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REPORT PREPARED FOR THE HOME BIRTH ASSOCIATION CONFERENCE
WHANGAMATA 8/10 May, 1987.

Submitted by Kelly Grovehills, Trott Grovehills and Associates,
Auckland.

Following last year's conference, your negotiating committee approached Trott, Grovehills and Associates to provide advocacy services on behalf of the Domiciliary Midwives Society. Their brief was to:

- (i) negotiate a new contract for services to replace the outmoded 1938 contract and;
- (ii) to seek a significant increase in the level of remuneration paid to midwives.

We approached the Minister of Health to request how best a negotiating mechanism might be set in place, but were advised that nothing could be formalised until after the Medical Benefits Review Team had completed their review.

Meanwhile a draft contract was forwarded to all midwives for their comments. Specifically included were clauses covering the following:

1. method of payment
2. level of payment (brought in line with rates paid to a hospital charge nurse/district nurse)
3. travel allowances
4. supply of equipment
5. automatic annual review of benefit
6. recognition of DMS as negotiating agency.

and we sought an informal meeting with the Health Department which took place on 17th October, 1987 to discuss these claims in more detail. Present at the meeting were Anne Warner and Kathy Stirrat from the Programme for Women and Children's Health, Trix Bradly, Nursing Advisor, Alison Handley from primary health care and Ken Swann - Manager of Health Benefits Division. At that stage the representatives of the Health Department agreed to research each of our claims but again it was clear that nothing could be progressed until the publishing of the report of the medical benefits review team. "Choices for Health Care" was finally published towards the end of December and although it offered options rather than guidelines, was supportive of home birth care.

We forwarded our detailed log of claims earlier this year and the Health Department responded by setting up a review of domiciliary care under the auspices of Jennie Nicol a Senior Advisory Officer with the Health Department. Jennie met with myself, Alison Livingstone and Joan Donley of the negotiating committee in mid-march and we spent a constructive afternoon going through the draft contract that had been submitted by the Health Department. We also discussed in detail the various options put forward by the Health Department in terms of funding the service and consequential contractual arrangements. We also made it clear that your negotiating committee were unanimous that the contract should be directly with Health Department and funding should continue in the form of a benefit.

Following Jennie's visit, our revisions to the contract were forwarded to the Health Department where it is now under review. At the same time a telegram was forwarded to the Minister of Health requesting an immediate interim increase in the benefit pending finalisation by negotiation of the contract. His reponse indicated that there would be no intermim increase and that in any event an increase of even 100% was unlikely.

I went to Wellington on Monday, 27th April where I had a further meeting with Ken Swann, Dr. Bassett's personal advisor Dr. Mike Baker and I made an informal approach to the Minister of Consumer Affairs to seek her Department's assistance. I raised with Dr. Bassett's office the question of a further avenue for arbitration of our case and am awaiting a response on this.

Future Directions:

Short Term:

There will be no decision on the level of benefit payable before the budget and I feel a concentrated campaign needs to be undertaken between now and the budget highlighting the cost effectiveness of home birth and the increasing consumer demand for the service. The campaing needs to be directed simultaneously to the Minister of Health, Minister of Women's Affairs, Minister of Consumer Affairs, the appropriate opposition MP's and the media.

A recent audit in Auckland showed that home births in this area represent 5% of all births and that all the midwives and supervising GP's were turning away at least as many "patients" as they were able to look after because of over-commitment. Similar statistics need to be collated from every home birth midwife and supervising G.P. as soon as possible. We need to substantiate statistically that the demand for home birth is dynamic and not a stagnant 1% across the nation.

If no increase is forthcoming immediately follwing the budget, then there are two options:

1. Wait and see if there is a change of administration and go through the whole process again or
2. consider making an application for a change in the Social Welfare Legislation to allow for the charging of fees in addition to the benefit payable so that the service becomes part 'user -pays'.

On the positive side, there is no doubt that there will be a new and more comprehensive contract for services in place quite soon and there is a strong likelihood of a further increase in the level of benefit after the budget. Attitudes are changing, the Health Department is more receptive to our claims and I believe the Minister of Health is genuinely supportive.

However, there has been another major change in phislosophy which has overshadowed all else and that is the move towards 'user-pays' in all areas of traditionally state funded services. SOE's are already a fact of life and next near the areas of education, social welfare and health come under close scrutiny.

I am well aware of the anathema with which the mdidwives and the Home Birth Association regard the concept of part 'user-pays' as applicable to maternity care but it may well become the norm in the area of health care in the not too distant future, and there is every indication that even a new administrationn will continue along the same economic path as the present government.

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 that 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 T;
- (f) Providing any other service (being additional to those specified in 4(a) to (d) above inclusive) per attached Schedule S 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 T

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), (f) with Schedule S 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 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
Incontinent sheets
Cotton wool swabs
Batteries: Bleeper, torch, sonic aid, laryngoscope.
Ansafoe (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 sheilds
Equipment cases (for supplies and equipment, protective casing for oxygen, bag for scales, etc.)

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, NZNA 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 core blood delivery.
7. False labour callouts.
8. Any other service made necessary by special circumstances and not here specified.