

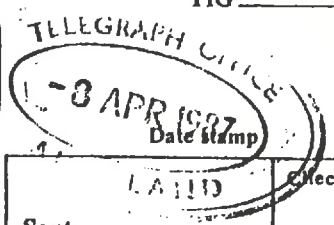
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FOR INFORMATION ONLY

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TIG	WORDS	INSTRUCTIONS	
	155/144		
Office	AUCKLAND		Time 10.15A
To DELIVER			
THE HONOURABLE MICHAEL BASSETT			
MINISTER FOR HEALTH			
PARLIAMENTBUILDING			

TELEGRAM



Sent	Checked
To	
By	

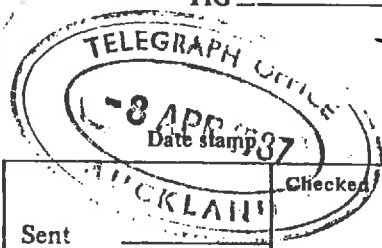
IN VIEW OF LIKELY PROTRACTED TIME FRAME FOR NEGOTIATING SATISFACTORY NEW CONTRACT FOR DOMICILLIARY MIDWIVES WE URGENTLY REQUEST YOUR CONSIDERATION OF AN APPLICATION FOR AN IMMEDIATE INTERIM INCREASE OF 100 PERCENT IN RESPECT OF THE MATERNITY BENEFIT PAYABLE FOR OUR SERVICES. THIS AREA OF HEALTH CARE IS IN CRISIS. SUPPORTING DOCUMENTATION WILL BE FORWARDED TO YOU SHORTLY BUT IN THE MEANTIME WE ADVISE THAT A RECENT STATISTICAL SURVEY CONDUCTED IN THE AUCKLAND AREA ALONE SHOWS CURRENTLY 6 PERCENT OF ALL BIRTHS^{ARE} AT HOME AND THAT THIS FIGURE WOULD BE IMMEDIATELY DOUBLED IF THERE WERE SUFFICIENT NUMBERS OF PROFESSIONALS TO

TEL. 133

CERTIFIED COPY

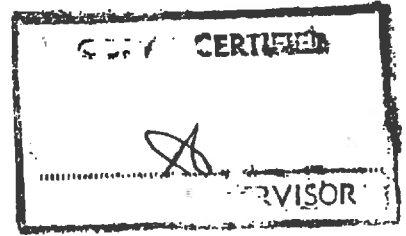
Exch.	Number	Intls.	Charge
AK	31994	PH	\$ c
TIG	WORDS	INSTRUCTIONS	
Office	AUCKLAND		Time 10.15A
To (SHEET 2)			
THE HONOURABLE MICHAEL BASSETT			

TELEGRAM



Sent	Checked
To	
By	

MEET THE DEMAND. THERE IS CLEARLY A GROWING DEMAND FOR THIS AREA OF HEALTH CARE WHICH CANNOT BE SERVICED WITHOUT PROPER FINANCIAL SUPPORT.
 BRONWYN PELVIN SECRETARY
 DOMICILLIARY MIDWIVES SOCIETY
 RIVERSIDE COMMUNITY
 RD2 UPPER MOUTERE
 NELSON



TEL. 133

**2nd Floor
Rodney Wayne Building
Cnr Kitchener & Victoria Sts
(Kitchener St. entrance)
AUCKLAND
P.O. Box 4470, Auckland
Tel Nos: (09) 31-994, 392-139, 392-138**

Ms. Jennie Nicol,
Senior Advisory Officer
Women, Children and Family Health,
Department of Health
P.O. Box 5013
Wellington.

7 April, 1987.

Dear Jennie

re: DOMICILIARY MIDWIVES

Further to our recent meeting, I enclose copy of the amended proposed contract for services for the domiciliary midwives along the lines that we discussed when you were in Auckland.

Since our meeting, Alison Livingstone, a member of the negotiating committee for the midwives whom you met, has conducted a statistical survey in the Auckland area amongst the 6 practising midwives and 4 home birth general practitioners. The following information has emerged and we feel it is pertinent to your current research.

1. The general practitioners are currently turning away up to 2 requests for home birth a day because of their over-commitment and they are unable to find someone to cover for them in their absence, which means that there are a large number of women who do not really have the option for home birth since the service is effectively unavailable to a them.
2. The midwives are taking on more cases than they feel comfortable with due to the high demand for their services and are still having to turn down on average 2 requests per week each.
3. All the midwives experience difficulty in getting regular leave, weekend days off or annual leave because there is no back-up for them in their absence.
4. One of the midwives indicated that she has been effectively pressured into taking on cases where women have indicated quite clearly that they will not go to hospital under any circumstances. She has reluctantly taken on such cases rather than leave the mother and baby to take the unacceptable risk of birthing at home without professional assistance.

5. Generally speaking the midwives and doctors are covering large areas, working out of their 'home' area for 25-50% of the time due to the pressure of demand. However, some doctors are not prepared to travel too far which means that some districts simply do not have access to the service.

6. It is very clear that the current demand for home birth far exceeds the availability of the services. Caseloads would be doubled at least immediately if there were the professionals available to provide the service.

7. These comments take no account of the fact that there will be an increasing demand for post natal care as early discharge becomes more prevalent. The Auckland Home Birth Association receives at present at least one call per week for post natal care which cannot be met. Hospitals are also regularly contacting midwives requesting their services when a new mother discharges herself and the hospital feels she needs further care.

The statistics for births in the Auckland area from January 86 to January 87 are as follows;

All births (from Health Dept. statistics)	4793
Home Births	300

Thus home births currently represent approximately 6% of all Auckland births and would (conservatively) double if the support was there to meet the current demand. At present, of course there is not likely to be any expansion in this area of health care given the present level of benefit payable to the midwives. (Incidentally, in Nelson between 8% and 10% of all births are at home. We are still collating statistics for other areas.)

If the present government really does have a commitment to the provision of the home birth option it is absolutely imperative that the current contract and level of benefit be reviewed as a matter of urgency.

Our recent submission referred to the situation as one of crisis and as I am sure you can appreciate from the above survey alone, we are not only referring to the midwives' standard of living but to the viability of this area of health care as a whole.

I hope this information will help you. Please do contact me if you need any further details.

yours sincerely,

Kelly Grovehills
for the Domiciliary Midwives Society

TERMS, CONDITIONS, AND FEES FOR
MIDWIVES AND REGISTERED NURSES PROVIDING

DOMICILIARY MATERNITY SERVICES

PURSUANT to Section 110 of the Social Security Act 1964, I,
MICHAEL EDWARD RAINTON BASSETT, Minister of Health (including
any person who may from time to time hold that office or
undertake the duties of that office), hereby fix the terms and
conditions applicable to, and fix the fees payable to, approved
midwives* providing maternity services in domiciliary practice.
* For the purposes of this contract, the term "midwife" shall
mean either (1) a registered midwife, being someone who was
practising midwifery immediately before 1 April, 1984, or (2) a
registered comprehensive nurse and registered midwife, or (3) a
registered general and obstetric nurse and registered midwife.

TERMS, CONDITIONS, FEES

1. The Department of Health shall pay the fees that may from time to time be fixed by the Minister of Health, after consultation with the Domiciliary Midwives Society (Inc), to approved midwives providing maternity services in a domiciliary situation.
2. No midwife providing maternity services in a domiciliary situation shall be entitled to receive any fees from the Department of Health for providing those services without being approved by the Minister of Health, provided however that this contract shall cover all midwives whose registrations are current at the time of this contract becoming effective.
3. Midwives seeking to provide maternity services in a domiciliary situation in return for fees from the Department of

Health, may apply for approval on a form to be provided by the Department.

4. Following approval a midwife providing maternity services in a domiciliary situation shall receive fees from the Department of Health for providing the following maternity services:

- (a) Antenatal consultations (up to a maximum of 3);
- (b) Attendance of a woman during labour and in child birth;
- (c) Remaining with the woman during and for two hours after child birth;
- (d) Postnatal visits (up to a maximum of 14) - the first two visits being made within 24/30 hours of birth;
- (e) Travelling related to the provision of maternity services as per attached Schedule I;
- (f) Providing any other service (being additional to those specified in 4(a) to (d) above inclusive) per attached Schedule I which is considered by the midwife to be in the best interests of the woman, or the baby, or both.

5. For the purpose of enabling the midwife to provide maternity services in a domiciliary situation and to enable such midwives to provide adequate services, the Department of Health shall reimburse such midwives for any pharmaceutical requirement that may reasonably be used in the interests of the woman, or baby, or both. In addition, the Department of Health shall provide or make available all equipment listed in attached Schedule E.

6. The Department of Health shall compile a list of midwives providing maternity services in a domiciliary situation and who are approved by the Minister for this purpose.

7. Midwives who are receiving fees from the Department of Health for providing maternity services in a domiciliary

situation, shall comply in all respects with regulations 8, 9, and 10 of the Obstetric Regulations 1986.

8. Midwives who have been approved by the Minister of Health and who are receiving fees for providing maternity services in a domiciliary situation shall (unless unable to do so) provide those services personally and not through the use, employment, or engagement of any other person. Where a midwife is unable to personally provide maternity services in any particular case, that midwife shall arrange for those services to be provided by another midwife who has been approved by the Minister of Health.

9. A midwife providing maternity services in a domiciliary situation, shall provide those services in the health districts or area health board districts indicated in their application for approval by the Minister of Health, provided also that she may be reimbursed for maternity services provided in any other areas not originally specified in her application where a special circumstance arises.

10. The Minister of Health shall annually (say in June of each year) in consultation with the Domiciliary Midwives Society (Inc) complete a review of the terms of this contract and fees applicable to approved midwives providing maternity services in a domiciliary situation.

11. Without limiting section 122 of the Social Security Act 1964, the Minister of Health may by notice in writing to that effect, withdraw the approval of any midwife providing maternity services in a domiciliary situation. An approved midwife providing maternity services in a domiciliary situation may, by notice in writing to that effect, withdraw her offer to provide such services. The period of notice in this condition shall be agreed between the midwife and the Department of Health.

SCHEDULE I

TRAVELLING PAYMENTS RELATED TO THE PROVISION OF MATERNITY SERVICES:

1. Payment to be at the rate of 75 cents per kilometre (as is paid to general practitioners and obstetricians providing similar services).
2. Payment to be made for every trip made to provide services as per Clause 4 (a), (b), (c), (d), (e), (f) with Schedule 8 of the draft contract.
3. Payment at the rate (1) above to be made when midwives are using their own cars or using another person's car (when this is necessary).
4. Reimbursement of actual expenses related to using a taxi or rental car when this is necessary e.g. in an emergency situation or where a midwife's car is undergoing maintenance or repair and is not available for use.

SCHEDULE S

Related to Clause 4 (f) of the draft contract.

1. Additional antenatal visits - where these are approved by the supervising general practitioner.
2. Additional postnatal visits - at the discretion of the midwife or at the special request of the supervising general practitioner.
3. Postnatal visits to women in hospital - where these are made at the hospital's request or in the case of providing continuity of care or in case of a transfer or where equivalent maternity care is not available.
4. When instructing or 'taking out' student nurses, other midwives, ADN students on visits or when talking to students at ATI or on hospital study days.
5. When attending meetings - Health Department meetings, doctors and midwives meetings, NZMA meetings, HBA meetings and home birth support group meetings all of which form a necessary part of the professional practice.
6. Visit to hospital to pick up sterile pack; visits made for giving anti-D or hepatitis B treatments, or when effecting cord blood delivery.
7. False labour callouts.
8. Any other service made necessary by special circumstances and not here specified.

SCHEDULE E

Related to Clause 5 of the draft contract

(a) Disposable Equipment:

Suture stock
Gloves
Syringes and needles
Mucus extractors
Waterproof "Incko" sheeting
Sonic aid gel
IV fluids
Oxygen
Laryngoscope - adult and infant
Perineal/maternity pads
Incontinence sheets
Cotton wool swabs
Batteries: Bleeper, torch, sonic aid, laryngoscope.
Annsafone (where bleeper not in use)

(b) Permanent Equipment:

- 2 delivery instrument sets (bowls, Spencer Wells forceps, epis, cord and nurses scissors, needle holder, toothed dissecting forceps, cord bander, sponge holders, amnio hooks)
- IV equipment (IV fluids, canulae tubing)
- portable oxygen equipment (airways and ET tubes, infant resuscitation bag, oxygen masks and tubing)
Sphygmomanometer
Stethoscope
Sonic aid
Scales
Breastpumps (Woolwich shields)
Equipment cases (for supplies and equipment, protective casing for oxygen, bag for scales, etc.)

APPLICATION BY REGISTERED MIDWIFE OR REGISTERED NURSE
FOR APPROVAL TO PROVIDE MATERNITY SERVICES
IN A DOMICILIARY SITUATION

TO: THE MINISTER OF HEALTH

I, _____

of _____

a * _____

*(a) Registered midwife⁽¹⁾; or

*(b) Registered comprehensive nurse and registered midwife; or

*(c) Registered general and obstetric nurse and registered
midwife -

HEREBY SIGNIFY that I am prepared to provide maternity services
in the _____

(Name of health district or area health district)

Health District⁽²⁾⁽³⁾ upon the terms, conditions, and for the
fees for the time being fixed by the Minister of Health.

(Signature)

(Date)

Notes:

- (1) Practising midwifery immediately before 1 April 1984.
- (2) Specified in the Health Districts Order 1987, or the several Area Health Districts Orders.
- (3) If the maternity services are to be provided in only part of the district, please specify those areas.