in chapter two, “public character” describes the image organizations wish to project, one that is often at odds with their “public identity,” or how they are represented in media coverage.

and advisories) and “dissemination practices” (e.g. how contact with the media is initiated). Through these publicizing practices, a particular *public character* is communicated. To analyze the media advocacy of midwifery, I first outline the organizational structures and communication tools used to coordinate media outreach activities. This initial focus allows for a consideration of the linkages within the communication network of the counterpublic and attempts made to support local media outreach efforts and discipline key messages across Ontario. I then identify the various outreach strategies used to disseminate midwifery advocacy to the media, including the means used to initiate media contact, to target messages to a range of media outlets and audiences, to generate news with proactive outreach, and to react to news generated by others.

Structures, Tools and Disciplining Strategies

The media advocacy of midwifery during the 1980s was primarily the responsibility of local chapter groups, with support, guidance and direction from leaders of the counterpublic as to the core messages to be disseminated. As the counterpublic began to formalize its organizational structures, outlined in chapter three, particularly as it became involved in political advocacy, attempts were made to adopt a “more structured approach” to its media advocacy.³⁵⁶ This more coordinated approach included the establishment of committees responsible for public relations and media outreach,³⁵⁷ the development of a communications plan, and formulation of the “key messages” of midwifery advocacy to be

---

³⁵⁶ Porteous, 2005.

³⁵⁷ AOM, 1985, September, p. 5; MTF-O, 1983, Fall, p. 2.

reinforced through local media outreach.³⁵⁸ The purpose of structuring the midwifery counterpublic was to create a “total network” with strong “linkage” between local chapters and the “central group,” the counterpublic’s leaders, to try to ensure uniformity in the messages publicly disseminated.³⁵⁹

Across Ontario, active members of the counterpublic undertook the task of media advocacy. Reliant on the skills and experience of their volunteer base, leaders of the counterpublic “deliberately sought out people who had expertise” in media advocacy to develop this knowledge within the counterpublic.³⁶⁰ The communication tools used to develop skills in media advocacy included: media workshops, meetings, and the activist newsletters. Media workshops were given by the Association of Ontario Midwives (AOM) and the Midwifery Task Force of Ontario (MTF-O) to train members in simple media outreach strategies and presentation skills.³⁶¹ However, they were held infrequently and for many activists media experience was acquired through “learning by doing” rather than formal training.³⁶² The meetings of the counterpublic offered a more regular means of communicating on media advocacy. Strategies were discussed at provincial and local meetings,³⁶³ particularly how to approach the media on sensitive issues or those that had been represented as controversial.³⁶⁴

---

³⁵⁸ Nimmons, 2005.

³⁵⁹ Porteous, 2005.

³⁶⁰ Van Wagner, 2005.

³⁶¹ Kellerman, 2005; Nimmons, 2005; Van Wagner, 2005.

³⁶² Kellerman, 2005.

³⁶³ Ibid; Porteous, 2005.

³⁶⁴ Kellerman, 2005. Maureen Kellerman refers to media misrepresentations of home births and the media’s equation of midwifery with home birth.

The activist newsletter *Issue* was an important tool used to communicate with members of the counterpublic about media advocacy, both in terms of coverage and strategies. Regional updates printed in each edition reported on local media outreach activities, details of print and broadcast coverage, and comments on how midwifery was represented. The activist newsletter was also a communication tool for sharing tips and strategies on media outreach efforts. Activists shared their experiences and observations of how to generate positive media coverage of midwifery with public events, outreach to community media, and the production of inputs such as media releases, advisories, events listings, and feature articles.³⁶⁵ Whereas these tips and strategies were tailored specifically to midwifery advocacy, based on the lived experiences of activists, more generic advice was also provided in *Issue* with a series of “how to” columns on working with the media.³⁶⁶

Besides acting as supports for their media advocacy, the organizational structures and communication tools provided a way of disciplining the public messages and image of midwifery. Key strategies used to define the public character of midwifery included the use of designated media spokespersons and central direction on the core messages to be disseminated locally. Official spokespersons were “developed” by the counterpublic to speak for the

---

³⁶⁵ E.g.: *Eastern Report* on media publicity of a film evening (MTF-O, n.d., 1(3), p. 13; a letter by Lauren Vary on community media (MTF-O, 1988, Fall, p. 1); article by Cory Fontaine on media inputs (MTF-O, 1988, Winter, pp. 16-17).

³⁶⁶ By the New York-based Women’s Action Alliance on media inputs and dissemination practices (MTF-O, 1988, Fall, p. 9; MTF-O, 1988, Winter, p. 7; MTF-O, 1989, Spring, p. 9; MTF-O, 1989, Summer, p. 6).

profession and consumers.³⁶⁷ They were knowledgeable, articulate and well-informed women³⁶⁸ who were trained in how to “get the message out” and briefed on key messages.³⁶⁹ Briefings included documents, centrally produced by the MTF-O coordinating group, for use in local media advocacy: “we gave them the core messages and ... ways that they could get those messages out and make them appropriate to their community.”³⁷⁰

The purpose of these disciplining strategies was to project the public character of midwifery as “unified” with “uniformity in what was being said.”³⁷¹ Another goal and “overall strategy” was the attempt to “mainstream” midwifery by associating it with “respectable people” not just “hippie-types” and “alternative people.”³⁷² As in the case of their political advocacy, this meant dressing in “a very mainstream, respectable, middle-class way,” including “wearing our pearls,” as a deliberate media strategy.³⁷³ These strategies attempted to silence the public expression of dissenting views in the media and the discussion of topics such as the “spiritual aspect” of birth and midwifery in order to gain legitimacy with mainstream society.³⁷⁴ Pragmatism and politics took precedence over the emotional and spiritual reasons that attracted women to midwifery. In the process, midwife activist Betty-Anne Daviss argues that “part of our soul was

---

³⁶⁷ Porteous, 2005.

³⁶⁸ Daviss, 2005; Nimmons, 2005.

³⁶⁹ Nimmons, 2005.

³⁷⁰ Ibid.

³⁷¹ Porteous, 2005.

³⁷² Kellerman, 2005.

³⁷³ Ibid.

³⁷⁴ Daviss, 2005.

taken out of the very movement that we were involved with,” undermining the source of its strength and success.

The attempts to structure and discipline the political advocacy of midwifery, as outlined in chapter four, were essentially replicated in the organizational structures, communication tools, and disciplining strategies that shaped the counterpublic’s media advocacy. As in the case of their political outreach, representing midwifery to the media in terms of unity, uniformity, consistency and respectability was believed to confer legitimacy on the midwifery standpoint and to help project a public character that demanded to be taken seriously. The pragmatism of designating spokespersons and defining the core messages of midwifery helped to mainstream their standpoint. However, the silencing of dissent and the public discussion of alternative representations of midwifery risked marginalization and disaffection within the counterpublic.

Media Outreach Strategies

The organization of the media advocacy of midwifery resulted in specific dissemination practices. I now focus on the proactive media strategies used to generate news and respond to news generated by others. To ensure broad coverage, the media advocacy of midwifery was targeted at a range of media sources: national and local,³⁷⁵ commercial and independent,³⁷⁶ radio, television,

---

³⁷⁵ Community media (radio, print and TV), including women’s publications, were an important local target (Kellerman, 2005).

³⁷⁶ In terms of independent media, articles on midwifery in Ontario were published in *Complete Mother* and other “nurturing” magazines (Vosu, 2005).

and print-based media.³⁷⁷ How the message was targeted varied according to the medium and audience demographics.³⁷⁸ The counterpublic used some simple outreach strategies to good effect. For example, media interviews were often conducted by a midwife and mother(to-be) team,³⁷⁹ to represent both the “clinical perspective” and the lived experience of midwifery care.³⁸⁰ Being accessible and readily available to the media by providing pager numbers and responding to media calls within a day were important, yet simple, strategies.³⁸¹ With broad-based outreach, targeted messages, and simple strategies, midwifery activists advocated their viewpoint to the media.

Members of the counterpublic were proactive in initiating contact with the media through personal networking, telephone calls and media releases.³⁸² Midwifery activists tapped their personal media contacts for coverage and favourable representations of midwifery.³⁸³ Beyond their personal networks, proactive outreach strategies were used to establish and build relations with journalists, particularly those who were “feminist”³⁸⁴ and/or “pro-midwifery.”³⁸⁵ Midwifery activists got to know journalists “by name” and were persistent in contacting them.³⁸⁶ Proactive media outreach strategies were used to generate

---

³⁷⁷ Media coverage included radio interviews and phone-in shows, television talk shows and interviews, and print articles (Daviss, 2005; Kellerman, 2005; Nimmons, 2005; Vosu, 2005).

³⁷⁸ Nimmons, 2005.

³⁷⁹ Daviss, 2005; Kellerman, 2005; Nimmons, 2005.

³⁸⁰ Nimmons, 2005.

³⁸¹ Van Wagner, 2005.

³⁸² Daviss, 2005; Porteous, 2005.

³⁸³ Daviss, 2005.

³⁸⁴ Porteous, 2005.

³⁸⁵ Vosu, 2005.

³⁸⁶ Maranta, 2005.

news, and “stir up some more interest” when media coverage of midwifery had been quiet for a while.³⁸⁷ Understanding and learning to leverage the news value of midwifery helped activists to shape the content of their media advocacy. Personal birth stories were often used as the hook to solicit local media attention and to try to work a political angle into the coverage.³⁸⁸ Local activists would follow up positive print media stories with letters to the editor relating their own lived experiences of midwifery care, or those of a friend or relative.³⁸⁹

Initiating contact with the media through existing connections, personal stories, and letters to the editor were some of the outreach strategies used by the counterpublic to solicit interest in midwifery and generate coverage. Public and political events were also used as potential hooks, used proactively in the attempt to secure media coverage. Local events such as midwifery picnics and other annual events, film evenings and information sessions served to educate the public and/or raise funds for midwifery. They were also promoted to local and community media and offered another way of generating coverage and extending the scope of awareness beyond those who had participated at the event.³⁹⁰ High profile events at the provincial level such as the 1984 *Creating Unity* midwifery conference in Toronto were designed to raise public, political, and media

---

³⁸⁷ Porteous, 2005.

³⁸⁸ This included “lots of beautiful pictures” of healthy women and babies who had received midwifery care (Maranta, 2005).

³⁸⁹ Maranta, 2005. This offered another way of advocating midwifery to a public audience.

³⁹⁰ Maranta, 2005; Porteous, 2005; Vosu, 2005; MTF-O, n.d., 1(3), p. 13.

awareness of midwifery, with a view to securing media coverage, and, through that, informing a broader audience about midwifery.³⁹¹

Key events in the policy-making process were also used proactively as opportunities to solicit media interest and generate coverage. To promote the release of the first policy brief made to the Health Professions Legislation Review (HPLR), members were encouraged to “stage local events that are likely to get attention from the press, radio, and T.V., and go after interviews like crazy.”³⁹² The political opportunity of Bill 48, the private member’s bill to legalize midwifery, was also used as a media hook. Activists, including “nursing mums,” were organized to fill the public gallery of the legislature for the bill’s reading, creating “photo opps” and generating media coverage of the event.³⁹³ The public hearings of the Task Force on the Implementation of Midwifery (TFIMO) provided another opportunity for activists to contact local media, inform journalists about the quest for legalization, and invite them to attend the hearings,³⁹⁴ often resulting in extensive local coverage.³⁹⁵ Turning political opportunities into events with media potential required “a lot of work ... in the background.”³⁹⁶

The proactive outreach strategies of the counterpublic secured national and local coverage, which helped to raise media awareness of the midwifery standpoint and interest in representing that perspective in reports on the policy

---

³⁹¹ Porteous, 2005.

³⁹² *Midwifery by 1985* in MTF-O, 1983, Fall, p. 2. The article encouraged members to write to the Minister of Health endorsing the first HPLR brief and to send a copy to their local newspaper.

³⁹³ Nimmons, 2005.

³⁹⁴ Kellerman, 2005.

³⁹⁵ *Eastern Report* in MTF-O, 1986-1987, Winter, p. 17.

³⁹⁶ Ibid.

debate. Midwifery advocates also adapted these media strategies to respond to negative coverage or misrepresentations of their approach. Opinion editorials and letters to the editor were useful means of refuting inaccuracies and promoting the midwifery perspective.³⁹⁷ They were used to explain how “passionate” activists were about midwifery and to “stand up for themselves” and their choices.³⁹⁸ Published letters to the editor sometimes precipitated a “back and forth” dialogue of responses and counter-responses, offering another avenue for the advocacy of midwifery.³⁹⁹

‘Educating’ the media about midwifery was an important aspect of the counterpublic’s advocacy, particularly in response to negative coverage, such as the media reporting of inquests into baby deaths following midwife-attended births. Inquests into baby deaths were the most frequently covered news story of midwifery, as outlined in the next section of the chapter. The 1985 McLaughlin-Harris inquest in Toronto generated an “unprecedented” media focus on midwifery with “an intensity of attention” that forced activists to react.⁴⁰⁰ The counterpublic developed media strategies to respond to the negative tone of media coverage, using the challenges of the high profile inquest as an opportunity to educate the media, and through them the public, about midwifery. The McLaughlin-Harris inquest is the clearest example of the counterpublic’s proactive media advocacy to change the negative public identity of midwifery.

---

³⁹⁷ Maranta, 2005.

³⁹⁸ Vosu, 2005.

³⁹⁹ Maranta, 2005.

⁴⁰⁰ Porteous, 2005.

In response, members of the counterpublic in Toronto developed media packages and briefed spokespersons, who targeted key journalists on a daily basis during the three-week inquest, educating them about midwifery, helping them to interpret events with facts and statistical data that supported midwifery care.⁴⁰¹ A rally outside the courthouse and march to the legislature, organized to demonstrate public support for midwifery, were also used as media outreach opportunities. Their purpose was to get the perspectives of “the people who are choosing midwives and home births” into public view and to demonstrate that the advocates of midwifery were not an “irresponsible, lunatic fringe!”⁴⁰² Again, this was an attempt to contest and change what was perceived by activists as the negative public identity of midwifery by asserting a public character of respectability and, therefore, legitimacy.

The midwifery counterpublic was highly proactive in its media outreach, which included attempts to educate journalists about the midwifery standpoint, to generate news stories and positive coverage, and to react to negative coverage, inaccuracies and misrepresentations. In this first section of the chapter I have explored how the midwifery counterpublic organized and implemented their media advocacy to communicate the public character of midwifery as mainstream and respectable and contest negative aspects of its public identity. Using Camauër’s research strategy, I considered the organizational structures, communication tools, disciplining strategies, and dissemination practices that were used to advocate midwifery and ensure consistency in public

---

⁴⁰¹ Nimmons, 2005; Porteous, 2005; Van Wagner, 2005.

⁴⁰² *MTF Update* in MTF-O, 1985, October, pp. 3-4.

representations. Having explored how media outreach was organized within the counterpublic, I now shift my attention to how midwifery was represented by the media in the 1980s, to consider the public identity of midwifery.

MEDIA REPRESENTATIONS OF MIDWIFERY

The second part of Leonor Camauër's research strategy (2000) analyzes mainstream media representations of women's activism. Although Camauër claims to apply discourse analysis to her study of media representations, she neither defines discourse nor provides detail of her analysis. In contrast, Liesbet van Zoonen's study (1992) of Dutch media coverage of the women's movement in the Netherlands offers a more detailed method and I have used this to analyze the news media representations of midwifery. Van Zoonen's study analyzes how the "public identity" (p. 454) of feminism was constructed in media coverage. She describes media representations of activism, their public identity, as the product of "conflicting organizational routines" and the "conflicting individual preferences" of journalists and activists (ibid). Adopting van Zoonen's method, I first map out the media coverage of midwifery quantitatively to identify "critical events" (p. 457) and primary themes. I then conduct a qualitative analysis to identify the "interpretive frames" (p. 463) that structured the media coverage of midwifery and consider their influence on the counterpublic's media advocacy.

Critical events and Primary Themes

Although my primary focus is on news media coverage of midwifery in Ontario (articles coded H1), it is valuable to contextualize that in relation to

coverage across Canada (coded H2) to discern patterns in the news reporting.⁴⁰³

The H2 data set comprised 15 articles in *The Globe and Mail* (see appendix C) and 14 in *The Toronto Star* (see appendix D). To determine the scope of H2 news media coverage of midwifery, I conducted a quantitative analysis of the primary topic of each article (see appendix H). Coverage of coroner's inquests into midwife-attended births was the leading focus in both newspapers (n=8 articles, 53% of coverage, in the *Globe* and n=10 articles, 71.5%, in the *Star*). Health care politics made up the second most frequently covered topic in the *Globe* (n=5, 33%) but factored little in the *Star* (n=1; 7%). The legalization of midwifery outside of Ontario was the second most covered topic in the *Star* (n=3, 21.5%) but secured little attention in the *Globe* (n=1, 7%).⁴⁰⁴

The data set on midwifery in Ontario (H1) is made up of 41 articles in *The Globe and Mail* (see appendix A) and 46 in *The Toronto Star* (see appendix B). To compare the coverage of midwifery in Ontario with coverage in Canada, outside of Ontario, I identified the primary topic of each H1 news article (see appendix I). As in the case of the H2 coverage, news reporting of coroner's inquests was the leading focus of both newspapers (17 articles, 41% coverage in the *Globe* and 19 articles, 41% of coverage in the *Star*). The public policy-making process was the second most frequently covered topic in the *Globe* (n=14, 34%) and *Star* (n=15, 32%). More general articles on the politics of health care in

---

⁴⁰³ See chapter two for details of method, on the coding of news articles in *The Globe and Mail* and *The Toronto Star* newspapers from January 1979 to December 1989.

⁴⁰⁴ I recognize that a more detailed content analysis would identify secondary or tertiary topics in each article. For example, the news reporting of coroners' inquests often made reference to midwifery activism and support for legalization. This level of detail, and a more nuanced picture of media reporting, is effaced by a focus on primary topics only.

Ontario, outside of the formal policy-making process, constituted the third most common focus (n=10, 27%, in the *Globe* and n=8, 26% of coverage, in the *Star*).

Analysis of the H1 and H2 data indicates a reasonable degree of congruence within and between both sets of data in the primary topics and frequency of coverage. This suggests that for the period 1979 to 1989, the media's primary association of midwifery was concerned with inquests into baby deaths, followed by policy-making and the legalization process. A closer look at the news coverage in Ontario (see appendices A, B, and I) indicates that the McLaughlin-Harris inquest, held in Toronto in 1985, accounted for most of the coverage of inquests in Ontario (n=13/17 articles, 76%, in the *Globe* and n=14/19, 74%, in the *Star*). The McLaughlin-Harris inquest was a critical event with the potential to define a negative *public identity* of midwifery. Another critical event was the policy consultations held in Toronto during the TFIMO, when competing publics presented their proposals for the future of midwifery in Ontario.⁴⁰⁵ This "event" secured the most coverage in terms of reporting on policy-making (n=7/14 articles, 50%, in the *Globe* and n=8/15, 53%, in the *Star*), but significantly less, quantitatively, than coverage of the inquests.

With this quantitative overview I have been able to map out the scope of news media coverage of midwifery in Canada generally and in Ontario, more specifically, in two Toronto-based mainstream daily newspapers from 1979 to 1989. I have identified the primary topics and critical events that captured media

---

⁴⁰⁵ Unlike the HPLR consultations, the TFIMO hearings were open to the public and therefore directly accessible to the media. Both the Toronto-based *Globe* and *Star* mentioned that TFIMO hearings were to be held outside of Toronto (Rauhala, 1986, October 11, p. A11; Newbery, 1986, October 10, p. A18) but neither covered these hearings although they were reported extensively by local media around the province.

attention. These periods of increased coverage indicate times when the media appeared to play a role in defining the public identity of midwifery, precipitating periods of intensified media advocacy when the public character of midwifery was asserted by activists. From this brief quantitative overview I now move to a qualitative analysis of the media representations of midwifery, to explore how these primary topics and critical events were represented by the media and to consider the interplay between media advocacy and coverage – and between public character and public identity.

Interpretive Frames and Media Advocacy

Liesbet van Zoonen describes the representations that structure media coverage as “interpretive frames” (1992, p. 463), which she analyzes to consider the implications of media coverage. The three main representations that I have identified in the H1 news media coverage from 1979 to 1989 are: midwifery and baby deaths; midwifery as home birth; and midwifery as contentious. I explore how these interpretive frames shaped the *public identity* of midwifery in media coverage, influencing the counterpublic’s media advocacy and assertion of their *public character*. In chapter two, I defined the media as a primary social institution with the ability to mediate social relations and influence public debate by determining what is newsworthy. From this perspective, I consider how the media represent public debate in dualistic or oppositional terms, emphasizing conflict and contention rather than common ground or nuanced debate.

Midwifery and Baby Deaths

Quantitative analysis of the news media coverage indicated that the most frequent representation of midwifery in Ontario was in relation to coroner's inquests into baby deaths. From 1982 to 1986, four inquests were held into midwife-assisted births that resulted in baby deaths. In each case, the coroner's recommendations were supportive of the legalization of midwifery, albeit under medical control rather than as a self-regulating profession. However, media coverage of these events helped to associate midwifery with baby deaths and high profile coroner's inquests constructing a potentially negative *public identity* of midwifery that activists attempted to contest. I focus predominantly on media representations of the 1985 McLaughlin-Harris inquest, the inquest that received the most coverage, to consider the interplay between media reporting and advocacy – and between public identity and public character.

Midwifery advocates did not welcome coroner's inquests or the media publicity that accompanied them. However, they went on the offensive with proactive political and media outreach strategies to counter the negative *public identity* that associated midwifery with baby deaths. For example, prominent lawyer Clayton Ruby was secured by the counterpublic as defence counsel for the parents and midwives in the first inquest in Ontario, into the death of baby Jean Ritz, held in Kitchener in 1982 (Barrington, 1985; Bourgeault, 1996; Fynes, 1994,). In the 1985 McLaughlin-Harris inquest, a political decision was made by activist leaders to direct testimony to midwifery as a profession, rather than

focusing on the specifics of the case.⁴⁰⁶ This was a response to aggressive medical testimony, perceived biases in the coroner's position, and perceptions of the negative tone of media coverage during the inquest's first four days.⁴⁰⁷

As unwelcome as the inquests were, they provided midwifery advocates with a public platform from which to promote their vision of maternity care and the opportunity to have their perspective reported in media coverage. The adversarial format of the legal forum, which pits one position against another, was reflected in media representations of the inquest as a dualistic struggle for control of maternity care. News coverage of each day of testimony reported on the differences between medical and midwifery standpoints. The medical public's vision of legalized midwifery was reported as a "nursing specialty,"⁴⁰⁸ "under the control of Ontario's College of Nurses,"⁴⁰⁹ with midwives playing a "supportive role" to obstetricians in hospitals.⁴¹⁰ This was contrasted in media reports with testimony that advocated midwifery as a "legal, self-regulating profession,"⁴¹¹ distinct from nursing in its approach to childbirth,⁴¹² and acting as an "essential balance" to medical interventionism.⁴¹³

---

⁴⁰⁶ Porteous, 2005; Van Wagner, 2005. See also, Bourgeault (1996) and Fynes (1994).

⁴⁰⁷ Nimmons, 2005; Porteous, 2005. During this period, coverage in *The Globe and Mail* by Linda Hossie was sympathetic to the midwifery viewpoint, whereas Derek Ferguson's reporting in *The Toronto Star* emphasized the deficits of midwifery training and care.

⁴⁰⁸ Hossie, 1985, July 4, p. M4.

⁴⁰⁹ Ferguson, 1985, July 13, p. A16.

⁴¹⁰ Tedesco, 1985, July 11, p. M3.

⁴¹¹ Ferguson, 1985, July 10, p. A15.

⁴¹² Hossie, 1985, July 18, p. 13.

⁴¹³ Tedesco, 1985, July 13, pp. 1, 17; Ferguson, 1985, July 13, p. A16; Ferguson, 1985, July 16, pp. A1, A4..

Going on the offensive both inside and outside the courthouse, midwifery supporters, lawyers representing the parents and midwives, and the parents themselves, characterized the inquest as a biased political forum. This characterization got the attention of the media and was reported in both *The Globe and Mail* and *The Toronto Star*, which described the inquest as a “trial of midwifery,”⁴¹⁴ a “witchhunt about midwives,”⁴¹⁵ and “a political battleground” used by proponents of the medical profession to “maintain control over maternity care.”⁴¹⁶ Demonstrations of support for midwifery in the public gallery of the coroner’s court⁴¹⁷ and outside on Grosvenor Street⁴¹⁸ were also reported. With testimony and questioning inside the courthouse, organized displays of public support outside of it, and proactive media outreach strategies, the counterpublic sought to contest the negative *public identity* that associated midwifery with baby deaths and to ensure that their standpoint was represented in media coverage.

Midwifery as Home Birth

The second interpretive media frame that I consider is the association of midwifery with home birth. This representation was partially related to the interpretive framing of midwifery and baby deaths. Media headlines, leading paragraphs, and photo captions relating to inquest coverage commonly identified the home as the actual or intended place of birth,⁴¹⁹ thereby associating home

---

⁴¹⁴ Hossie, 1985, June 25, p. M3.

⁴¹⁵ Ferguson, 1985, July 5, p. A6.

⁴¹⁶ Tedesco, 1985, July 18, pp. 1-2; Ferguson, 1985, July 18, pp. A1, A16.

⁴¹⁷ Hossie, 1985, June 25, p. M3.

⁴¹⁸ Hossie, 1985, July 5, p. 16; Ferguson, 1985, July 5, p. A6.

⁴¹⁹ Kieran, 1982, May 12, p. 14; Ferguson, 1985, July 3, p. A22; Kelly, 1982, July 14, p. A10; “MDs’ home-birth,” 1982, July 14, p. A10; Walker, 1986, January 24, pp. A1, A4.

birth with baby deaths. The woman's freedom to choose the place of birth, and the option to give birth at home, was a significant aspect of the demand for midwifery care for many consumers.⁴²⁰ However, home birth was also one of the most contentious and contested aspects of midwifery care in the political arena. It was represented dualistically in media reporting of the inquests and policy-making process, as a conflict between home birth advocates and opponents.

Advocates of the medical perspective used their portrayal of home birth to discredit midwifery care, marginalize its supporters, and minimize the public demand for it. Through media coverage of the coroner's inquests and the policy debate on midwifery, 'organized medicine'⁴²¹ represented home birth with increased "risk,"⁴²² baby deaths,⁴²³ inadequate training, skills and equipment.⁴²⁴ The established medical publics solicited media coverage of key events such as the 1983 directive against home births issued by the College of Physicians and Surgeons of Ontario (CPSO)⁴²⁵ and the Canadian Medical Association's statement of its "opposition to home deliveries" in 1985.⁴²⁶ With sufficient resources to commission public opinion research in support of their position, the Canadian Medical Association also secured media coverage of a telephone

---

⁴²⁰ Kellerman, 2005.

⁴²¹ E.g. the Canadian Medical Association, the Ontario Medical Association, the College of Physicians and Surgeons of Ontario, the Society of Obstetricians and Gynecologists of Canada, the College of Family Physicians, the Canadian Nurses Association, and the Registered Nurses Association of Ontario.

⁴²² Kieran, 1982, May 12, p. 14; Stephens, 1984, March 16, p. 5.; Lipovenko, 1984, June 26, p. M2; Hossie, 1985, July 1, p. 14; Hossie, 1985, July 4, p. M4; Kelly, 1982, July 14, p. A10; Newbery, 1985, August 21, p. A2.

⁴²³ Gadd, 1983, March 31, p. 4; Hossie, 1985, July 4, p. M4; Ferguson, 1985, July 11, p. A7.

⁴²⁴ Lipovenko, 1984, June 26, p. M2; Kelly, 1982, July 14, p. A10; Ferguson, 1985, June 29, p. A5.

⁴²⁵ Gadd, 1983, March 31, p. 4.

⁴²⁶ Newbery, 1985, August 21, p. A2.

poll⁴²⁷ used to demonstrate that the “majority” of Canadian women were satisfied with hospital-based maternity care and there was “no demand for midwives.”⁴²⁸

The women who chose home birth were characterized in the media reporting of a leading medical opponent of midwifery as “a small minority,”⁴²⁹ and “a vociferous, determined, intelligent minority”⁴³⁰ at that.

Midwifery advocates responded to organized medicine through the media, with their own proactive practices, statistics, research and expert opinion that questioned the medical findings and decisions on home birth. They represented the decision to opt for a home birth as a carefully considered choice, researched over time to balance the risks of both home and hospital as the place of birth.⁴³¹ The CPSO’s directive against home birth was countered in media reports by midwifery advocates who cited research on the risks of hospital births⁴³² and lower infant mortality rates in countries with legalized midwifery and home birth.⁴³³ During the McLaughlin-Harris inquest the media coverage of conflicting testimony on home birth reported on the extensive risk assessment screening practices of the Association of Ontario Midwives⁴³⁴ and evidence used by obstetrician Murray Enkin to counter criticism of home birth.⁴³⁵ In media coverage

---

⁴²⁷ McInnes, 1987, March 17, p. A8; Dunlop, 1987, March 17, p. A1.

⁴²⁸ Dunlop, 1987, March 17, p. A1.

⁴²⁹ Dr. Knox Ritchie of the Society of Obstetricians and Gynecologists of Canada, to the TFIMO, in Rauhala, 1986, October 7, p. A15..

⁴³⁰ Dr. Knox Ritchie responding to the TFIMO report in Newbery, 1987, October 17, p. A13.

⁴³¹ Gadd, 1983, March 31, p. 4; Hossie, 1985, June 27, p. M6.

⁴³² Gadd, 1983, March 31, p. 4.

⁴³³ Stephens, 1984, March 16, p. 5.

⁴³⁴ Hossie, 1985, June 25, p. M3.

⁴³⁵ Hossie, 1985, July 5, p. 16; Ferguson, 1985, July 5, p. A6.

of the policy-making process, midwifery advocates contested medical arguments while arguing that the legalization of midwifery would make home birth safer.⁴³⁶

Despite the centrality of home birth for midwifery advocates, the counterpublic's leaders made strategic decisions about how to publicly represent the issue in order to contest the representation of home birth as risky and regressive. Consumer activist Maureen Kellerman recalls that home birth was a "juicy issue" for the media. The association of midwifery with home birth, in the political arena and in media coverage, precipitated debate about the "politics around how home birth and midwifery fit together."⁴³⁷ A strategic decision was made by activist leaders to distinguish between midwifery and home birth, in an attempt to overcome this interpretive frame in media reporting and the political arena. As a spokesperson for the midwifery counterpublic, Kellerman had to "disentangle the issues" around midwifery and home birth to de-emphasize the focus on place of birth while being able to speak credibly about the safety of home birth. To do so, midwifery advocates began to review research on home birth and midwives to formally track their own data.

Midwifery as Contentious

The final interpretive media frame that I consider is midwifery as a contentious and contended issue, the focus of competing publics and conflicting visions of maternity care in Canada. The association of midwifery with baby deaths and home births played into the *public identity* of midwifery as contentious. So too did the policy debate, first on whether or not to legalize

---

⁴³⁶ Rauhala, 1986, October 11, p. A11; Newbery, 1986, October 9, p. A27.

⁴³⁷ Kellerman, 2005.

midwifery and then how to implement and regulate it. Dualistic media representations of the policy debate on midwifery were reported through accounts of competing proposals made to the HPLR and TFIMO. The media portrayal of the midwifery issue as contentious was communicated in various ways, reported as a “complex problem,”⁴³⁸ a “controversial practice,”⁴³⁹ a “thorny question,”⁴⁴⁰ and a “contentious issue.”⁴⁴¹ Media coverage of the policy debate contrasted the medical advocacy of nurse-midwifery and hospital birth, and their opposition to self-regulation and home birth, with the midwifery standpoint.

Midwifery advocates worked to contest the representation of midwifery as contentious with proactive media outreach practices that sought to educate and inform journalists about the policy positions of the midwifery standpoint. One of the tactics taken by advocates, and picked up in media reporting, was to associate midwifery with normality by asserting its perception of childbirth as a “normal process”⁴⁴² and a “normal, healthy function,”⁴⁴³ in contrast to the medical view of pregnancy as an illness⁴⁴⁴ and birth as a potential crisis requiring intervention.⁴⁴⁵ Contrasting midwifery with the “institutional”⁴⁴⁶ and “traditional”⁴⁴⁷ medical approaches to childbirth enabled advocates to communicate the novelty

---

⁴³⁸ Hossie, 1985, November 12, p. A7 (on the impending HPLR recommendations).

⁴³⁹ Walker, 1986, January 24, pp. A1, A4 (on the decision to legalize midwifery).

⁴⁴⁰ McQuaig, 1986, January 24, p. A4 (on the TFIMO whether to grant midwifery status as an independent, self-regulating profession).

⁴⁴¹ Walker, 1985, January 25, p. A10 (on the political context of the TFIMO).

⁴⁴² Stephens, 1984, March 16, p. 5.

⁴⁴³ Hossie, 1985, November 12, p. A7.

⁴⁴⁴ Ibid.

⁴⁴⁵ Stephens, 1984, March 16, p. 5.

⁴⁴⁶ Ibid.

⁴⁴⁷ Rauhala, 1986, October 11, p. A11.

of midwifery as a form of care “not available” legally at that time, despite the public demand for it.⁴⁴⁸ Representing Canada’s position on midwifery as the anomaly, rather than the practice of midwifery, was another tactic used to contest the public identity of midwifery as contentious. Identifying Canada as out of step with its peers in the Western world, and most nations in the World Health Organization,⁴⁴⁹ was a shaming tactic used in midwifery policy briefs and repeated in media advocacy to demonstrate the legitimacy of their position.

The political arena of the HPLR and TFIMO, like the legal forum of the inquests into baby deaths, offered supporters a platform from which to advocate midwifery. Proactive media outreach practices were employed by midwifery activists to educate and inform journalists about their standpoint, to ensure that their perspective, their public character, was reflected in media coverage, and in the attempt to contest interpretive media frames that represented midwifery as a contentious issue associated with baby deaths and home births. Contrasting midwifery with medical maternity practices and drawing comparisons with other parts of the world were strategies used in the midwifery policy briefs and re-deployed in their media advocacy. The midwifery standpoint as reported in news media coverage reflected the broad policy positions of midwifery, suggesting that activists were relatively successful at influencing the public identity of midwifery by projecting their public character in media outreach.

---

⁴⁴⁸ Stephens, 1984, March 16, p. 5; “New Democrat plans,” 1984, March 16, p. A9

⁴⁴⁹ Hossie, 1985, November 12, p. A7; Stephens, 1984, March 16, p. 5; “New Democrat plans,” 1984, March 16, p. A9.

My purpose in analyzing media coverage was not to assess how the counterpublic influenced media representations of midwifery over time but to explore the interplay between media coverage and advocacy in the tension between public identity and public character. Quantitative analysis of news media articles enabled me to identify the primary topics and critical events that shaped the coverage. With qualitative analysis I identified three interpretive media frames that were ostensibly critical of midwifery, representing it as a contentious practice associated with baby deaths and home births. These frames indicate the prevalence of drama and conflict in media reporting and demonstrate the dualistic structuring of news coverage. The analysis of media advocacy in relation to coverage indicates that the counterpublic contested the media's interpretive framing while playing into their dualistic representations of midwifery as a debate between its advocates and opponents. By projecting a public character of respectability, activists contested negative aspects of the public identity of midwifery and ensured that their standpoint was reported.

IMPRESSIONS OF THE MEDIA AND MIDWIFERY ACTIVISM

I will now turn to the third and final part of Camauër's research strategy: activist impressions of media representations of their work and reflections on their media outreach strategies. Having first considered the "publicizing practices" of the counterpublic, then the media representations of midwifery, I now outline activists' recollections of the media coverage of midwifery during the 1980s. I begin with an overview of activists' impressions of the tone and main representations of media coverage. I then consider how activists perceived the

media and the role that it played in midwifery activism. Finally I explore activists' perceptions of how their media advocacy influenced the coverage of midwifery. My purpose in this final section of the chapter is to consider activists' recollections of the interplay between activism and the media.

Activists recall the sensationalism and negativity of intense and uninformed coverage of the inquests into baby deaths following midwife-attended births.⁴⁵⁰ However, the general tone of media coverage of the midwifery standpoint during the 1980s is perceived as "positive" overall⁴⁵¹ and "fairly sympathetic" much of the time.⁴⁵² Informants recalled a variety of media representations used to tell the stories of midwifery in the media. The "conflict angle" was used to play up differences between medicine and midwifery⁴⁵³ and to represent the power imbalances of publics involved in the policy-making process in terms of "stay-at-home moms... being pitted against the big guns."⁴⁵⁴ Midwifery as the story of the "revival of a profession" was represented as the challenge of the "oppressed", the "underdog," to the medical establishment.⁴⁵⁵ Activists recall that the media also represented midwifery as a human-interest story told in different ways: midwives practicing in communities, and women demanding – and receiving – a different kind of care.⁴⁵⁶

---

⁴⁵⁰ Maranta, 2005; Porteous, 2005; Van Wagner, 2005; Vosu, 2005.

⁴⁵¹ Maranta, 2005.

⁴⁵² Van Wagner, 2005.

⁴⁵³ Ibid.

⁴⁵⁴ Nimmons, 2005.

⁴⁵⁵ Van Wagner, 2005.

⁴⁵⁶ Van Wagner 2005; Kellerman, 2005.

Activists perceived the media in several ways: as a tool to disseminate midwifery advocacy; as a mediator of opinion and public debate; and as an obstacle. Perceiving the media in an instrumentalist way, they were regarded as a “tool,”⁴⁵⁷ used by the counterpublic to raise awareness of the midwifery standpoint, to disseminate information to larger audiences, and to generate support for midwifery.⁴⁵⁸ From a public education perspective, the media were regarded as having played a key role in midwifery activism.⁴⁵⁹ The media were also perceived as a mediator in the midwifery debate, used to “offset or balance negative commentary ... from other places and other groups.”⁴⁶⁰ In this respect, by keeping the policy debate on midwifery “in the public eye,” the media were considered to have contributed to the development of “public consensus, ... political will... [and] an environment where a decision had to get made.”⁴⁶¹ Offsetting their value as a public education tool or mediator in public debate, the media were also perceived as an obstacle. Factual inaccuracies, misrepresentations, and uninformed journalists were “very frustrating” challenges to the media advocacy of midwifery.⁴⁶²

Midwifery activists perceive their media advocacy as a predominantly successful response to the challenges of securing media coverage. Skill, hard work, persistence and proactive media strategies are identified by activists as

---

⁴⁵⁷ Daviss, 2005; Maranta, 2005.

⁴⁵⁸ Daviss, 2005; Maranta, 2005; Kellerman, 2005.

⁴⁵⁹ Ibid. Maranta describes the media role as “really important; Kellerman describes it as “very helpful” and “very useful.”

⁴⁶⁰ Porteous, 2005.

⁴⁶¹ Van Wagner, 2005.

⁴⁶² Kellerman, 2005.

having helped to direct media attention to the issue of midwifery.⁴⁶³ Accurate and quality coverage of the issue grew from the practices of seeking out allies, nurturing relations with journalists, and educating them “about the issues from [the midwifery] perspective.”⁴⁶⁴ This required a relatively sophisticated understanding of how the media worked and of the news values that shape content. Activists recognized that midwifery could appear in different “guises,” as a story of politics, power, oppression, pluckiness, or human interest, and “they learned how to fit into” those different media representations.⁴⁶⁵ As a result, activists believe that they were rewarded with a “change in the tenor of [media] commentary”⁴⁶⁶ and an increase in public awareness and support.⁴⁶⁷

CONCLUSION

This final analytical chapter has explored the interplay between midwifery advocacy and the media in the tension between the *public character* that activists sought to project and their *public identity* as constructed in news media coverage. Leonor Camauër’s research strategy provided a framework to explore the counterpublic’s publicizing practices, media representations of midwifery, and activists’ impressions of the media’s role in midwifery advocacy. I first considered the organizational structures, communication tools, disciplining strategies and dissemination practices used to coordinate the media advocacy of midwifery. I then adopted Liesbet van Zoonen’s mixed method (1992) to analyze the media

---

⁴⁶³ Maranta, 2005; Nimmons, 2005; Van Wagner, 2005.

⁴⁶⁴ Porteous, 2005.

⁴⁶⁵ Van Wagner, 2005.

⁴⁶⁶ Specifically in relation to coverage of the 1985 McLaughlin-Harris inquest (Porteous, 2005).

⁴⁶⁷ Kellerman, 2005; Maranta, 2005.

representations of midwifery. I quantified the news reporting of midwifery to identify the critical events and primary topics covered. I then analyzed the “interpretive frames” that shaped coverage and considered how they influenced the media advocacy of midwifery. I concluded with activists’ impressions of the media coverage and the media’s role in the advocacy of midwifery.

The media advocacy of the midwifery counterpublic was highly proactive and strategic in terms of how relations were established and maintained with the media and how media opportunities were generated. Activist leaders used various organizational structures, communication tools, and disciplining practices to coordinate the media advocacy and project a particular *public character* of midwifery. These attempts to represent the unity of the counterpublic, the consistency of their standpoint, and to mainstream their position, appear to have been largely successful. However, in the process of disciplining and mainstreaming the message, certain topics and perspectives were silenced, causing some members to feel that their “movement” was being misrepresented and becoming detached from its roots.

Activists confronted a potentially negative *public identity* of midwifery as a contentious issue associated with baby deaths and home births in the media. To contest the media’s interpretive framing, midwifery advocates asserted a *public character* of respectability, professionalism and legitimacy. They used the legal forum of the coroner’s inquests and the political arena of the HPLR and TFIMO as platforms for garnering media attention, countering the medical vision of midwifery care, and communicating the novelty and legitimacy of midwifery. With

proactive media outreach and messages that re-deployed their policy discourse midwifery advocates got their standpoint into the public domain through media coverage of the midwifery debate. Activists regard the media and its coverage as having played a key role in the advocacy of midwifery. They suggest – and I would agree – that this outcome was the result of proactive, concerted, persistent, and strategic media advocacy.

CONCLUSIONS

To draw this study of advocacy to a close, I begin by recapping the purpose, theoretical framework, and methodology that shaped my research. I then review the study's key findings, its limitations, and propose areas of further research. The purpose of this study was to contribute to scholarship on communication and women's political activism by considering what constitutes successful advocacy. Its scope was a single case of successful woman-led political advocacy: the legalization of midwifery in Ontario, Canada. The timeframe I considered, 1979 to 1989, begins with the emergence of the activist community and ends with the provincial government's decision to implement midwifery as a self-regulating health profession. Advocacy strategies and discourse were the focal points of my study, allowing for a reconsideration of recent midwifery history from a communication perspective. How the legalization and self-regulation of the 'new' midwifery were successfully advocated was the question that guided my research.

Feminist theories and concepts guided my approach to studying the oppositional activism of midwifery advocacy in relation to its constituent parts – collective identity, organizational structures and communication tools, outreach strategies and discourse. Feminist critiques of the public sphere (Felski, 1989; Fraser, 1989, 1990), especially the concept of the 'counterpublic,' offer a valuable way of re-thinking women's political activism. Rita Felski's conceptualization of the counterpublic shaped my consideration of the

emergence and organizational development of midwifery advocacy. Her nuanced observations of the tensions implicit in the definition of a collective identity were of particular value to my research. Criticisms of the general failure to adequately consider the role of the communication in women's political activism and correctives proposed to fill this gap in scholarship (Camauër, 2000; McLaughlin, 1993; Sreberny and van Zoonen, 2000) also guided my research.

To study the advocacy of the 'new' midwifery in Ontario I used four sources of primary data: activist newsletters, policy submissions, informant interviews, and media articles. The methods used to gather the data were archival research and qualitative interviewing. I used Leonor Camauër's research on publicizing practices (2000) to identify and analyze the political and media advocacy strategies of midwifery. To interpret the discourse of midwifery, I used Carol Baachi's "problem representation" approach (1999) to analyze the activist newsletters and policy briefs, and Liesbet van Zoonen's mixed method (1992) to analyze news media representations of midwifery. Using these primary sources and analytical methods, I traced the advocacy of midwifery across three contexts: the formation and formalization of the midwifery counterpublic (chapter three); the political arena (chapter four); and the media (chapter five).

The successful advocacy of midwifery in Ontario was shaped by the pragmatism, hard work, persistence, political and media savvy, and strategic thinking of the women who led the counterpublic and the quest for legalization. The achievements of this under-resourced, volunteer-based activist group relied on the support, experience, skills, and dedication of its members. The personal

commitment that these women made to the advocacy of midwifery resulted in its legalization in 1994. To study the constituents of successful advocacy, my research considered the context, communication network, strategies and discourse that defined the 'new' midwifery in Ontario. While identifying the constituents of successful advocacy my research also identified the challenges and tensions that constrain oppositional activism. I now outline the main findings in each of these areas.

The advocacy of midwifery in Ontario was shaped by its context. It was precipitated by the lack of legally available midwifery care, nurtured by currents of social movement activism, challenged by medical decisions, fostered by the political interest in reforming health policy and cutting Medicare costs, and influenced by media representations and activists' interactions with the media. In response, the advocacy of midwifery began informally in communities across Ontario as women shared their experiences of birth and learnt about this alternative form of care. Medical decisions that controlled the boundaries of maternity care, media coverage that represented midwifery as contentious, political opportunities and the demands of the policy-making process shifted the activists' organizing from learning to political advocacy, precipitating the formalization of the midwifery counterpublic. These contextual forces influenced the content and strategies of midwifery advocacy, the organizational development of the activist community, and the definition of its collective identity.

The midwifery counterpublic was a communication network that connected activists across the province. This network of organizational structures,

organizing strategies, and communication tools facilitated the development of the counterpublic and the coordination of its advocacy. It also contributed to the self-definition of midwifery, encouraging the formation of a collective sense of identity, and mobilizing support for the cause. By providing activist leaders with the means to coordinate political and media advocacy, the communication network of the counterpublic offered a way to overcome the challenges of time, distance and limited resources that often constrain oppositional activism. It was used to keep members informed about the policy-making process, to solicit their input, to provide guidance on political and media outreach strategies at the local level, and to direct the key messages of political and media advocacy.

The advocacy discourse of midwifery constructed its novelty and legitimacy through difference, defining the collective identity of midwifery in the process. Discourse analysis of the activist newsletters demonstrated that members informally constructed a sense of collective identity through their reflections on the personal meaning of midwifery, often by contrasting it with their perceptions and lived experiences of medical care. The formal policy discourse of midwifery also defined its novelty and legitimacy through difference, by juxtaposing midwifery with medical care. However, the policy submissions legitimized their claims with hard data rather than the personal meaning of midwifery. The discursive practice of defining midwifery through difference was also replicated in the counterpublic's media advocacy. By playing into the news media's dualistic reporting, the midwifery standpoint was covered and its novelty and legitimacy asserted in the mainstream media.

Midwifery advocacy, and the attempt to assert a collective identity, was characterized by a series of tensions: between perceiving public policy-making as an opportunity and as a source of cooptation; between internal differences and the need to externally represent unity; between pragmatism and conformity; between disciplining and dictating public representations of midwifery; between representing the public character of midwifery activism and being represented by the mainstream media's public identity of midwifery. Involved in a high stake public policy-making process that would define the future of midwifery in Ontario, it was politically expedient to represent the counterpublic as a unified community with cohesive policy positions. This conferred legitimacy on the policy claims of midwifery advocates, communicating public support, professionalism, and readiness for legalization. However, in the process, the diversity of personal meanings and experiences of midwifery was homogenized to make way for a singular, more recognizable identity. Some positions were normalized and others were marginalized, causing friction within the counterpublic.

The socio-political context, formation of a collective identity, organizational development of the counterpublic, its communication tools, political and media outreach strategies, and discourse are constituents of the successful advocacy of the 'new' midwifery in Ontario. They are also facets of the tensions that characterized and constrained midwifery activism. Midwifery advocates succeeded in their pursuit of legalization. However, the collective identity of midwifery was narrowed in policy and more strictly controlled in public representations, marginalizing some perspectives and individuals and leading to

friction, frustration, and open division by the early 1990s. Are these the unavoidable costs of successful advocacy? Can they be mitigated? Advocacy is a contested and exclusive practice of meaning-making. Only with vigilant attention to the impacts of organizing can advocacy that seeks progressive change truly be more inclusive, representative and less conflictual.

In addressing the tensions and complexities that characterize oppositional activism, a key limitation in my research is the small number of informants and my focus on leading activists. Further research could test my findings with more extensive qualitative interviewing, including both leading and general members of the midwifery community. The study of midwifery advocacy would benefit from detailed research on activism outside of Toronto, to document this history and consider the interrelations and challenges that shape advocacy coordinated over large geographical areas. This focus would include local media coverage of midwifery, outside of Toronto, which was beyond the scope of my research. My findings were limited to the print medium and news reporting of midwifery in *The Globe and Mail* and *The Toronto Star*. Further research on print media could consider how midwifery was advocated through opinion editorials or letters to the editor. Further media research on midwifery could also include broadcast media or how midwifery was represented in women's magazines and journals. These focuses would supplement the contribution that my research has made to the study of communication, advocacy, women's political activism, and midwifery.

LIST OF REFERENCES

PRIMARY SOURCES

Informant Interviews:

- Daviss, Betty-Anne (midwife activist). (2005, October 24). Society of Obstetricians and Gynaecologists of Canada, Ottawa, ON.
- Kellerman, Maureen (consumer activist). (2005, November 3). Ottawa, ON.
- Maranta, Anne (consumer and midwife activist). (2005, October 28). Society of Obstetricians and Gynaecologists of Canada, Ottawa, ON.
- Nimmons, Holly (consumer activist). (2005, October 21). YWCA headquarters, Toronto, ON.
- Porteous, Rena (midwife activist). (2005, October 20). Ryerson Polytechnic University, Toronto, ON, completed by telephone on October 25.
- Van Wagner, Vicki (midwife activist) (2005, October 21). Ryerson Polytechnic University, Toronto, ON.
- Vosu, Ava (midwife activist). (2005, October 27). Powassan, ON, by telephone.

Newsletters:

Ontario Association of Midwives (OAM)

OAM. (1983, Fall). *The Ontario Midwife*, 1(1), 10 pp. Toronto, ON: Author.

OAM. (1984, April). *The Ontario Midwife*, 1(2), 14 pp. Toronto, ON: Author.

Association of Ontario Midwives (AOM)

AOM. (n.d.). *Newsletter*, 1(1), 8 pp. Toronto, ON: Author.

AOM. (1985, September). *Newsletter*, 1(2), 40 pp. Toronto, ON: Author.

Midwifery Task Force of Ontario (MTF-O)

- MTF-O. (1983, Fall). *Issue, 1 (1)*, 20 pp. Toronto, ON: Author.
- MTF-O. (1984, Winter). *Issue, 1(2)*, 20 pp. Toronto, ON: Author.
- MTF-O. (n.d.). *Issue, 1(3)*, 20 pp. plus two inserts. Toronto, ON: Author.
- MTF-O. (n.d.). *Issue, 1(4)*, 20 pp. plus one insert. Toronto, ON: Author.
- MTF-O. (n.d.). *Issue, 1(5)*, 20 pp. Toronto, ON: Author.
- MTF-O. (1985, January). *Issue, 1(6)*, 20 pp. Toronto, ON: Author.
- MTF-O. (1985, July). *Issue, 1(8)*, 20 pp. Toronto, ON: Author.
- MTF-O. (1985, October). *Issue, 1(9)*, 24 pp. Toronto, ON: Author.
- MTF-O. (1986, February). *The Midwifery Issue, 1(10)*, 20 pp. Toronto, ON:
Author.
- MTF-O. (1986, April). *The Midwifery Issue, 1(11)*, 20pp. Toronto, ON: Author.
- MTF-O. (1986-1987, Winter). *The Midwifery Issue, 1(14)*, 24 pp. Toronto, ON:
Author.
- MTF-O. (1987, Summer). *The Midwifery Issue, 1(15)*, 24 pp. Toronto, ON:
Author.
- MTF-O. (1987, Fall). *The Midwifery Issue, 2(1)*, 16 pp. Toronto, ON: Author.
- MTF-O. (1988, Winter). *The Midwifery Issue, 2(2)*, 24 pp. Toronto, ON: Author.
- MTF-O. (1988, Summer). *The Midwifery Issue, 2(3)*, 28 pp. Toronto, ON: Author.
- MTF-O. (1988, Fall). *The Midwifery Issue, 2(4)*, 14 pp. Toronto, ON: Author.
- MTF-O. (1989, Winter). *The Midwifery Issue, 3(1)*, 20 pp. Toronto, ON: Author.
- MTF-O. (1989, Spring). *The Midwifery Issue, 3(2)*, 24 pp. Toronto, ON: Author.
- MTF-O. (1989, Summer). *The Midwifery Issue, 3(3)*, 24 pp. Toronto, ON: Author.
- MTF-O. (1989, Fall). *The Midwifery Issue, 3(4)*, 24 pp. Toronto, ON: Author.

MTF-O. (1990, Winter/Spring). *The Midwifery Issue*, 4(1), 20 pp. Toronto, ON:

Author.

Policy Submissions:

Health Professions Legislation Review

Ontario Association of Midwives (OAM)/Ontario Nurse-Midwives Association

(ONMA). (1983, December). *Brief on Midwifery Care in Ontario*, 44 pp.

Toronto, ON: Author.

Midwives Coalition. (1984, June). *Brief to Health Professions Legislative Review.*

Second Submission, 71 pp. Toronto, ON: Author.

Midwives Coalition. (1985, October). *Brief to the Health Professions Legislative*

Review. Third Submission, 49 pp. plus appendices. Toronto, ON: Author.

Task Force on the Implementation of Midwifery

Association of Ontario Midwives (AOM). (1986, September). *Creating the*

Midwifery Profession in Ontario, 59 pp. Toronto, ON: Author.

Newspaper articles:

The Globe and Mail (retrieved from the Canada's Heritage Since 1844 database on September 11, 13 and October 4, 2005).

Gadd, J. (1983, March 31). Home births placed in jeopardy by guidelines from

MDs' group. *The Globe and Mail*, p. 4.

Hossie, L. (1985, June 25). Rushed newborn to hospital, midwife testifies at

inquest. *The Globe and Mail*, p. M3.

Hossie, L. (1985, June 27). Mother in home birth death feared hospitals. *The*

Globe and Mail, p. M6.

- Hossie, L. (1985, July 1). Opposing philosophies at issue in midwife delivery inquest. *The Globe and Mail*, p. 14.
- Hossie, L. (1985, July 4). Pregnancy care a drain on MDs, inquest is told. *The Globe and Mail*, p. M4.
- Hossie, Linda. (1985, July 5). Case for midwifery gets boost from obstetrician. *The Globe and Mail*, p. 16.
- Hossie, L. (1985, July 18). Coroner's court setting for debate on practice, convictions of midwives. *The Globe and Mail*, p. 13.
- Hossie, L. (1985, November 12). The midwives' battle for self-rule. *The Globe and Mail*, p. A7.
- Kieran, M. (1982, May 12). Midwives see threat in home birth inquest. *The Globe and Mail*, p. 14.
- Lipovenko, D. (1984, June 26). Midwives report asks for right to practice and training program. *The Globe and Mail*, p. M2.
- McInnes, Craig. (1987, March 17). Most women basically satisfied with obstetrical care, survey finds. *The Globe and Mail*, p. A8.
- McQuaig, L. (1986, January 24). Queen's Park recognizes midwifery. *The Globe and Mail*, p. A4.
- Rauhala, A. (1986, October 7). Licencing proposed: Physicians accept role for midwives. *The Globe and Mail*, p. A15.
- Rauhala, A. (1986, October 11). Midwives proffer remedies for maternity care. *The Globe and Mail*, p. A11.

Stephens, R. (1984, March 16). Ontario midwives merit legal status, NDPers says.

The Globe and Mail, p. 5.

Tedesco, T. (1985, July 11). MDs said less willing to deliver babies. *The Globe*

and Mail, p. M3.

Tedesco, T. (1985, July 13). Crown joins defence in urging midwifery be

legalized. *The Globe and Mail*. pp. 1, 17.

Tedesco, T. (1985, July 18). Make midwifery legal, coroner's panel urges. *The*

Globe and Mail, pp. 1-2.

The Toronto Star (retrieved from the *Pages of the Past* database on September 26 and October 4, 2005).

Dunlop, M. (1987, March 17). New Moms surprise MDs by praising maternity

care. *The Toronto Star*, p. A1.

Ferguson, D. (1985, June 29). Midwives lacked training, gear to save baby, MD

tells inquest. *The Toronto Star*, p. A5.

Ferguson, D. (1985, July 3). Juror is dismissed in home-birth inquest over

possible bias. *The Toronto Star*, p. A22.

Ferguson, D. (1985, July 5). Using midwives sound idea, inquest told. *The*

Toronto Star, p. A6.

Ferguson, D. (1985, July 10). Ontario should grant midwives official status

inquest is told. *The Toronto Star*, p. A15.

Ferguson, D. (1985, July 11). Let doctors join in home births, MD recommends.

The Toronto Star, p. A7.

- Ferguson, D. (1985, July 13). Midwifery in Ontario should be legal inquest jury is told. *The Toronto Star*, p. A16.
- Ferguson, D. (1985, July 16). Jury is expected to call for legalizing midwives. *The Toronto Star*, pp. A1, A4.
- Ferguson, D. (1985, July 18). Health minister has 'sympathies' for legalized midwifery in Ontario. *The Toronto Star*, pp. A1, A16.
- Kelly, F. (1982, July 14). Province needs home birth rules, inquest told. *The Toronto Star*, p. A10.
- MDs' home-birth boycott rapped. (1982, July 14). *The Toronto Star*, p. A10.
- New Democrat plans bill to permit midwifery. (1984, March 16). *The Toronto Star*, p. A9.
- Newbery, L. (1985, August 21). Doctors opposed births at home as an 'irresponsible' practice. *The Toronto Star*, p. A2.
- Newbery, L. (1986, October 9). Specialists' group opposed to home births, probe told. *The Toronto Star*, p. A27.
- Newbery, L. (1986, October 10). Midwives oppose taking training as nurses first. *The Toronto Star*, p. A18.
- Newbery, L. (1987, October 17). Midwives called burden if taxpayers foot the bill. *The Toronto Star*, p. A13.
- Walker, B. (1985, January 25). Liberal 'government by task forces' sparks clash between Rae, Peterson. *The Toronto Star*, p. A10.
- Walker, B. (1986, January 24). Midwifery will get legal status, Elston says. *The Toronto Star*, pp. A1, A4.

SECONDARY SOURCES:

- American Psychological Association. (2001). *Publication manual of the American Psychological Association* (5th ed.). Washington, DC: author.
- Anderson, K. & Jack, D. C. (1991). Learning to listen: Interview techniques and analyses. In Sherna Berger Gluck & Daphne Patai (Eds.), *Women's words: The feminist practice of oral history* (pp. 11-26). New York: Routledge.
- Baachi, C. (1999). Introduction: taking problems apart. Part One: What's the problem? An approach to policy. Preamble, Abortion: whose right? and Domestic violence: battered women or violent men? in Part Two: The problem of women's equality. In *Women, policy and politics: The construction of policy problems* (pp. 1-71 & 148-180). London: Sage.
- Barber, K. (Ed). (1998). Definitions of legitimacy, mediator, novelty, and new. In *The Canadian Oxford Dictionary* (pp. 817, 899, 978 & 996). Don Mills, ON: Oxford University Press Canada.
- Barrington, E. (1985). Better care, more caring; Safety, risk and medical opinion; The law, the midwifery movement and the feminist alliance. In *Midwifery is catching* (pp. 11-23, 121-154). Toronto, ON: NC Press.
- Benner, M. (2004). *The mediated counterpublics of Canadian farm women*. Unpublished master's thesis, Carleton University, Ottawa, ON.
- Bennett, T., Grossberg, L. & Morris, M. (Eds.). (2005). *New Keywords. A Revised Vocabulary of Culture and Society*. Malden, MA: Blackwell Publishing.

- Benoit, C. (1991). Introduction; Conceptualising midwifery; Balancing art and science: Schooling and socialization of midwives; and Searching for middle ground: Midwifery in small organizations. In *Midwives in passage: The modernisation of maternity care* (pp. xiii-xv, 1-23 & 72-101). St. John's, NF: Institute of Social and Economic Research.
- Biggs, L. (2004). Rethinking the history of midwifery in Canada. In Ivy Lynn Bourgeault, Cecilia Benoit, & Robbie Davis-Floyd (Eds.), *Reconceiving midwifery* (pp. 17-45). Montreal, QC: McGill-Queens University Press.
- Boscoe, M., Basen, G., Alleyne, G., Bourrier-Lacroix, B., & White, S. (2004, Fall). The women's health movement in Canada: Looking back and moving forward. *Canadian Woman Studies*, 24, (1), 7-13.
- Bourgeault, I. L. (1996). *Delivering midwifery: An examination of the process and outcome of the incorporation of midwifery in Ontario*. Published PhD dissertation, University of Toronto, Toronto, ON.
- Bourgeault, I. L. (2000). Delivering the 'new' midwifery: the impact on midwifery of integration into the Ontario health care system. *Sociology of Health & Illness*, 22 (2), 172-196.
- Bourque, S. C. (2001). Political leadership for women: redefining power and reassessing the political. In Sue J. M. Freeman, Susan C. Bourque & Christine M. Shelton (Eds.), *Women on power: Leadership redefined* (pp. 84-113). Boston, MA: Northeastern University Press.
- Brehm, B. A. (2001). Knowledge is power: *Our Bodies, Ourselves* and the Boston Women's Health Book Collective. In Sue J. M. Freeman, Susan C.

- Bourque & Christine M. Shelton (Eds.), *Women on power: Leadership redefined* (pp. 149-170). Boston, MA: Northeastern University Press.
- Burt, S. (1993). The changing patterns of public policy. In Sandra Burt, Lorraine Code, & Lindsay Dorney (Eds.), *Changing patterns: Women in Canada* (2nd ed.) (pp. 212-242). Toronto, ON: McClelland & Stewart.
- Burt, S. and Code, L. (Eds.) (1995). Preface. In *Changing methods: Feminists transforming practice* (pp. 7-11). Peterborough, ON: Broadview Press.
- Burt, S., Code, L. & Dorney, L. (Eds.) (1993). Introduction. In *Changing Patterns: Women in Canada* (2nd ed.) (pp. 9-18). Toronto, ON: McClelland & Stewart.
- Burtch, B. E. (1988). Midwifery and the state: the new midwifery in Canada. In Arlene Tigar McLaren (Ed.), *Gender and Society: Creating a Canadian Women's Sociology* (pp. 349-371). Toronto, ON: Copp Clark Pitman.
- Camauër, L. (2000). Women's movements, public spheres and the media: A research strategy for studying women's movement's publicist practices. In Annabelle Sreberny & Liesbet van Zoonen (Eds.), *Gender, politics and communication* (pp. 161-182). Cresskill, NJ: Hampton Press.
- Cirksena, K. & Cuklanz, L. (1992). Male is to female as _____ is to _____: A guided tour of five feminist frameworks for communication studies. In Lana F. Rakow (Ed.), *Women making meaning: New feminist directions in communication* (pp. 18-44). New York: Routledge.

- Cobb, R. W. & Elder, C. D. (1981). Communication and public policy. In Dan D. Nimmo & Keith R. Sanders (Eds.), *The handbook of political communication* (pp. 391-416). Beverly Hills, CA: Sage.
- Code, L. (1991). *What Can She Know? Feminist Theory and the Construction of Knowledge*. Ithaca, NY: Cornell University Press.
- Code, L. (1993). Feminist theory. In Sandra Burt, Lorraine Code, & Lindsay Dorney (Eds.), *Changing patterns: Women in Canada* (2nd ed.) (pp. 19-57). Toronto, ON: McClelland & Stewart.
- Code, L. (1995). How do we know? Questions of method in feminist practice. In Sandra Burt & Lorraine Code (Eds.), *Changing methods: Feminists transforming practice*, (pp. 13-44). Peterborough, ON: Broadview Press.
- Curtis, B. (2001). *The politics of population: State formation, statistics, and the census of Canada, 1840-1875*. Toronto, ON: University of Toronto Press.
- Davis, K. (Ed.) (1997). Embodiment theory: Beyond modernist and postmodernist readings of the body. In *Embodied practices: Feminist perspectives on the body* (pp. 1-24). London: Sage.
- Daviss, B. (1999). *From social movement to professional midwifery project: Are we throwing the baby out with the bath water?* Unpublished master's thesis, Carleton University, Ottawa, ON.
- Deacon, D., Pickering, M., Golding, P., & Murdock, G. (1999). Approaching research; Dealing with documentation; and Analyzing texts. In *Researching communications: A practical guide to methods in media and*

cultural analysis (pp. 1-39 & 132 – 161). Oxford, England: Oxford University Press.

Derrick, A. (1999). The discourse of inequality: Fighting to be heard. *Canadian Woman Studies*, 19, 170-174.

Deutchman, I. E. (1985/1986, Winter). Socialization to power: Questions about women and politics. *Women & Politics*, 5, 79-91.

Fairclough, N. (2003). Introduction; Texts, social events and social practices; and Discourses. In *Analysing discourse: Textual analysis for social research* (pp. 1-18, 21-38, 123-133). New York: Routledge.

Feldberg, G. (2003). On the cutting edge: Science and obstetrical practice in a women's hospital, 1945-1960. In Georgina Feldberg, Molly Ladd-Taylor, Alison Li, & Kathryn McPherson (Eds.), *Women, health, and nation: Canada and the United States since 1945* (pp. 123-143). Montreal, QC: McGill-Queen's University Press.

Feldberg, G., Ladd-Taylor, M., Li, A. & McPherson, K. (Eds.). (2003). Introduction and Comparative perspectives on Canadian and American women's health care since 1945. In *Women, health, and nation: Canada and the United States since 1945* (pp. 3-11 & 15-44). Montreal, QC: McGill-Queen's University Press.

Felski, R. (1989). Introduction and Politics, aesthetics and the feminist public sphere. In *Beyond feminist aesthetics: Feminist literature and social change* (pp. 1-18 & 154-182). Cambridge, MA: Harvard University Press.

Foucault, M. (1982). The Subject and Power. *Critical Inquiry*, 8, 777-795.

- Fraser, N. (1989). Introduction: Apologia for academic rebels; Women, welfare, and the politics of need interpretation; Struggle over needs: Outline of a socialist-feminist critical theory of late capitalist political culture. In *Unruly practices: Power, discourse, and gender in contemporary social theory* (pp. 1-13, 144-187). Minneapolis, MN: University of Minnesota Press.
- Fraser, N. (1990). Rethinking the public sphere: A contribution to the critique of actually existing democracy. *Social Text*, 25/26, 56-80.
- Fynes, M. T. (1994). *The legitimation of midwifery in Ontario 1960-1987*. Unpublished master's thesis, University of Toronto, Toronto, ON.
- Gallagher, M. (1992). Women and men in the media. *Communication Research Trends*, 12, 1-36.
- Greenberg, J. (2000). Opinion discourse and Canadian newspapers: The case of the Chinese "boat people." *Canadian Journal of Communication*, 25, 517-537.
- Gubrium, J. F. & Holstein, J. A. (Eds.). (2003). Postmodern sensibilities. In *Postmodern interviewing* (pp. 3-18). Thousand Oaks, CA: Sage.
- Hamilton, S. (1999). Sub-AlterNet counterpublics: Feminist interventions into the digital public sphere. In Lynne Van Luven and Priscilla L. Walton (Eds.), *Pop Can: Popular culture in Canada* (pp. 180-187). Scarborough, ON: Prentice Hall Allyn and Bacon Canada.
- Hansen, A. (1991). The media and the social construction of the environment. *Media Culture & Society*, 13 (4): 443-458.

- Hilgartner, S. & Bosk, C. L. (1988). The Rise and fall of social problems: A public arenas model. *The American Journal of Sociology*, 94, 53-78.
- Holstein, J. A. & Gubrium, J. F. (Eds.) (2003). Active interviewing. In *Postmodern interviewing* (pp. 67-79). Thousand Oaks, CA: Sage.
- Hoy, D. C. (Ed.) (1986). Introduction. In *Foucault: A Critical Reader* (pp. 1-25). London: Basil Blackwell.
- Hurd, M. (2000). Class, masculinity, manners, and mores: Public space and public sphere in nineteenth century Europe. *Social Science History*, 24, 75-100.
- Jackman, J. (2002). Anatomy of a feminist victory: Winning the transfer of RU 486 patent rights to the United States, 1988-1994. *Women & Politics*, 24, 81-99.
- Jacobsen, T. L. & Jang, W. J. (2003). Mediated war, peace, and global civil society. In Bella Mody (Ed.), *International and development communication* (pp. 53 – 68). Thousand Oaks, CA: Sage.
- James-Chetlat, L. (1989). *Reclaiming the birthing experience: an analysis of midwifery in Canada 1788-1987*. Unpublished PhD dissertation, Carleton University, Ottawa, ON.
- Latour, B. (1988). Drawing things together. In Michael Lynch and Steve Woolgar (Eds.), *Representation in scientific practice* (pp. 19-68). Cambridge, MA: MIT Press (1990).
- Lay, M. M. (2000). The current debate over direct-entry midwifery in the United States; Rhetorical analysis and the midwifery debates; and The rhetorical

- history of midwifery. In *The rhetoric of midwifery: Gender, knowledge and power* (pp. 1-76). New Brunswick, NJ: Rutgers University Press.
- Lindlof, T. R. & Taylor, B. C. (2002). Asking, listening, and telling; and Qualitative analysis and interpretation. In *Qualitative communication research methods* (2nd ed.) (pp. 170-246). Thousand Oaks, CA: Sage.
- MacDonald, M. (2004). Tradition as a political symbol in the new midwifery in Canada. In Ivy Lynn Bourgeault, Cecilia Benoit, & Robbie Davis-Floyd (Eds.), *Reconceiving midwifery* (pp. 46-66). Montreal, QC: McGill-Queens University Press.
- MacDonald, M. & Bourgeault, I. L. (2000, Spring/Summer). The politics of representation: Doing and writing "interested" research on midwifery. *Resources for Feminist Research*, 28, 151-168.
- Marshall, B. L. (1995). Communication as politics: Feminist print media in English Canada. *Women's Studies International Forum*, 18 (4), pp. 463-474.
- Martin, D. L. (1993). The control of reproduction: State regulation of midwifery in Ontario: A feminist challenge. In the Institute of Continuing Legal Education (Ed.), *Feminist analysis II* (pp. 2-19). Toronto, ON: Canadian Bar Association.
- Mason, J. (1990). *The Trouble with licensing midwives*. Ottawa, ON: Canadian Research Institute for the Advancement of Women.
- Mathieson, C. (1994). Women with cancer and the meaning of body talk. *Canadian Woman Studies*, 14 (3), 52-55.

- McLaughlin, L. (1993). Feminism, the public sphere, media and democracy. *Media, Culture and Society*, 15, 599-620.
- McPhee, R. D. & Poole, M. S. (2001). Organizational structures and configurations. In Fredric M. Jablin & Linda L. Putnam (Eds.), *The new handbook of organizational communication: Advances in theory, research, and methods*, (pp. 503-543). Thousand Oaks, CA: Sage.
- Mills, S. (1995). Introduction; Part one: General theoretical issues: Feminist models of text; Analysis at the level of discourse; and conclusions. In *Feminist stylistics* (pp. 1-43 & 159-202). London: Routledge.
- Mitchinson, W. (1993). The medical treatment of women. In Sandra Burt, Lorraine Code, & Lindsay Dorney (Eds.), *Changing patterns: Women in Canada*, (2nd ed.) (pp. 391-421). Toronto, ON: McClelland & Stewart .
- Monge, P. R. & Contractor, N. S. (2001). Emergence of communication networks. In Fredric M. Jablin & Linda L. Putnam (Eds.), *The new handbook of organizational communication: Advances in theory, research, and methods* (pp. 440-502). Thousand Oaks, CA: Sage.
- Morgen, S. (2002). Part one: In the beginning. In *Into our own hands: The women's health movement in the United States, 1969-1990* (pp. 3-105). Piscataway, NJ: Rutgers University Press.
- Nestel, S. (2004). The boundaries of professional belonging: How race has shaped the re-emergence of midwifery in Ontario. In Ivy Lynn Bourgeault, Cecilia Benoit, & Robbie Davis-Floyd (Eds.), *Reconceiving midwifery* (pp. 287 – 304). Montreal, QC: McGill-Queens University Press.

- Rakow, L. F. (Ed.). (1992). The field reconsidered. In *Women making meaning: New feminist directions in communication* (pp. 3-17). New York: Routledge.
- Reverby, S. M. (2003). Thinking through the body and the body politic: Feminism, history, and health-care policy in the United States. In Georgina Feldberg, Molly Ladd-Taylor, Alison Li, & Kathryn McPherson (Eds.), *Women, health and nation: Canada and the United States since 1945* (pp. 404-420). Montreal, QC: McGill-Queens University Press.
- Riaño, P. (Ed.). (1994). Part one: Framework; Women's participation in communication: Elements for a framework; and Gender in communication: Women's contributions. In *Women in Grassroots Communication: Furthering Social Change* (pp. 3-44). Thousand Oaks, CA: Sage.
- Rochon Ford, A. and Van Wagner, V. (2004). Access to midwifery: Reflections on the Ontario Equity Committee experience. In Ivy Lynn Bourgeault, Cecilia Benoit, & Robbie Davis-Floyd (Eds.), *Reconceiving Midwifery* (pp. 244 – 262). Montreal, QC: McGill-Queens University Press.
- Ruzek, S. B. (1978). The rise of the women's health movement. In *The women's health movement: Feminist alternatives to medical control* (pp. 32-64). New York: Praeger Publishers.
- Schlesinger, P. (1990). Rethinking the sociology of journalism: Source strategies and the limits of media-centrism. In Marjorie Ferguson (Ed.), *Public communication. The new imperatives. Future directions for media research* (pp. 61-83). London: Sage.

- Schlesinger, P., Tumber, H. & Murdock, G. (1991). The media politics of crime and criminal justice. *British Journal of Sociology*, 42 (3), 397-420.
- Sharpe, M. (2004). Exploring legislated midwifery: Texts and rulings. In Ivy Lynn Bourgeault, Cecilia Benoit, & Robbie Davis-Floyd (Eds.), *Reconceiving Midwifery* (pp. 150-166). Montreal, QC: McGill-Queens University Press.
- Shroff, F. M. (Ed.). (1997). *The New Midwifery: Reflections on Renaissance and Regulation*. Toronto, ON: Women's Press.
- Signorielli, N. (1993). Health and the media. In *Mass media images and impact on health: A sourcebook* (pp. 15-28). Westport, CT: Greenwood Press.
- Sprague, J. and Greer, M. (1998). Standpoints and the discourse on abortion: The reproductive debate. In *Women and Politics*, 19 (3), 49-80.
- Sreberny, A. and van Zoonen, L. (Eds.). (2000). Gender, politics and communication: an introduction. In *Gender, Politics and Communication* (pp. 1-19). Cresskill, NJ: Hampton Press.
- Towler, J. & Bramall, J. (1986). The emergence of English midwives and European influences on midwifery practice; The development of midwifery as a science and the beginning of obstetrics in England; and He-midwife or she-midwife? Eighteenth century midwives and their battle for survival . In *Midwives in history and society* (pp. 43-134). Beckenham, England: Croom Helm.
- Tudiver, S. (1994). Canadian Women's Health Network: One step forward, two steps back. *Canadian Woman Studies*, 14 (3), 96-100.

- Van Wagner, V. (1988). Women organizing for midwifery in Ontario. *Resources for Feminist Research*, 17 (3), 115-118.
- van Zoonen, L. (1992, December). The women's movement and the media: Constructing a public identity. *European Journal of Communication*, 7, 453-476.
- van Zoonen, L. (1994). Introduction; 'New themes'; A 'new' paradigm?; and Research methods. In *Feminist media studies* (pp. 1-42 & 127-147). London: Sage.
- Wallack, L., Dorfman, L., Jernigan, D. & Themba, M. (1993). Public health and media advocacy; The advocacy connection; The media connection. In *Media advocacy and public health* (pp. 1 – 85). Newbury Park, CA: Sage.
- West, G. and Blumberg, R. L. (1990). Reconstructing social protest from a feminist perspective. In *Women and social protest* (pp. 3-35). New York: Oxford University Press.
- White, R. (1998). Four elections; Budgets and estimates; and Yuppie premier. In *Ontario since 1985* (pp. 92-201). Toronto, ON: Eastend Books.
- Wodak, R. (Ed.). (1997). Introduction: Some important issues in the research of gender and discourse. In *Gender and discourse* (pp. 1-20). London: Sage.
- York, G. (1987). *The high price of health: A patient's guide to the hazards of medical politics*. With an introduction by Dr. Philip Berger. Toronto, ON: James Lorimer & Company.
- Young, I. M. (1997). Introduction; Gender as seriality: Thinking about women as a social collective; and Communication and other: Beyond deliberative

democracy. In *Intersecting voices: Dilemmas of gender, political philosophy, and policy* (pp. 3-35 & 60-74). Princeton, NJ: Princeton University Press.

Appendix A:
Media Articles on Midwifery in Ontario (H1)
In *The Globe and Mail*, Jan 1979 – Dec 1989

Jan-79			
Feb-79			
Mar-79			
Apr-79			
May-79	H1		
Jun-79			
Jul-79			
Aug-79			
Sep-79			
Oct-79			
Nov-79			
Dec-79			
Jan-80			
Feb-80			
Mar-80			
Apr-80			
May-80			
Jun-80			
Jul-80			
Aug-80			
Sep-80			
Oct-80			
Nov-80			
Dec-80			
Jan-81			
Feb-81			
Mar-81			
Apr-81			
May-81			
Jun-81			
Jul-81			
Aug-81			
Sep-81			
Oct-81			
Nov-81			
Dec-81			
Jan-82	H1		
Feb-82			
Mar-82			
Apr-82	H1		
May-82	H1		
Jun-82	H1	H1	

Appendix A continued: Articles on midwifery in Ontario (H1) in the *Globe*, 1979-1989

Jul-82											
Aug-82											
Sep-82											
Oct-82											
Nov-82											
Dec-82											
Jan-83											
Feb-83											
Mar-83	H1										
Apr-83	H1										
May-83											
Jun-83											
Jul-83											
Aug-83											
Sep-83											
Oct-83											
Nov-83											
Dec-83											
Jan-84											
Feb-84											
Mar-84	H1										
Apr-84											
May-84											
Jun-84	H1										
Jul-84											
Aug-84											
Sep-84											
Oct-84											
Nov-84	H1	H1									
Dec-84											
Jan-85											
Feb-85											
Mar-85											
Apr-85											
May-85											
Jun-85	H1	H1	H1								
Jul-85	H1	H1	H1	H1	H1	H1	H1	H1	H1	H1	
Aug-85											
Sep-85											
Oct-85											
Nov-85	H1										
Dec-85											
Jan-86	H1										
Feb-86											
Mar-86											
Apr-86	H1										

Appendix A continued: Articles on midwifery in Ontario (H1) in the *Globe*, 1979-1989

May-86	H1					
Jun-86						
Jul-86	H1					
Aug-86						
Sep-86						
Oct-86	H1	H1	H1	H1	H1	
Nov-86						
Dec-86						
Jan-87						
Feb-87						
Mar-87	H1	H1				
Apr-87						
May-87	H1					
Jun-87	H1					
Jul-87						
Aug-87						
Sep-87						
Oct-87	H1					
Nov-87						
Dec-87						
Jan-88	H1					
Feb-88						
Mar-88						
Apr-88						
May-88						
Jun-88						
Jul-88						
Aug-88						
Sep-88						
Oct-88						
Nov-88						
Dec-88						
Jan-89						
Feb-89						
Mar-89						
Apr-89						
May-89						
Jun-89						
Jul-89						
Aug-89						
Sep-89						
Oct-89						
Nov-89						
Dec-89						
Articles:	H1	41				

Appendix B:
Media Articles on Midwifery in Ontario (H1)
In *The Toronto Star*, Jan 1979 – Dec 1989

Jan-79	
Feb-79	
Mar-79	
Apr-79	
May-79	
Jun-79	
Jul-79	
Aug-79	
Sep-79	
Oct-79	
Nov-79	
Dec-79	H1
Jan-80	
Feb-80	
Mar-80	
Apr-80	
May-80	
Jun-80	
Jul-80	H1
Aug-80	
Sep-80	
Oct-80	
Nov-80	
Dec-80	
Jan-81	
Feb-81	H1
Mar-81	
Apr-81	
May-81	
Jun-81	
Jul-81	
Aug-81	
Sep-81	
Oct-81	
Nov-81	
Dec-81	
Jan-82	
Feb-82	
Mar-82	
Apr-82	
May-82	H1
Jun-82	

Appendix B continued: Midwifery in Canada (H1) in the *Star*, 1979-1989

Jul-82	H1	H1										
Aug-82												
Sep-82												
Oct-82												
Nov-82												
Dec-82												
Jan-83												
Feb-83												
Mar-83												
Apr-83												
May-83												
Jun-83												
Jul-83												
Aug-83	H1											
Sep-83	H1											
Oct-83												
Nov-83												
Dec-83												
Jan-84												
Feb-84												
Mar-84	H1											
Apr-84												
May-84												
Jun-84												
Jul-84												
Aug-84												
Sep-84												
Oct-84												
Nov-84												
Dec-84												
Jan-85												
Feb-85												
Mar-85												
Apr-85												
May-85												
Jun-85	H1	H1	H1									
Jul-85	H1	H1	H1	H1	H1	H1	H1	H1	H1	H1	H1	
Aug-85	H1											
Sep-85												
Oct-85												
Nov-85												
Dec-85												
Jan-86	H1	H1										
Feb-86												
Mar-86												
Apr-86	H1											

Appendix B continued: Midwifery in Canada (H1) in the *Star*, 1979-1989

May-86				
Jun-86				
Jul-86	H1	H1	H1	
Aug-86				
Sep-86				
Oct-86	H1	H1	H1	H1
Nov-86	H1	H1	H1	
Dec-86	H1			
Jan-87				
Feb-87				
Mar-87	H1			
Apr-87				
May-87				
Jun-87				
Jul-87				
Aug-87				
Sep-87				
Oct-87	H1	H1		
Nov-87	H1			
Dec-87				
Jan-88				
Feb-88	H1			
Mar-88	H1			
Apr-88				
May-88				
Jun-88				
Jul-88				
Aug-88				
Sep-88				
Oct-88				
Nov-88				
Dec-88				
Jan-89				
Feb-89				
Mar-89				
Apr-89				
May-89				
Jun-89				
Jul-89	H1			
Aug-89	H1			
Sep-89				
Oct-89				
Nov-89				
Dec-89				
Articles:	H1	46		

Appendix C:
Media Articles on Midwifery in Canada, outside Ontario (H2)
In *The Globe and Mail*, Jan 1979-Dec 1989

Jan-79		
Feb-79		
Mar-79		
Apr-79		
May-79		
Jun-79		
Jul-79		
Aug-79		
Sep-79		
Oct-79		
Nov-79	H2	
Dec-79		
Jan-80		
Feb-80		
Mar-80		
Apr-80		
May-80		
Jun-80		
Jul-80		
Aug-80		
Sep-80		
Oct-80		
Nov-80		
Dec-80		
Jan-81	H2	H2
Feb-81		
Mar-81	H2	
Apr-81		
May-81		
Jun-81		
Jul-81		
Aug-81		
Sep-81		
Oct-81		
Nov-81		
Dec-81		
Jan-82	H2	
Feb-82		
Mar-82		
Apr-82		
May-82		
Jun-82		

Appendix C continued: Midwifery in Canada outside ON (H2) in the *Globe*, 1979-1989

Jul-82	
Aug-82	
Sep-82	
Oct-82	
Nov-82	
Dec-82	
Jan-83	
Feb-83	
Mar-83	
Apr-83	
May-83	
Jun-83	
Jul-83	
Aug-83	H2
Sep-83	
Oct-83	
Nov-83	H2
Dec-83	H2
Jan-84	
Feb-84	
Mar-84	
Apr-84	
May-84	
Jun-84	
Jul-84	
Aug-84	
Sep-84	
Oct-84	
Nov-84	
Dec-84	
Jan-85	
Feb-85	
Mar-85	
Apr-85	
May-85	
Jun-85	
Jul-85	H2
Aug-85	
Sep-85	
Oct-85	
Nov-85	
Dec-85	
Jan-86	
Feb-86	
Mar-86	
Apr-86	H2

Appendix C continued: Midwifery in Canada outside ON (H2) in the *Globe*, 1979-1989

May-86		
Jun-86		
Jul-86		
Aug-86		
Sep-86		
Oct-86		
Nov-86	H2	
Dec-86	H2	
Jan-87		
Feb-87		
Mar-87		
Apr-87		
May-87		
Jun-87	H2	
Jul-87		
Aug-87		
Sep-87		
Oct-87		
Nov-87		
Dec-87		
Jan-88		
Feb-88		
Mar-88		
Apr-88		
May-88		
Jun-88		
Jul-88		
Aug-88		
Sep-88	H2	
Oct-88		
Nov-88		
Dec-88		
Jan-89		
Feb-89		
Mar-89	H2	
Apr-89		
May-89		
Jun-89		
Jul-89		
Aug-89		
Sep-89		
Oct-89		
Nov-89		
Dec-89		
Articles:	H2	15

Appendix D:
Media Articles on Midwifery in Canada, outside Ontario (H2)
In *The Toronto Star*, Jan 1979-Dec 1989

Jan-79	
Feb-79	
Mar-79	
Apr-79	
May-79	
Jun-79	
Jul-79	
Aug-79	
Sep-79	
Oct-79	
Nov-79	
Dec-79	
Jan-80	
Feb-80	
Mar-80	
Apr-80	
May-80	
Jun-80	
Jul-80	
Aug-80	
Sep-80	
Oct-80	
Nov-80	
Dec-80	
Jan-81	
Feb-81	
Mar-81	
Apr-81	H2
May-81	
Jun-81	
Jul-81	
Aug-81	
Sep-81	
Oct-81	
Nov-81	
Dec-81	
Jan-82	
Feb-82	
Mar-82	
Apr-82	
May-82	
Jun-82	

Appendix D cont: Midwifery in Canada outside ON (H2) in the *Star*, 1979-1989

Jul-82		
Aug-82		
Sep-82		
Oct-82		
Nov-82		
Dec-82		
Jan-83		
Feb-83	H2	H2
Mar-83		
Apr-83		
May-83		
Jun-83		
Jul-83		
Aug-83	H2	
Sep-83		
Oct-83	H2	
Nov-83	H2	
Dec-83		
Jan-84		
Feb-84		
Mar-84		
Apr-84		
May-84		
Jun-84		
Jul-84		
Aug-84		
Sep-84		
Oct-84		
Nov-84		
Dec-84		
Jan-85		
Feb-85		
Mar-85		
Apr-85		
May-85		
Jun-85		
Jul-85		
Aug-85		
Sep-85		
Oct-85		
Nov-85		
Dec-85		
Jan-86		
Feb-86		
Mar-86		
Apr-86		

Appendix D cont: Midwifery in Canada outside ON (H2) in the *Star*, 1979-1989

May-86		
Jun-86		
Jul-86		
Aug-86		
Sep-86		
Oct-86		
Nov-86		
Dec-86		
Jan-87		
Feb-87		
Mar-87		
Apr-87		
May-87		
Jun-87	H2	
Jul-87		
Aug-87		
Sep-87		
Oct-87		
Nov-87		
Dec-87		
Jan-88		
Feb-88		
Mar-88		
Apr-88		
May-88		
Jun-88		
Jul-88	H2	
Aug-88		
Sep-88	H2	
Oct-88		
Nov-88		
Dec-88		
Jan-89		
Feb-89		
Mar-89	H2	
Apr-89	H2	H2
May-89	H2	
Jun-89	H2	
Jul-89		
Aug-89		
Sep-89		
Oct-89		
Nov-89		
Dec-89		
Articles:	H2	14

Appendix E:

Letter of Information to Informants

[INSERT INFORMANT'S ADDRESS]

Ethics Approval:
22 August, 2005

[INSERT DATE]

Re: Interview to discuss midwifery advocacy in Ontario

Dear [INSERT NAME]

I am a Master's student of Communication at Carleton University in Ottawa. My interest in women's political activism has led me to focus my thesis research on the midwifery community in Ontario in the 1980s, the period leading up to midwifery's legalization. My purpose is to understand the strategies used by midwives and their supporters to mobilize advocacy of the 'new' midwifery and to influence support from policy-makers and the media. To achieve this, I wish to interview individuals within the midwifery community who led, supported, and/or can critically reflect on the legalization process.

Through my research, your name has come up as a member of the midwifery community in the 1980s. I am particularly interested in your role [INSERT DETAILS, EG in media outreach, OR in policy development, OR as a supporter of midwifery, OR as a critic of legalization etc.]. For this reason, I am writing to request your participation in an interview in person, at a time and location convenient to you, or by telephone.

Should you agree to participate, the interview will last approximately one hour and will be tape-recorded, with your permission. During the interview, I will ask a series of open-ended questions to explore your role in and reflections of how midwifery and its legalization were advocated. You have the right to decline answering any questions, or to request confidentiality in responses that you consider to be of a sensitive nature. In the latter case, if a confidential statement is used in the final thesis document, it would not be attributed to you but to a generic identifier (e.g. 'a midwife' or 'a midwifery supporter'). You also have the option to participate anonymously. In this case your name and other identifiers will not be used in the final thesis document, instead a generic identifier (as above) would be used. However, this may not be sufficient to guarantee anonymity in all cases. If required, I may also follow up the interview with a telephone call to clarify my understanding.

At any point during the research study, you have the right to withdraw your participation without reprisal. Aside from the time you are giving, I do not anticipate that you will be exposed to any risks, discomforts or inconveniences as a result of the interview. The only benefit that I can offer in relation to your participation is the knowledge that you will be contributing to scholarship on women's political activism. All interview data relating to this study (audio-recordings, interview notes, and transcripts) will be stored securely at

my home office in Ottawa until the successful defence of my thesis. I will have sole access to the data during this time. If you request anonymity or confidentiality, your name and any other identifier will be kept separately from the interview data. Following the thesis defence, a copy of the final thesis document will be held at Carleton University, should you be interested in the findings.

I may wish to donate the interview data (audio-recordings and transcripts) to a public archive that is supportive of women's history and activism, to allow for its use by other researchers in the future. If you do not wish to have your interview data included in a public archive, the data will be destroyed (recording deleted and interview notes/transcripts shredded) within one calendar year of the project's end.

This project has been reviewed and received ethics clearance from the Carleton University Research Ethics Committee. Should you have any questions or concerns relating to the ethics of this research study, please contact the committee chair:

Prof. Antonio Gualtieri, Chair
Carleton University Research Ethics Committee
Carleton University, 1125 Colonel By Drive, Ottawa, ON, K1S 5B6
Tel: (613)-520-2517
Email: ethics@carleton.ca

Should you have any questions in relation to this study or wish to withdraw from it, please do not hesitate to contact me, Kathleen Gotts. For your information, I have also provided the contact information for Professor Michèle Martin, my thesis supervisor.

I look forward to speaking to you in order to explore your recollections and reflections on the advocacy of midwifery in Ontario in the 1980s. I thank you in advance for your time and cooperation.

Yours sincerely,

Kathleen Gotts
MA Student
School of Journalism & Communication

Carleton University
Tel (home): (613) 233-9351
Email: magotts@igs.net

Prof. Michèle Martin
Thesis Supervisor
School of Journalism & Communication
Carleton University
Tel: (613) 520-2600 ext. 8071
Email: mimartin@ccs.carleton.ca

Appendix F:
Informed Consent Form

Ethics Approval: 22 August, 2005

I, [INSERT NAME], agree to participate voluntarily in a graduate research study conducted by Kathleen Gotts as the thesis component for her Masters in Communication at Carleton University, Ottawa. The focus of the study is the midwifery community in Ontario in the 1980s. The purpose is to understand the strategies used by midwives and their supporters to mobilize advocacy of the 'new' midwifery and to influence support from policy-makers and the media.

I agree to be interviewed by Kathleen Gotts in person at a time and in a location of my choice, or by telephone. I agree to answer a series of open-ended questions relating to my involvement in the midwifery community in Ontario in the 1980s, specifically in relation to how midwifery was advocated. I agree to Kathleen Gotts following up the interview by telephone to clarify her understanding, if required.

I agree to the interview being tape-recorded. ☐

I do not wish to have the interview tape-recorded. ☐

I understand that I have the right to decline answering any question posed. I understand that I also have the right to request confidentiality should I provide a response that I consider to be of a sensitive nature. In this case the statement made, if used in the final thesis document, will not be attributed to me but to a generic identifier (e.g. 'a midwife' or 'a midwifery supporter.'). I understand that I have the option to participate anonymously, in which case my name and other identifiers will not be included in the thesis document. I accept that this may not be an absolute guarantee of my anonymity.

I wish to participate anonymously. ☐

I do not request anonymity in order to participate in this study. ☐

I understand that aside from the time given to conduct the interview and address any follow up required, there is no foreseen risk, discomfort or inconvenience to my participation in this interview. My participation is voluntary and I understand that I have the right to withdraw at any time. Should I decide to withdraw from the study I will decide at that time if Kathleen Gotts may use the information I have provided to that point.

I understand that the interview data (audio-recordings, interview notes, and transcripts) will be held securely in the home office of Kathleen Gotts (in Ottawa), and that she will have sole access to the data, until her completion of the study. Following her thesis defence, I understand that Kathleen Gotts may wish to donate the interview data (audio-recordings and transcripts) to a public archive that is supportive of women's history and activism, for use by other researchers.

I agree to my interview data being donated to a public archive, for use by other researchers in the future. ☐

I do not agree to my interview data being donated to a public archive and understand that it will be destroyed (tape-recording deleted and interview notes and transcript shredded) within one year of the completion of the project, if not retained for future use by Kathleen Gotts. ☐

I understand that I have the right to contact Professor Antonio Gualtieri, Chair of the Research Ethics Committee at Carleton University, with any ethics complaints or concerns in relation to this study by mail at Carleton University, telephone (613-520-2517) or email (ethics@carleton.ca).

I understand that I have the right to contact Kathleen Gotts (tel: 613-233-9351; email: magotts@igs.net) or Professor Michèle Martin (tel: 613 520-2600 ext. 8071; email: mimartin@ccs.carleton.ca), her thesis supervisor, if I have any questions relating to the study or wish to withdraw from the study.

Signature of participant [INSERT NAME]

Date:

Signature of researcher
Kathleen Gotts
MA Student
School of Journalism & Communication
Carleton University

Date:

Appendix G:

Qualitative Interviewing: Process and Interview Schedule

PROCESS:

The purpose of designing the interview schedule was to produce a short set of questions covering the key areas of my research. The first draft of the interview schedule was reviewed by my thesis supervisor, Michèle Martin, and three other people. I incorporated their feedback into the second draft of the schedule (see below). Each interview was preceded by the informant completing and signing the informed consent form. Prior to beginning the recording, I opened each interview by outlining the scope and purpose of my research (see opening paragraph below). During the course of each interview, I asked each informant the questions listed in the schedule (see below, in italics). I asked prompts (listed below each question) when required and asked additional follow up questions to clarify meaning or pursue a point further. Most of the interviews proceeded in the order of sections and questions listed in the schedule, although I occasionally switched the order of sections and questions to facilitate the conversational flow.

INTERVIEW SCHEDULE:

My research is exploring how the advocacy of midwifery activism was shaped and articulated over the course of the 1980s. I am interested in getting your reflections on how the midwifery community was established and organized, on the policy-making process, and on media outreach and coverage during this period. The purpose of my interviewing is to fill in some of the gaps in my reading. Primary sources that I've been analyzing for my research are midwifery newsletters, policy documents, and media articles. I'm interviewing you and some of the other women who played a leading role in the activist community to try to get a sense of the motivations and activities that shaped those documents and how midwifery was advocated.

A. On building community and developing the advocacy of the 'new' midwifery.

I'd like to begin by asking you to describe how you got involved in midwifery and midwifery activism.

- Midwives: what drew you to midwifery as an occupation?
- What motivations/experiences got you involved in midwifery activism?
- Previous political experience/activism?

Midwifery was an illegal, at best alegal, practice in Ontario. Considering this, how did advocates of midwifery come together, organize and mobilize?

- How did the political activism begin? (study groups, act of becoming a midwife or choosing a midwife, public talks/lectures, reading/research, talking to friends etc)
- How was the "community" of midwifery formed and mobilized?

What do you consider to be the key events that shaped midwifery activism in Ontario from 1979 to 1989?

- List key events (in chronological order if possible) – no need for detail.

A phrase I've come across a lot in my reading is the "new midwifery." What does this phrase mean to you?

Advocates of midwifery in Ontario are described as a movement, a community, a self-defined group. How would you characterize midwifery activism in Ontario in the 1980s?

- Community, movement, group – are these adequate descriptions?
- Who were the activists? Midwives, pregnant women, parents?
- Support from other organizations? Other communities?

The ONMA, OAM, AOM and the MTF worked to establish provincial networks of support for midwifery. What were the main constraints on organizing and mobilizing across the province?

- For informants outside of HQ in Toronto, what were your particular issues/frustrations?
- Resources (funding, personnel, office space etc).
- Securing involvement/interest.

B. On policy-making

My interest here is in the policy-making process of the consultations on the Health Professions Legislation Review and the Task Force on the Implementation of Midwifery in Ontario.

The last question I asked related to the attempt to establish province-wide networks of advocacy on midwifery. Following up on that, first of all, how was the advocacy community kept informed about the policy-making process, and secondly how was their input solicited?

- role of meetings, conferences, local chapters, newsletters.

What were the main pressures and constraints on midwifery advocacy in relation to the policy-making process?

- time, distance, cost etc – resource issues, experience levels, other publics?

What were the most controversial policy issues within the midwifery community? Were they resolved within the community and, if so, how?

C. On media outreach and coverage

How was midwifery advocacy promoted to the media?

- Media policies, procedures?
- Local chapters were responsible for their own outreach?
- Reactive or proactive media outreach?

Do you think that the media played a role in midwifery activism? And, if so, how?

- How were the media perceived? Supportive, negative, an obstacle, a resource, more complex/ambiguous/variable role?

What are your impressions of the media coverage of the midwifery issues and midwifery activism in the 1980s?

- Coverage of key events?

Closing Questions:

Reflecting back from where we are in 2005 on midwifery advocacy in the 1980s, what was done well by the midwifery community and what could have been done differently?

Do you have any additional comments you'd like to add?

Appendix H:

Analysis of Media Articles on Midwifery in Canada, outside Ontario, (H2)

In *The Globe and Mail* and *The Toronto Star*, Jan 1979 - Dec 1989

Primary Topic	<i>The Globe and Mail</i>		<i>The Toronto Star</i>	
	# Articles	% Coverage	# Articles	% Coverage
<i>Inquests & Charges against Midwifery</i>	8	53%	10	71.5%
<i>Ambrey Inquest (1979-81 in BC)</i>	2/8	25%	1/10	10%
<i>Brackett Inquest (1982 in Nova Scotia)</i>	2/8	25%	5/10	50%
<i>Voth Inquest (1985-1989 in BC)</i>	4/8	50%	2/10	20%
<i>Charges against Dr. Blais (1989 in Quebec)</i>	0/8	0%	2/10	20%
<i>Health-care Politics</i>	5	33%	1	7%
<i>Inter-professional Relations</i>	3/5	60%	0	0%
<i>Northern Canada – lack of facilities</i>	2/5	40%	0	0%
<i>Inadequacies in women's health</i>	0/5	0%	1/1	100%
<i>Legalization of Midwifery</i>	1	7%	3	21.5%
<i>In Quebec</i>	1/1	100%	3/3	100%
<i>Historical</i>	1	7%	0	0%
<i>TOTAL ARTICLES</i>	15	100%	14	100%

Appendix I:

Analysis of Media Articles on Midwifery in Ontario (H1)

In *The Globe and Mail* and *The Toronto Star*, Jan 1979 - Dec 1989

Primary Topic	<i>The Globe and Mail</i>		<i>The Toronto Star</i>	
	# Articles	% Coverage	# Articles	% Coverage
<i>Inquests</i>	17	41%	19	41%
<i>Ritz Inquest (1982)</i>	4/17	23.5%	1/19	5%
<i>Steele Inquest (1982)</i>	0	0	1/19	5%
<i>McLaughlin-Harris Inquest (1985)</i>	13/17	76%	14/19	74%
<i>Woods Inquest (1986)</i>	0	0	3/19	16%
<i>Policy-making</i>	14	34%	15	32%
<i>HPLR</i>	4/14	29%	2/15	13%
<i>Bill 48</i>	2/14	14%	1/15	7%
<i>TFIMO</i>	7/14	50%	8/15	53%
<i>Birth centres</i>	1/14	7%	4/15	27%
<i>Health-care Politics</i>	10	27%	8	26%
<i>Inter-professional relations</i>	5/10	50%	3/8	38%
<i>Medical rulings, surveys, reports</i>	5/10	50%	5/8	62%
<i>Historical</i>	0	0%	4	9%
<i>TOTAL ARTICLES</i>	41	100%	46	100%