

## HOMEBIRTH AUSTRALIA CONFERENCE, SYDNEY, 1 - 5 April, 1983

This was an intensive, well organised and productive Conference which I attended as a representative of the Auckland Branch of the NZHBA. The atmosphere was good and after three years of international conferences this one was notable for its awareness of a wider concern for the need to maintain homebirth as a viable alternative on an Australia-N.Z. -wide basis through combining our strengths, analysing our weaknesses and assessing our priorities. There was a good feeling of camaradie - a meeting of old friends; 'bonding' as one delegate expressed it.

Unfortunately, National Coordinator, Henny Ligtermoet was unable to attend as her husband who has supported her activities throughout the years, was immobilised with arthritis. She was sadly missed and was selected to carry on as coordinator.

The first day was spent in a 'sharing workshop' - a report from each area - led by Gillian Brodie, a well qualified mw from Nimbin's 'Birth & Beyond' Centre. Gillian said homebirth started in Nimbin 5 - 6 years ago with a lay mw, Carol Elliot, to meet a need in the community. There are now three registered mws and 3 - 4 lay mws working from their Centre which prepares and supports women having both home and hospital births. Since mws in N.S.W. are autonomous, the women see a doctor infrequently. The Centre operates an antenatal clinic as well as the classes which include yoga, healing, F/P, self-help gynecology and herbal treatments. They have a good rapport with several local doctors; the government-sponsored postnatal nurse works from their Centre and there is a possibility of government funding. The Centre is also a social hub where they discuss birth experiences, have guest speakers, show films, etc.

During the past year 48 women enrolled for home births. Five of these were eliminated during the natenatal period. Of the 43, five were transferred during labour (two had forceps deliveries, one mec liq with babe in intensive care). Of the remaining 38 (15 primiparas) three primips had PPH and two were transferred to hospital; two had second degree tears. They do not use syntometrine routinely. Mws charge \$200 per delivery which includes five postnatal visits. If the lay mws does part of the follow-up, the mws splits her fee with her, otherwise she pays the lay mw \$50.

Adelaide: Julie Pratt, mw, reported from Adelaide. There are now two more mws, but Rosie Smart is having a baby. They are doing approx 100 births p.a. There are four doctors involved and they attend the births at the patient's invitation. There is also a lay mw in Adelaide who does quite a few births. The mws now obtain \$600 per birth from the private Mutual Health Insurance Co. This was done by directly challenging the insurance companies - attending their board meetings. The mws then formed a Home Birth Midwives' Ass Inc in order to obtain medical benefits. The other states are now going to challenge the insurance companies in order to bring about a similar payment for their mws!

Queensland: Carol Peak reported from Queensland where home births are being done either by lay mws or women are being delivered by their husbands or friends. She felt that lay mws did better politically than the registered mws. Following the prosecution of the Capricornia mws, this centre has folded, but a strong home birth movement still exists on the Sunshine Coast where two mws are operating.

Hunter Valley, Newcastle, NSW got started without either a mw or a doctor. They now have one of each and a good back-up from the Mater hospital where the medical superintendent is pro-homebirth. They have done four homebirths since getting organised. Cathy Irvine, mw, reported.

Blue Mountains, NSW got started 18 months ago and are a very enthusiastic group. They have already produced a booklet 'Preparation for Homebirth', 32 pages which they sold for \$3. or \$2 for 10 or more.

Woolongong has one registered mw, Kay Higgins (Calsanine?) - N.Z. trained at Wellington. She has done 13 deliveries in the year, charges \$400, has good relations with the hospital and doctors and has two obstetricians who act as back-up.

Nara, NSW, Rhonda Silver, mw, reported. They have two mws, one of whom is a good friend of Sheila Kitzinger. Rhonda is doing about one home-birth a month. Since they feel threatened the hospitals in Nara treat transfers well although they will not allow more than one support person to be present, and the mw is not allowed to answer questions when she is present.

Melbourne: Lya Shakked reported from Melbourne where homebirths are increasing with more registered mws involved. The mws have to register with the Nurses' Registration Board. Two doctors do the majority of the home births but a few more are doing limited numbers of births at home. Peter Lucas operates his own ante- and post-natal support groups and uses mainly registered mws who charge \$200. John Stevenson uses mainly lay mws who receive \$40 per birth from the doctor. They usually work in pairs. With the doctor's fee homebirths cost \$350 and up with the patient able to reclaim \$120 of the doctor's fee from insurance - but the greater the interference, the larger the rebate! There is some talk of establishing a flying squad. Lya felt the Birth Centre was set up to try and discourage homebirths.

Dr Stevenson wrote to Lady Di explaining the advantages of home birth!

Canberra: Barbara (Boo) Chevalier reported from Canberra. She discussed the feelings of the homebirth parents when they had to find a mw to replace Lorraine Feilding. They found that although they paid the mw they did not employ her and so had little say. There are now about 50 births p.a. in Canberra and one mw. They have started a birth attendants course worked out by Lorraine and plan to publish it as a book.

Sydney: Crown Street had just been closed so there were quite a few unemployed mws who came to the Conference to have a look at domiciliary midwifery. Met Jessie MacGregor who used to be matron at Kawarau and later worked at Campbell Johnston Unit in Hamilton.

Homebirth is growing in Sydney and there are quite a number of registered and lay midwives. Most mws work with lay midwives, the latter attending the labours while the mws attend the births. The lay mws are paid by the mws - \$40 for a labour which is \$4 more than a N.Z. mw gets for labour and birth! The lay mw is not allowed to charge directly for her services or she could be charged with quackery.

I tried to interest some of the Crown Street mws into coming to N.Z. but when they learned of the low pay and the restrictive conditions, only one English mw showed any interest. Akal Kaur Khalsa pointed out that women in Australia can have free maternity care under the state system. If they wanted something better, like homebirth, then they paid for it; otherwise the mw was actually subsidising their better care. Besides investigating the Adelaide approach to the insurance companies, another suggestion was to set up an insurance system to pay mws through a Childbirth Trust. They were interested in the Auckland moves to set up a Childbirth Trust.

The lay mws were very dissatisfied with their situation. They wanted legal classification and a structured training based on apprenticeship, with a mutual exchange of skills between lay and registered mws. It was felt that trained mws with their mechanistic approach had something to learn from lay mws who had a better understanding of the emotional ~~aspects~~ aspects. Although a number of lay mws expressed an interest in doing a direct entry midwifery training if this could be established, the issue of legal status for lay mws conflicts with direct entry training. This was seen as a matter that had to be considered when defining overall goals and priorities. Lynda Bates, 26 Christie St., St Leonards 2064 has undertaken to thoroughly research direct entry and bring a report to the next Conference which is scheduled for 22 April 1984 (Easter) in the Blue Mountains.

There were a number of excellent workshops. Probably the one of most significance was the one on Political Lobbying conducted by Terry Jackson and Chloe Refchauge. They set out a 'How-to Kit' which I am doing in a separate report.

Maggie Leckie Thompson, Sydney domiciliary mw for the past five years presented a series of slides on a survey of 500 N.S.W. homebirths. They were compiled with the conservative elements in mind to show that domiciliary mws were working responsibly. This resulted in a decision to make collection of standardised statistical data a national aim with Maggie and myself being delegated to do the job. As our stat forms are in need of revision I have collected Australian stat forms which I will provide to the May DMS meeting for discussion. I have also provided Maggie with a copy of our current stat form.

A good quality video of Australia's first underwater birth was shown - the birth of Jaya to Lorraine & Michael Quinn. During discussion Lorraine said it had taken 2 1/2 months to get the baby to breast feed, during that time she expressed the milk and fed Jaya. Michael reported that the babe's heart beat had gone down to 74 before breathing was established. Tragically, on their way home from Conference Michael tried to pass a truck on an 'S'

bend, collided with an on-coming truck and the whole family was killed. Jaya's birth was written up in the Melbourne Homebirth Newsletter, Dec '82.

Much concern was felt over the plight of the N.Z. mws and the recent MSC Report. Lorraine Fielding who is attending the 3rd National Midwives Conference, 20 - 22 April in Canberra wanted documentary information so she could bring the matter up at the Conference as she is giving a paper on homebirth. I provided her with xerox copies of the MSC recommendations, comments from DMS re these and copy of Minutes of Special Meeting of Ak Branch of Midwives Special Interest Group, 17.2.83 at which they endorsed the DMS points, even though the NZNA has already come out in wholehearted support of the Report! Also provided some historical background. Also provided Maggie Leckie Thompson with the same material as she wanted to use it to show the NSW midwives what happens if mws do not stay alert to protect their interests.

The Conference ended with discussion and determination of national aims: 1) Research on Direct Entry Midwifery; 2) Medical refunds for homebirths; 3) Nationalisation of Homebirth structure; 4) Preparation of National Resource list; 5) Standardised collection of stats; 6) Upgrade of legal status of Homebirth; 7) Analysis of lay midwifery.

All states are expected to come to next year's Conference prepared to discuss these issues with definite proposals so we can consolidate our aims and priorities.

A film evening drew a large crowd. The highlight was 'Birth in the Squatting Position' \* showing Brazilian Indian women giving birth. However, the crux of the film was not just that they squatted, but that they completely handled their own deliveries! There was an attendant and on a couple of occasions you saw her hand gently straighten the babe when the woman expelled it onto the thick towelling mat - perineum intact.

Another impressive one was a video of a breech birth in a Melbourne birth centre. It was a second baby, the woman stood during the delivery and the babe was delivered by an obstetrician. He got his knuckles rapped!

\* Available from Polymorph Films, 118 South St., Boston, Ma 02111, U.S.A. 10 minutes, colour, in English, 16mm. Cost \$210.

#### POLITICAL LOBBYING

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|------------|------------------------------------|
| HOW-TO KIT | 1. Define goals and priorities     |
|            | 2. Work out strategies and tactics |
|            | 3. Keeping the issues alive        |
|            | 4. Dealing with problems.          |

In defining goals and priorities it is necessary to get involved in skill sharing assertiveness training decision making Long term success depends on: personal integrity; awareness of problems, eg burn-out, frustration and competition for leadership; and ability to maintain flexibility. It is important to keep relationships good and strong - use manipulation outside but not inside the organisation. It is important to keep priorities in order - in relation to what it is possible to achieve. It is also necessary to 'time-table' goals and priorities as these can change with circumstances and achievement of minor goals.

Having established goals, work out strategy. Make a list of the steps that have to be taken. Identify the pressure points. Make a list of the key people to get at. Keep a checklist of Pressure points and Potential Allies. For example: Parliament - Gov't / Opposition - as premier/opposition leader; Minister/shadow minister; Ministerial advisers; Caucus; Backbench Committees; Local members; Sympathetic members who will raise issues in Parliament. Political Parties - policy committees; Women's structures. Public Service: Health, Social Service, Education; Registration Boards; Advisory Boards; Planning Research Units; Sympathetic Public Servants. Professional Assns eg Midwives Boards/Schools, Childbirth Education, Individual educators, Academics in related fields. Community Groups. Investigate acts, eg Freedom of Information Act, etc. Work out tactics to try to change people: Letters to Editors should address community attitudes and respond to the 'public pulse' which can also be manufactured; Speaking engagements reach community groups to widen base; share basic information and broaden skills; Correspondence to politicians - make sure to follow these up until you get what you want! Raise issues in Parliament - this keeps bureaucrats scrambling. Media releases - the closer your media release comes to form, the easier it is to get in. Prepare media information kits. Use Media events or create them - picketing, marches/rallies. Take direct action. Send delegations to Ministers.

Petitions were felt not to be very effective - the wording had to be prescribed; they were not taken much notice of, but allowed marginal people to express their support.

It is an asset to study non-violent training. Creativity in working out tactics is also an asset. They cited the instance of telephone jamming the women practiced in Sydney when Crown Street was to be closed the first time, to keep the switchboards busy in all the relevant departments.

In presenting the case one must make sure that the tactics and strategy do not jeopardise the other goals.

When presenting your position use documentary information and facts and make concrete recommendations.

Where appropriate refer to collateral support and endorsement to give greater credibility. Judgement has to be used in this - one would not cite support from a left-wing organisation if petitioning a right-wing group.

Provide a brief general statement to dispel myths and fears as (a) safety, (b) value placed by some people, (c) service needed to meet demands and access, (d) refer to sources - authoritative source, comparative studies; (e) include contact person.

Leave a written, dated summary, preferably one page which includes contact person(s).

Then advise the press and give them a copy of the summary.

#### Keeping the Campaign Alive

- Flexibility: As any campaign always takes longer than expected it is necessary to be flexible rather than being locked into strategies. This requires good communication and means reassessing strategies if necessary.
- Recording activities, organisation and documents. This means a good filing and recording system. This not only provides an historical record, it also raises self-esteem and helps others to build on your experience. It also keeps up morale to see what is and has been accomplished.
- On-going assessment - this should be done periodically taking consideration of the groups' internal problems.
- Perseverance
- Celebrating successes - this also helps raise morale
- Being supportive to each other when losing, don't place blame or be critical; rather be analytical.
- Take assertiveness training - don't be differential.

#### Suggested reading:

Resource Manual for a Living Revolution, 1981, V. Coover & others  
Leadership for Change, pamphlet from Movement for a New Society  
Rules for Radicals, Saul Alinsky, Vintage Books, 1972.

N.S.W. Hospitals which still offer basic midwifery training to registered nurses. Joan Donley  
Royal Women's Hospital, Paddington, (Oxford Street) - high technology  
King George V Hospital, Missenden Rd, Camperdown high technology  
St Margarets Hospital, Bourke St, Darlinghurst - women deliver in stirrups, very many labours induced, now overcrowded with closure of Crown Street.

Westmead Hospital, Paramata - new high technology which is replacing Crown Street.

Royal North Shore Hospital, Pacific Highway, St Leonards 2064

Hornsby & Kee-ring-gia District Hosp, Palmerston Rd, Hornby - 60 bed

Ryde District Hospital, Ryde

Manly District Hospital, Darley Rd, Manly 2095

24 obs beds  
has a long waiting list. These last three combine their midwifery training.