

36 Larnoch Rd.,
Henderson,
Auckland 8

2nd August, 1983.

A.G. Malcolm,
Minister of Health.

Dear Sir,

Re Domiciliary midwifery Practise:

I am writing to clarify a few points with you regarding your attitude towards domiciliary midwifery practice. Your repeated response to correspondence and approaches regarding the inadequate rate of pay for this work is that it is part-time and not worthy of equality of remuneration with hospital based colleagues. This would indicate that somewhere along the line you have been misinformed. Accordingly I would like to assist you by placing some factual information at your disposal. Indeed I have been wanting to do this for some time, but by the very demanding nature of this work I have lacked the time to do so.

I myself am a practising domiciliary midwife and have been so for the past nine years in spite of the many obstacles involved, one of which in these difficult economic times has to be the extremely low and in my view unfair rate of pay. Indeed this has forced five of the previous seven practising midwives in Auckland to withdraw from service because it is not economically viable. I myself support my family of three children on an annual income of below \$6,000 which is hard earned and knowing the very real hardship involved I fully appreciate the reasons why other midwives have been forced out of practice in spite of their enthusiasm and dedication. Replacing these midwives currently depends on finding individuals who are community minded enough to respond to the pressure for domiciliary midwives at a great financial cost as well as the personal costs of filling such an extremely demanding role.

That you deem this work to be part-time I would find laughable except that such a non factual attitude from someone holding an administrative position is never comic. Having worked as a charge nurse in a delivery unit for some years prior to moving into district work the comparative demands of hospital and domiciliary midwifery would in fact make hospital based work more feasibly labelled 'part-time.' You blithely overlook the twenty-four hour on call demands, the loss of sleep constantly re-occurring through attending women in labour while maintaining the seven-day week of up to six or seven post-natal patient's supervision. Thereby you come up with some mythical hours in which the domiciliary midwife does her 'true' job in order to support herself and supplement the unacceptable income of her domiciliary practice. Indeed by your comment that it is not expected that we would normally earn our total livelihood from maternity care you acknowledge your awareness of dictating a non-viable wage for this work. Even allowing for these non-existent mythical hours where does the medically based job exist where you can walk out at a moments notice in response to a delivery or urgent call? Further to return up to thirty hours later having fulfilled just one aspect of your "part-time" duties with the prospect of being called away again ever present would make your value very limited to the most tolerant of employers. In actual fact your part-time argument is so invalid it does your department an injustice for in using it you show your complete lack of familiarity with even the most elementary aspects of the work you continually decry. I would have expected that as a matter of course any one making an administrative ruling with such a profound effect on other peoples lives would at least make a few preliminary enquiries into the field they were dealing with. Unless the spirit of the freeze was in fact intended to abuse the goodwill of hardworking and responsible members of the community by expecting them to continue to provide a service at a remuneration rate below anything near remotely realistic I fail to see how an exemption would effect it in this case.

You also cite that domiciliary practice was never expected to be on a par with

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the hospital based midwife. May I enquire as to what you base that assumption on? Doesn't the care of a labouring woman involve the same standard of care and both her and her infant's wellbeing warrant the same valuation regardless of where the birth takes place? Indeed in that the family is accepting responsibility for providing her and her child's domestic care and not calling on government funding, that the midwives and doctors involved are similarly equipping themselves at personal cost, they are in fact contributing far more than the hospitalised patient and the hospital based personal. In times of economic crises it would be logical to assume a government would appreciate this rather than hold a condescending attitude. Why then should we be further penalised for our concern and be constantly thwarted in our efforts to provide a high standard domiciliary service by being expected to survive on a professionally insulting sub-standard wage? This unenlightened attitude is peculiar to the New Zealand authorities, elsewhere the district midwife is seen as a respected member of the nursing profession along with her hospital colleague. Why this government chooses to discriminate against them to the extent it does is unable to be accounted for.

The alternative is for unattended births and the inevitable costs in terms of the mother and child and to the community at large if a damaged child then requires long term support. Lack of a domiciliary service does not force people into accepting hospitalised childbirth as many couples unable to find a midwife have already shown. The service is communally desired and necessary and it would seem as a responsible governing body it is your responsibility to provide such an essential service? It should not be ignored while you trade in on the hard working loyalty of the minority to their community to carry the burden of providing a service as such personal cost.

Finally you also imply that the maternity claim is purely a benefit. This play on words is quite unacceptable. It constitutes our living wage and total income regardless of the petty labelling and this departmental subterfuge demeans the users of it by its complete unfairness. It would seem inappropriate by any set of values and to particularly have no place with a government which prides itself on contempt for nit-picking tactics.

I don't anticipate that my letter will make much impression on your particular bias, but it would be more honest of you to reject pleas for a liveable wage by the terms of your bias than on your part-time and not equal to hospital colleagues stance.

Yours faithfully,

Carolyn Young.