20001-43-048

To: The Committee Clerk,
Select Committee on Health and Welfare.

From: The New Zealand Home Birth Association.

Re: The Nurses Amendment Bill.

1. INTRODUCTION

The New Zealand Home Birth Association is opposed to the Bill being passed in its present form.
These submissions address three issues:

1.1 That midwives who are currently registered and practising in hospitals and who do not possess the qualifications outlined in the Bill but have been trained under the old midwifery program, will not be able to take up domiciliary midwifery.

1.2 That the Medical Officer of Health can unilaterally impose an order prohibiting a nurse from carrying out obstetric nursing where he suspects any such nurse to be practising in an unhygienic manner.

1.3 That the present wording of the Bill leaves the position of overseas trained midwives who have been trained in a program not involving general nursing training and who are applying for New Zealand registration, unclear. If this Bill is passed unchanged, this particular category of midwife may not be able to register in New Zealand.

1.4 The New Zealand Home Birth Association feels that these proposed amendments discriminate against domiciliary midwives and have no rational basis. We are concerned that they will aggravate the present shortage of domiciliary midwives and further erode opportunities for parents to exercise their legal right to choose where to have their baby.

2. BACKGROUND INFORMATION ON THE HOME BIRTH ASSOCIATION

2.1 Membership

At May 1983, the New Zealand Home Birth Association had approximately 1000 financial members.

2.2 Number of home births May 1981 - May 1982

During this period there were 461 planned home births. This was a 30 percent increase on the previous year. The Home Birth Association knows that the actual demand for home births is considerably greater than the above figures indicate. In several parts of the country, women are not able to have a home birth because no domiciliary midwife is available.

2.3 Aims of the New Zealand Home Birth Association

The Association exists to defend the home birth option, educate the public and professionals about the advantages of home birth, support and advise parents planning a home birth, support domiciliary midwives, collate statistics on planned home births, and advocate planned responsible home birth.

2.4 Branches

The New Zealand Home Birth Association has ten branches: Northland, Auckland, Thames, Waikato, Tauranga, Manawatu, Wellington, Nelson, Christchurch, and Dunedin. Home births are occurring with only general practitioners in attendance, in Timaru and on the West Coast of the South Island. Elsewhere, general practitioners and domiciliary midwives attend.

2.5 Work of the New Zealand Home Birth Association

Since its formation in 1980, Home Birth Association branches have run monthly meetings, antenatal classes, a national annual publicity week, annual conferences, and public seminars; supported domiciliary midwives in a practical sense; collected and analysed statistics; published local and a national newsletter; made parliamentary submissions; actively lobbied Members of Parliament; and distributed information pamphlets on the facts of home birth.

3. SUMMARY OF SUGGESTED AMENDMENTS

3.1 First Amendment

In Clause 15, as part of the new section 54 of the Act, part 3, the following additional category should be added:
"or a Registered Obstetric Nurse or Registered Midwife."

3.2 Reason

This would ensure that those midwives who do not have general nursing training but who are currently practising in hospitals and whose registration is protected (see explanatory note, p.ii, of the Bill) will be able to practise domiciliary midwifery. The way the subclause in the Bill stands, these midwives could be committing an offence and be liable for the $1,000 fine.

3.3 Second Amendment

In the same clause, as part of the same new section, part 3, the following category be added:
"or a midwife trained overseas whose qualifications are accepted by the Nursing Council."

3.4 Reason

There are several overseas midwifery training programs which are direct-entry (i.e. they do not require a basic general nursing training first) and some of these specifically train domiciliary midwives. These midwives are often those interested in doing domiciliary midwifery in New Zealand. They should not be barred from practising here. They are needed to overcome the present shortage of domiciliary midwives in New Zealand.

3.5 Third Amendment

We suggest that the words "or where he suspects any such nurse to be practising in an unhygienic manner" be deleted from Clause 16, new section 58, subclause 2, and that subclause 3 be deleted.

3.6 Reason

The clause gives the Medical Officer of Health the power to suspend a domiciliary midwife where he suspects her to be practising in an unhygienic manner. To give this power to a Medical Officer of Health is both unwarranted and unnecessary. Given the present attitude of some Medical Officers of Health, it can only lead to a greater shortage of domiciliary midwives.

4. FIRST SUBMISSION

4.1 Concerning the first issue, that midwives who are currently registered and practising in a hospital, having been trained under the old midwifery program, but who do not possess the qualifications outlined in Clause 15,section 54, subclause 3, will not be able to take up domiciliary midwifery practice.

4.2 This clause states that it is illegal to attend a woman in childbirth in any other place than an institution under the control of an area health board or a hospital board or a licensed hospital, unless that person is:

" (a) A registered general and obstetric nurse and registered midwife; or

(b) A registered comprehensive nurse and registered midwife."

4.3 This clause effectively makes it illegal for a midwife who does not possess a general nursing training (i.e. the registered obstetric nurse and the registered midwife trained under the old midwifery program) to practise domiciliary midwifery.

4.4 We therefore recommend that this category of midwife be included in this section of the Nurses Act.

4.5 It does not make sense to protect the registration of these midwives, but not allow them to go into domiciliary practice. If they are deemed qualified to practise in the hospital, then they should be considered suitable for practise in the domiciliary field. These midwives would have the advantage of experience.

4.6 If the rationale behind this clause is that these midwives, because they have no general nursing training, need more supervision and cannot therefore be suitable for the greater independence and responsibility of a domiciliary midwife, then we would contest this strongly. We believe that the present supervision, by the general practitioner and the Medical Officer of Health, is sufficient.

4.7 We also contest the underlying assumption that a general nursing training makes a midwife better suited for domiciliary practice. General nursing training may be essential for a midwife doing obstetrics in the hospital setting, but in the home it is not very relevant.

4.8 We are not aware of any substantial evidence which suggests that a general nursing training makes a better domiciliary midwife.

4.9 This clause may well rule out a few more potential domiciliary midwives. In this present climate of a severs shortage of domiciliary midwives, this is unwarranted and indeed appears to us as a deliberate attempt to worsen the situation.

5. SECOND SUBMISSION

5.1 Clause 16, section 58, subclauses 2 and 3, gives the Medical Officer of Health the power to prohibit any nurse from carrying out obstetric nursing where he suspects any such nurse to be practising in an unhygienic manner, and that this power applies only to a nurse working outside the hospital i.e. the domiciliary midwife.

5.2 This clause discriminates against domiciliary midwives, is far too open to the subjective opinion of the Medical Officer of Health on what is unhygienic, and places the domiciliary midwife in a vulnerable position which is both unjustified and unfair.

5.3 We see no reason why a domiciliary midwife should be subjected to this kind of scrutiny when her hospital counterpart is not.

5.4 The word 'unhygienic' is open to interpretation. One Medical Officer of Health could suspend a midwife for a reason that would appear inadequate to another Medical Officer of Health. The whole question of what is hygienic and what is unhygienic is also open to various interpretations.

5.5 It is not necessary to apply the same standards of hygiene in a home birth as are appropriate to the hospital situation. The danger of cross-infection and exposure to infection is far greater in the hospital setting. Also, there is evidence that the exposure of the newborn to 'household' germs is actually beneficial in that it helps to build up a natural immunity. Indeed, the child receives the natural antibodies to those germs through its mother's milk.

5.6 We are concerned about the possible ways in which the Medical Officer of Health may use this power to monitor the practice of a domiciliary midwife. It would surely only be possible if he were to accompany the midwife during her work. We see this as an invasion of the family's privacy and an undesirable and unnecessary interference which would significantly affect the nature of the birth experience.

5.7 We believe that the power of the Medical Officer of Health to suspend a midwife when this appears necessary to prevent the spread of infection is sufficient to prevent unprofessional and dangerous practice.

5.8 To give the Medical Officer of Health the power to suspend on the basis of mere suspicion seems to us to be undemocratic. It makes the domiciliary midwife too vulnerable to the personal bias the Medical Officer of Health may have about home birth.

5.9 Suspension for a midwife inevitably means loss of reputation and trust. For this to happen to a midwife who is later proved innocent is totally unfair and unwarranted. Also, how is the midwife's innocence or guilt to be ascertained?

6. THIRD SUBMISSION

6.1 The present wording of the Bill leaves the position of overseas trained midwives without general nursing training who apply for registration in New Zealand, unclear.

6.2 We suggest that in Clause 15, as part of the new section 54, part 3, a fourth category should be added, reading:
" or a midwife trained overseas whose qualifications are acceptable to the Nursing Council."

6.3 We think that allowance should be made for the overseas midwifery training programs, such as those of Holland, France and other direct-entry midwifery courses. The suggested amendment would enable the Nursing Council to assess a midwife so trained for registration in New Zealand. Countries such as Holland, Denmark and Sweden have direct-entry programs and exemplary perinatal mortality rates. Midwives trained in these countries should be welcomed and encouraged to take up domiciliary midwifery in New Zealand. This would go some way to remedying the present shortage of domiciliary midwives.

7. SUMMARY

7.1 It is imperative that the amendments suggested in these submissions are implemented. Parliament should be seen to be concerned about the shortage of domiciliary midwives and the resulting restrictions on parents' legal right to choose the place of birth.

7.2 The present provision for discipline of midwives who are practising in an unprofessional manner is sufficient. There is no reason to believe that further restrictions and supervisory powers are necessary. This would be even more the case if the Health Department would take more positive steps to ensure that the supply of responsible and suitably trained midwives meets the demand.

7.3 We predict that the current resurgence of interest in home birth is not a passing trend, but a genuine and intelligent attempt on the part of many parents to improve the quality of life for their newborn and themselves. Home birth is here to stay and deserves to be encouraged.

7.4 The New Zealand Home Birth Association is anxious to establish a co-operative and responsible working relationship with the Health Department and health professionals. We share their aims of trying to ensure a safe and positive birth experience for both the mother and the child.

<u>The New Zealand Home Birth Association.</u>

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H.D.R.Kemp (President)