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Health Benefits Review,
Private Bag,
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On behalf of the Domiciliary Midwives Society of
New Zealand, I respectfully submit the following:-

In New Zealand, a midwife registered under the Nurses' Act can offer maternity nursing services to any woman who chooses to give birth at home. The midwife attends the woman in the antenatal period, during the labour and birth and for up to 14 days postpartum. On occasions, she may offer a postpartum service only to any woman choosing an early discharge from hospital following the birth of her child. The midwife is contracted to the Department of Health to provide these services and is entitled to claim the appropriate Maternity Benefit in payment for these services. No other fee is charged. Her practice is governed by the Nurses' Act and the Obstetric Regulations; her practice is overseen by the local Medical Officer of Health usually through the Principal Public Health Nurse; any woman who wishes to give birth at home has an attendant medical practitioner who is agreeable to the birth taking place at home.

The terms of the contract were established under the Social Security Act in 1938 and only two changes have been made since then. In 1977, a payment was established for the provision

of one antenatal visit and in 1984, provision was made for 3 antenatal visits with a corresponding reduction in the number of postnatal visits from 14 to 12.

The schedule of Maternity Benefit payments that domiciliary midwives can claim ensure that any midwife with a full case load - attending 60 births annually - is unable to earn anythingmum living wage.

(please refer to Table 1 - seperate sheet)

No provision is made for being "on call" - available 24 hours a day, 7 days a week for each client as her labour becomes imminent; there is no provision for penal rates, overtime rates or statutory holiday payments; the provision of equipment, medical supplies and a reliable motor vehicle and the maintenance thereof is the responsibility of the midwife.

At present, there are approximately 25 domiciliary midwives in practice in 11 centres throughout New Zealand. Women living outside of these centres have no access to a homebirth service should they require it. We believe the major factor preventing midwives from offering domiciliary services is the truly appalling level of remuneration and that the situation of payment of Maternity Benefits to domiciliary midwives requires urgent review.

Pregnancy is a common human experience. Being born is universal. Reproduction is a normal function of the human species. Midwives have specific skills in attending pregnancy, labour, birth and the postpartum period which are directed at supporting women and their partners through this normal experience and ensuring the safe birth of their baby.

In the domiciliary area, midwives offer a highly skilled and personalised care which enhances the birth experience for the couple and for the baby. We believe that home birth and the provision of services for safe home birth to be a valid option in the range of obstetrical services provided by the government.

The provision of obstetric services is the frontline of primary health care. Effective parenting does much to improve the quality of life and is important for the prevention of future physical and emotional illness. Education for effective parenting, support, guidance and reassurance throughout the reproductive period is of vital importance in the health of any population. Midwives both in the community and in the hospital play a major role in imparting health information and in the early detection of health problems.

It is our strong concern that the government continues to assume responsibility for providing obstetric and early childhood health services. We would welcome a move away from technology dependent, high cost, highly specialised areas of the obstetrical service. We believe that an investigation into a more complete utilisation of midwives and their skills and expertise in normal childbirth is needed and that employing midwives to attend normal births both in hospitals and at home would lead to a vast improvement in our infant mortality and morbidity rates. We trust that you will give this submission favourable consideration.

Bronwen Pelvin
Secretary
Domiciliary Midwives Society.

TABLE 1

Rates of Benefits payable to domiciliary
midwives since 1971

Year ¹	1971	1975	1977	1980	1984*	1985
A/N visit	-	-	\$3.00	\$4.25	\$5.00	\$6.00
Labour	\$11.50	\$20.00	\$25.00	\$36.00	\$50.00	\$54.00
P/N visit	\$2.25	\$4.00	\$6.00	\$7.25	\$8.50	\$9.00
Live-in@ (per day)	\$7.50	\$13.25	\$17.00	\$24.50	\$28.50	\$30.00
Total payment	\$43.00	\$76.00	\$98.00	\$141.75	\$167.00	\$180.00
x 60" births a year	\$2580	\$4560	\$5830	\$8505	\$10020	\$10800

¹Prior to 1984 1 antenatal visit was paid for from 1977 and there were 14 postnatal visits.

*Since 1984 schedule of visits have been 3 antenatal visits and 12 postnatal visits.

@Live-in rates are paid when the midwife is resident at the women's home or vice-versa.

"A case load of 60 clients a year would be equal to full time employment.