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Domiciliary Midwives Standards Review Committees (DMSRCs)

Report to:
Domiciliary Midwives Society
Home Birth Associations
Any other interested parties.

Results of questionnaire sent to all members of DMS 25/3/93.

Numbers sent and returned.
89 sent
45 returned (n=45)

Who had been reviewed.
31 had been reviewed (mostly last review 1992).
13 had not been reviewed.
3 stated that they had just started practice and/or were pending reviews.

Satisfaction with review process.
28 were satisfied with the review process.
12 were unsatisfied.
Some were both satisfied and unsatisfied.
8 didn't know or hadn't been reviewed yet.

This report contains things to consider by our D.M.S.R.C. Please read this paper first.

Typical comments of those satisfied.
-Supportive (especially compared with OSRC).
-Runs well.
-Covers all possibilities.
-Can call special meetings.
-Fair, detailed and thoughtful.
-Consumer presence -good balance of consumers.
-Good opportunity for discussion.
-Good to be accountable.
-Environment supportive but challenging.
-Opportunity for personal self-evaluation.
-Learning through hearing other midwives reviews.
-Good client evaluation and feedback by consumer representatives.
-Reassuring
-Complaint mechanism for consumers.
-Forum to air worries and discuss difficulties.
-Release bullshit in a constructive manner.
-Feedback from clients and others.

Typical comments of those not satisfied.
-No credibility (in case of malpractice claims).
-Independent(hospital) midwives don't have statistics for review, don't keep records. One said "We just make it up."
-Of minimal value for QA purposes.
-Insufficient time taken, rushed, too many midwives reviewed at once.
-Poor organisation (by midwives).
-In a small association, review organised by midwives and consisted of discussion only.
-Lack of understanding by midwives of the philosophy of home birth and the processes of the review.
-Didn't use a standard form.
-Need a more indepth review.
-Potential to be adversarial.
-Lack of challenge.
-Lack of feedback (especially from consumers).
-No time for issues only statistics.
-Some midwives didn't turn up.
-Some areas only have 1 domiciliary midwife and no committee.
-Different styles in different areas.
-No report.
-Time consuming.

-Questions on review forms sometimes not suitable or outdated.

Payment (by midwives) for reviews.
5 stated they paid.
35 stated they would be willing to pay.
4 stated they would not be willing to pay.

How Much?
5 people suggested $50 per review.
8 others suggested amounts ranging from $20-$200 per review.
3 suggested paying per case. Amounts ranged from $2-$50.
Other suggestions included payment for consumer representatives of the committee, amount depending on time spent, distance travelled and babysitting requirements.

Time.
23 stated that there was enough time.
2 commented on the excessive length of the meeting.
11 stated that there was not enough time. 1 review covered 6 midwives in 2 hours.

Feedback/Assessment.
15 stated they received feedback after the review.
19 stated they did not receive feedback afterwards.
Most acknowledged that there was verbal feedback at the time. Although one midwife commented that there were no minutes kept or verbal feedback offered.

Issues/complaints arising from the reviews and their follow-up.
14 stated there were issues that had arisen.
17 stated that no issues had arisen.

Comments on how issues were followed up.
-Letters written to those concerned including hospital staff members and midwives asking for more information.
-Discussion.
-Personal follow-up and resolution.
-Provision for conciliation meeting.
-Special meeting called to deal with an obstetrician's complaint.
-Committees visited midwives personally (midwives did not attend meeting).
-Committee approached hospital re problems and a special committee set up to clarify problems.
-Group pamphlet printed.
-Copy of review report sent to nursing council in support of midwife's practice.
-Suggestion for formalised education on issues.

Comments on issues not followed up.
-Put in 'too-hard' basket (problems with hospital)
-Not followed up at all.
-Not followed up by committee but valuable discussion- led to networking.
-Lack of communication/contact by committe when a midwife criticized by another midwife present, however midwife resolved this personally.

Future of DMSRC.
16 favoured NZCOM review
14 favoured DMSRC continuing.
5 unsure
3 happy with either NZCOM or DMSRC
1 suggested an Obstetrics Standards Review Committee- for all health professionals practising "obstetrics".

Choosing members of Review Committees.

BALANCE BETWEEN CONSUMERS AND PROFESSIONALS

14 wanted equal numbers of consumers and professionals.
10 suggested a range between 1 and 6 of each.
1 suggested a committee with 2 consumers and 4 health professionals, while another person suggested a committee of 6 consumers and 4 health professionals.

CONSUMERS

32 stated that consumers should be nominated by HBAs and other community groups such as Parents Centre.
3 stipulated that the HBA should nominate consumers for home birth reviews.
3 midwives expressed reservations about Parent Centres nominating consumers. Comments about Parents Centre included: "too conversative", "for domino births only", "depends on type of practice".
1 midwife pointed out that it was up to the consumers to decide how they were chosen for the DMSRC.

GENERAL PRACTITIONERS

20 said GPs were not needed on review committees.
17 said GPs were needed on review committees.
2 said GPs were only to be on a midwifery review committee if a midwife was on their review committee.
3 wanted an obstetrician on their review.
Reasons stated for having a GP on the committee were acceptability, politics, to promote home birth among GPs, for credibility, kudos, to educate GPs and because it was good to have a medical perspective.

MIDWIVES

All three organisations (COM, DMS, HBA) were seen as appropriate bodies to nominate midwives for review committees.
26 COM
21 DMS
20 HBA

HOSPITAL MIDWIVES

26 stated that hospital midwives should be on the review committees.
12 stated hospital midwives were not needed on the review committees.
3 were unsure.
14 stated that hospital midwives should be chosen by COM
5 stated that hospital midwives should be chosen by other hospital midwives.
2 stated that hospital midwives should be chosen by domiciliary midwives.
Comments suggested that having hospital midwives on the committee was seen as an opportunity to educate hospital midwives about home birth. Some midwives stated they had mixed home birth and hospital practices and so saw a hospital midwife as part of their practices.

OTHER REPRESENTATION

Committees originally had the Principal Public Health Nurse of their area on the committee. Suggested replacements are listed.
14 stated that the RHAs should nominate someone. (4 opposed this view).
7 suggested using Womens Health Managers or similar, (from CHEs).
5 suggested using any relevant person depending on the individuals perspective.
4 said no-one should replace PPHNs.
4 suggested a maori woman nominated by HBA.
1 suggested using a Paediatrician.
1 suggested a Department of Health spokesperson.
1 suggested a midwife from a different area.
1 suggested a QA person.

Changing membership to reflect mixed home/hospital practice.
14 stated that the membership needed to change to reflect mixed home and hospital practice
11 stated membership did not need to change.

Understanding of present review process.
27 did not believe the process was understood.
10 believed that it was only understood by domiciliary midwives.
5 believed that the present process and its values and objectives are understood by all midwives.
3 were unsure.

Typical comments about understanding of the process.
-Midwives are apathetic.
-Reviews should be compulsory.
-Midwives are too busy making money.
-Process should use COM standards.
-Process not always understood by reviewers.
-Women see process as a protective mechanism.
-More explanation and education needed.
-Provincial differences.
-Personal biases.
-Lack of documentation, statistics and client evaluation by dominos.
-Poor presentation of material.

General Comments.
Other suggestions and comments by midwives answering the questionnaire included the following points.
-Consumer input essential and COM is not suitable for this.
-Review needs a formal process.
-COM needs to train committee members.
-Consumers are pleased with the review process as it is.
-DMSRC gives midwives credibility and should continue as it is.
-Review works well as a compulsory audit.
-Need a review process for hospital midwives also.
-Need to maintain a home birth focus.

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