

The New Zealand Home Birth Association

Wellington Branch
Box 11-412
Wellington

To all branches.

4 February, 1983.

Dear committees,

You may have heard through the media that the Maternity Services Committee's report "MOTHER AND BABY AT HOME-THE EARLY DAYS", has finally been printed and released to the public. I have already supplied you with the recommendations made in the draft report obtained by us through an MP. The Minister of Health, Mr. Malcolm, has said in a letter to us that he will welcome submissions from interested parties once the report was released, so now is the time to write our detailed responses to the recommendations pertaining to home births.

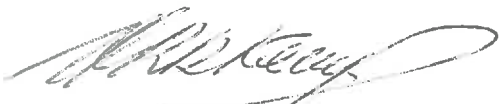
Could main centre branches please obtain their own copy from their local Government bookshop. For the other branches, I enclose a copy. Could every branch please write their ideas down and send them in to me as soon as possible, so I can compile some sort of national policy to be used to write submissions on behalf of the National NZHBA. Please don't send in submissions on your own, since a unified stance will be more effective. I enclose a copy of the Wellington branch's views to help discussion. *Will read also.*

Enclosed are :1. A paper presented to the Auckland Council of Civil Liberties (ACCL), outlining the legal right of a woman to have her baby at home, book in in a hospital, and be attended by the General Practitioner of her choice. It also outlines that the Medical Officer of Health (MOOH) has no legal right to withhold payment of domiciliary midwives or forbid them to practise if they have a current contract.

2. An analysis of domiciliary midwives' wage trends during 1965- 1980. This analysis would be useful in any communication with your local M.P s about the plight of DMs..

Suggestion: A useful book for branches to buy or borrow from their local libraries, a book on how to make Government work for you: "UNBRIDLED POWER" by Geoffrey Palmer. Another useful book, "WHO MAKES SOCIAL POLICY?" is described in the enclosed sheet.

Regards,



Henriette Kemp (Lobbying-co-ordinator, Resource person).

THE FOLLOWING ARE THE RECOMMENDATIONS MADE BY THE NZ NURSES' ASSN.
TO THE MATERNITY SERVICES COMMITTEE AFFECTING DOMICILIARY MIDWIFERY

1. That a midwife cannot practice domiciliary work until she has done 2 years' employment in an obstetric unit following registration as a midwife. ✓
2. That prior to gaining a contract for domiciliary work, a written assessment of the applicant's suitability, efficiency and competency be written by the Principal Nurse and Obstetrician in charge of this obstetric unit.
3. That the area in which a domiciliary midwife can practice be within half an hour's drive from a hospital.
4. The domiciliary midwife must do at least 15 deliveries annually, although some of these can be hospital births.
5. Domiciliary midwives must do an annual in-service programme at a hospital.
6. That there be a formal evaluation of a domiciliary midwife's practice by a competent practising midwife and an obstetrician.
7. That the responsibility of the supervision of domiciliary midwives be shifted from the Principal Public Health Nurse (PPHN) to the obstetric unit of the area in which she is working.
8. " There is currently a move for review committees to be set up in hospital boards to review the contracts held by G.P's who are working in the open obstetric units of hospital boards. It appears that this review body, with the addition of a midwife, could act as a suitable body to review the domiciliary confinements in the community served by that hospital board. "
8. That the contract of a domiciliary midwife be with the hospital board rather than the Minister of Health.
9. That records of domiciliary confinements as filled in by the domiciliary midwife be copied and kept at obstetric units for continuing review and use for future hospital confinements.
10. That the domiciliary midwife be granted a contract to operate in a defined area based on the obstetric unit to which she would refer and that no domiciliary midwife be permitted to operate in more than one hospital board area, except with the prior approval of the superintendent in chief of the hospital board.