

SUBMISSION from the New Zealand Home Birth Association to the Minister of Health, Dr Michael Bassett, regarding the increase in Domiciliary Midwives Benefit

Introduction

This submission seeks rapid implementation of the Labour Party's commitment to support the planned homebirth option and thus support the domiciliary midwife service, re: Women's Policy 1984, 'Health' Paragraph 14.

To maintain this option the major change required is an increase of approximately 100% in the level of benefits paid to domiciliary midwives.

Background

At present domiciliary midwives payment is as follows:-

3 Antenatal Visits @ \$5 per visit	=	\$ 15
Labour and Birth	=	\$ 50
12 Postnatal Visits @ \$8.50 per visit	=	\$102
		<hr/>
total being		\$167
		<hr/>

It is generally agreed that between 50 - 60 births per annum is a reasonable maximum caseload for a domiciliary midwife; thus midwives receive an income of \$8,350 - \$10,000, which is not a living wage.

Domiciliary midwives are not allowed to charge for their services, therefore they are entirely dependent on the benefit payable by the Department of Health.

Furthermore, domiciliary midwives have

- 1) no penal rates
- 2) no overtime
- 3) no on-call rates
- 4) no General Wage Orders
- 5) no Cost of Living Allowance
- 6) no holiday pay
- 7) no sick leave
- 8) no allowance for medical equipment
- 9) infrequent wage reviews
- 10) an outdated 1932 Working Contract

Proposal

The Home Birth Association believes that the workload, status and responsibility of a domiciliary midwife is equal to that of a charge nurse in an hospital obstetric unit.

We propose that the benefit paid by the Department of Health to domiciliary midwives be increased to approximately \$350 per case in order to achieve parity with Hospital Charge Nurses.

The Cost to the Government

There are 20 domiciliary midwives currently practising in New Zealand. These domiciliary midwives delivered a total of 500 babies over the past year. Therefore the cost to the government on implementation of this increase would be approximately \$92,500.

Comment

The World Health Organisation defines a midwife as a person who is professionally trained and qualified to take complete responsibility for the care and education of women throughout pregnancy, labour, birth and the post-partum period.

New Zealand midwives require 8 years of training and experience before being able to practise as domiciliary midwives. In the light of this, the remuneration received by domiciliary midwives is at present grossly inadequate.

We consider that the Government should continue to completely fund the domiciliary midwifery service for the following reasons.

In New Zealand parents have the legal right to choose whether they wish their baby to be born in hospital or at home. We believe the espousal of freedom of choice by a health care system enjoins upon that system an obligation to provide alternatives.

The right of every woman to good free maternity care is a cornerstone of our health care system.

A private domiciliary midwifery service, or a partly "user pays" service would result in homebirths only being available to higher income people. This would be inequitable.

Home birth is an expression of the desire of an increasing number of parents to take prime responsibility for their own health and welfare as well as that of their child; to educate themselves about the advantages and disadvantages of different birthing practises and to make the maximum personal effort to ensure as natural and positive a birth experience as possible.

This self motivation leads to preventative community-based health care and counteracts the need for high cost technology and institutionalised health care.

Home birth parents over the past six years have shown a great capacity for mutual help and support as branches of the Home Birth Association throughout the country have run their own antenatal classes, educational seminars and postnatal support groups. This is an excellent example of people helping themselves.

Conclusion

An efficient government sponsored domiciliary midwifery service is essential to enable this self-help process to continue. Despite the sheer dedication of domiciliary midwives, a living wage is essential for the continuation of this option; therefore we feel there is no alternative but to grant the increase requested.