Dear Lynne, Have sent similar letters to G.P. Society, Committee for Children, Federation of N.Z. Parents Centres, & Dr. Basil James (Dir. of Mental Health). Have asked Henrrette to handle, Advisory Cttee on Women's Affairs, and Labour Party Caucus Cttee on Women's Issues.

Regards,

Marilyn Waller.

20001-43-008

P.O.Box 6124,
Dunedin
15.3.83

Executive Director,
New Zealand Nurses' Association,
P.O.Box 2128,
Wellington

Dear Ms Carey,

The New Zealand Home Birth Association wishes to bring to your attention the recent report from the Board of Health Maternity Services Committee 'Mother and Baby at Home - The Early Days'

Although on initial reading many of the recommendations seem reasonable and designed to improve quality of care for mother and baby, the section on home confinement is cause for concern.

THE PRESENT SITUATION

there are 17 domiciliary midwives around the country contracted to the Health Dept and paid by maternity services benefit. The domiciliary midwife visits ante-natally, during labour and birth, and up to 14 days post natally. A mother booked with a domiciliary midwife must be under the care of a general practitioner who is agreeable to the mother concerned giving birth at home. Midwife, Doctor and parents work together to ensure that birth is a safe, satisfying experience for mother, baby and the family.

A recent analysis of 1159 home births over an eight year period shows the following results.

Perinatal mortality: 3.5 per 1000 which compares with 12 - 18 per 1000 for hospital deliveries.

Apgar Score; 91.3% were 7 or more on a 10 point scale at 1 minute
97.4% were 9 or 10 at five minutes. Almost all babies delivered at home are in near perfect condition immediately after birth.

Postnatal Depression: 7 per 1000 which compares with at least 10% for hospital deliveries

The New Zealand Home Birth Assn has 11 branches throughout the country who offer support and information to parents considering homebirth.

We believe that birth is an event of deep and lasting significance in the lives of the families involved. We also believe that parents have the ultimate responsibility for their own and their children's health, both physical and emotional. Our childbirth education is centred around good nutrition, no smoking, being informed and responsible in order to prevent complications.

THE MATERNITY SERVICES COMMITTEE

This committee is comprised of 14 professionals and 1 consumer. Not one ~~xxxxxxxx~~ member has been actively involved in homebirth in NZ. The professionals have all worked within the hospital structure. Eight members of the committee are male obstetricians who are noted for their opposition to homebirth.

We consider the composition of the committee to be unrepresentative in the extreme. The recommendations concerning homebirth are designed to give control to obstetricians within the hospital system. We do not accept that this is in the best interests of mother or baby.

SAFETY

The report is based on the belief that the best and safest place for delivery for both mother and baby is a properly equipped and staffed maternity unit. This belief has no substance in fact. Research and statistics, both in NZ and overseas show that birth at home is as safe, if not safer, than hospital delivery. It is also a good deal more satisfactory in its outcome for mother, baby and the family. Breastfeeding is successfully established early and lasts for several months. There have been no known cases of child [illegible] deaths amongst homebirth babies.

OUR CONCERNS

The NZHBA is concerned that should the recommendations on home confinement be approved by the Minister of Health then this would lead to an increase in non-professionally attended births. Home birth parents and babies deserve the quality of care that is available at present. An extension rather than a contraction of the domiciliary service would better serve the interests of mother and baby.

Recommendation10
The domiciliary midwife is to be based at the obstetric unit in the area and the contract for domiciliary confinements to be with the hospital board.
1) Hospital Boards throughout the country are having trouble keeping the services they have going. At present the domiciliary midwifery service is poorly funded which prevents and discourages midwives from domiciliary work. This situation is likely to worsen under the hospital board. They cannot afford to implement new services.
2) It is considered more appropriate for the contract to remain with the Health Dept. whose philosophy of prevention of disease and promotion of health is more in keeping with home birth philosophy. Homebirth does not fir the hospital philosophy of treatment in institutions.
The North Canterbury Hospital Board has stated that its philosophy is to promote hospital births and it has previously refused to help a domiciliary midwife gain refresher experience.
3) This recommendation would give control for hospital contracts with the Obstetric Standards Review Committee who are at present responsible for reviewing standards of G.PS. within the hospital. It is not an appropriate committee to be involved with midwifery standards.
4) This recommendation shows no benefit to mother or baby.

Recommendation11
The Obstetric Standards Review Committee should with the addition of a midwife also rview domiciliary midwives contracts.
1) Hospital midwives are not subject to review by obstetricians but by a more senior midwife. This would be appropriate for domiciliary midwives too. Obstetricians are skilled in pathology of birth and their standards would not be suitable for those who are skilled in natural birth. The philosophies are at too great a variance.
2) With five members on the committee, if four were midwives and 1 an obstetrician it would be considered unbalanced and inappropriate for such a committee to review obstetricians' standards. It is equally unbalanced and inappropriate for such a committee of four obstetricians and one midwife to review midwifery standards.
3) Given that the greater majority of obstetricians are opposed to homebirth, this recommendation would give them the power to refuse contracts to domiciliary midwives thus eliminating professional midwifery attendance at homebirths. This is a power that could be too readily abused, especially as many obstetricians have stated publicly their intention to prevent homebirths within their area.
4) Domiciliary midwives belong to the Domiciliary Midwives Society which has its own standards already set for domiciliary work.
5) This recommendation shows no benefit to mother and baby.

Recommendation23
There should be certification from a senior midwife and the senior obstetrician of the hospital attesting to the satisfactory professional competence of the midwife.
1) This is a further recommendation that gives obstetricians power beyond their field of expertise. It could be too readily abused. It is very unlikely that a senior obstetrician is going to approve a midwife for domiciliary work.
2) Standards for hospital delivery are vastly different than those for home delivery. Unless a midwife or obstetrician is experienced in homebirth in NZ they do not have the necessary experience to issue contacts, review domiciliary midwifery standards, or certify to a midwives competence.
3) Obstetricians have no place in midwifery assessment.

Recommendation 16

A GP doing homebirths should have a hospital contract.

1) While this may seem desirable it would mean that a GP predominately doing homebirths could be refused a hospital contract. This would mean mothers under that doctor's care would have to make alternative arrangements should transfer to hospital be necessary. This is not in the best interests of mother and baby.
2) This same recommendation would give the obstetric standards review committee the power to terminate contracts of those doctors involved in home birth. Many GPs already work within a stress situation in the hospital because of the attitudes of obstetricians towards the doctor's involvement with homebirth.
3) This recommendation removes the mother's legal right to have the doctor of her choice attend her.
4) This is another recommendation designed to give the obstetricians control over homebirth doctors and parents.

Recommendatio 17

G.P.s should apply strict criteria (as set out in Appendix VII) for selection of home birth mothers.
1) It is over to the general practitioner concerned to exercise his expertise and professional competence according to his own assessment of the situation.
2) Criteria acceptable for a hospital birth would generally be unsuitable for a home birth. eg. criteria 52 where strict time limits are set for how long labour should take. This may often be to the disadvantage of mother and baby. It should be over to the doctor and midwife to assess at the time. They are, after all, the professionals dealing with the birth.
3) Blanket rules cannot be laid down when dealing with people. Each individual situation is best assessed at the time by the professionals concerned with the mother's care.

Recommendatio28

The equipment listed for domiciliary obstetrics should be available at the time of delivery.
1) Most of the equipment listed is carried at all times by domiciliary midwives. However some of the items are not carried because they have no place in normal obstetrics. They are in fact DANGEROUS to the baby. eg. Portable analgesic apparatus, pethidine - adult and infant anti-dote for same, and valium amps.
2) This recommendation strikes at one of the basic concerns of homebirth parents: their baby's welfare. Mothers who birth at home are prepared, surrounded by people they ~~xx~~ have chosen to care for them, they are relaxed and at ease. The need for chemical analgesia is rare and generally requires moving to hospital because the risks to the baby are unacceptable for homebirth parents.

HOMEBIRTH

A homebirth is not a hospital birth in a different place. It is a different concept of birthing and the decision to birth at home is generally reached after much thought and consideration.
The recommendations concerning homebirth in the MSC report are based on an unsubstantiated belief that hospital care is superior, when in fact the evidence indicates otherwise. Another underlying assumption is that homebirth is just like hospital birth . This has obviously come about because those making the recommendations are inexperienced in homebirth and lack understanding of what the homebirth movement is about.

I hope your Association will consider the MSC report carefully and make relevant submissions to the Minister of Health to prevent restrictive recommendations becoming regulations.

I enclose a copy of the NZHBA 'Aims and Beliefs' and an information sheet on homebirth. Should you require further information about homebirth or the homebirth ~~xx~~ movement you are welcome to contact me.

Yours sincerely,

Marilyn Walker
President NZHBA