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OFFICE OF THE MINISTER OF HEALTH

WELLINGTON, NEW ZEALAND

19 April 1985

The Secretary
Domiciliary Midwives Society of
New Zealand
Riverside Community
RD 2
Upper Moutere
NELSON

Dear Ms Pelvin

Thank you for your letter of 5 March 1985 about fees payable for domiciliary midwifery services.

I appreciate that there are some non-recoverable costs associated with the provision of domiciliary midwifery services and I agree that the fees are inadequate for anyone doing this work full-time. However, I do not believe that it is appropriate to compare the fees paid to domiciliary midwives with the salaries of hospital nurses. The fees are paid for particular services and are not salary-related.

Nevertheless, I agree that some improvement is necessary and I hope to announce shortly a moderate increase in the fees, along the lines of those recently granted for some other categories of health benefits.

Yours sincerely

A handwritten signature in blue ink, which appears to read 'Michael Bassett'.

Michael Bassett
Minister of Health

Bronwen Belvin,

Diverside Community, R.D. 2, Upper Moutere,
Nelson.
Lower Moutere 807.

March 5th, 1985.

Minister of Health,
Parliament Buildings,
Wellington.

Dear Dr Bassett,

I am writing on behalf of the Domiciliary Midwives Society to arrange a meeting with you to discuss the Maternity Benefits payable to domiciliary midwives for their services.

As you are aware, we received a 17% increase to our fees in July 1984. In discussion with Dr Phillips, Director of the Division of Clinical Services of the Department of Health, we were able to alter our schedule of visits to satisfactorily attend to our clients' needs and maintain a high standard of midwifery care. However, we believe our fee schedule to be so anomalous that a review is urgently required to put us on a basis which achieves reciprocity with our midwifery colleagues in hospitals.

The special nature of domiciliary midwifery work requires that several factors be recognised when arriving at a fee which remunerates us. At present, the fee set does not recognise that:

- 1) a domiciliary midwife is 'ON CALL' 24 hours a day, 7 days a week for each of her clients as her delivery date approaches;
- 2) penal rates, overtime rates and statutory holiday payments are not applicable;
- 3) the responsibility for the safety of both mother and baby throughout the time of labour, birth and the immediate post-partum carried by the attending midwife;
- 4) related travel expenses not covered by public service rates - Homebirth Association meetings, antenatal classes, support groups, doctors visits, sterilising packs, getting equipment;

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- 5) innumerable hours in telephone consultations;
 - 6) purchasing our own equipment, medical supplies, stationary, postage - fortunately tax exempt;
 - 7) late cancellation of cases due to obstetric problems - breech presentation, multiple pregnancy, need for caesarian section - leave us unable to claim for payment.

At present, with a payment per case of \$167, a domiciliary midwife attending 60 births annually receives in payment \$10,020 before tax. We believe that a payment of \$350 per case would take into account the special nature of the service we provide, recognise our competence and professionalism and place us on a yearly income of \$21,000 which is directly comparable to the annual salary of a charge nurse of a maternity ward.

The idea has been put forward that we look into the possibility of charging our clients. While we are not closed to this idea, we feel that to charge couples for home births would discriminate against those who wish to retain a choice of childbirth options. New Zealand has long recognised the importance of maternity care in determining the future health of its citizens and that high quality maternity care should be freely available to all pregnant women.

I look forward to an opportunity to meet with you and discuss these points.

Yours sincerely,



Bronwen Pelvin,
Secretary.

Copy to Jenny Johnston.