

20001-8-013

REPORT, AUCKLAND DOMICILIARY MIDWIVES

May 198

There are now 13 of us working in the Auckland area. Between us we have attended nearly 250 births (Jan - Dec 1987) being approx 4% of the births in the Auckland Hospital Board area. Transfers - 26, Domino - 2 and Early Discharge - 54.

Two of our midwives had babies: Heather had Fergus in May and Veronika had Jesse in Feb. (LSCS, breech, post mature)

Yvette is working at Waitakere, Ruth is practice nurse part time and Adele is going to work at St Helens. Rhonda Jackson is going to return to the domiciliary scene later in the year.

As well as attending birth we seem to have an incredible number of meetings of one kind and another. We have quarterly meetings with our home birth doctors; with the three PPHNs of the Auckland area (Auckland, South Auckland & Takapuna) hosted by the Auckland PPHN Carol Petersen; and finally between ourselves on a regular basis.

Our meetings with the doctors are chaired and recorded by members of HBA. We discuss cases, politics and provide a fairly formidable united front when under attack. Last year, with consumer support (Maternity Action) we forced the OSRC to back down on its edict to have all home birth transfers become clinic patients. The doctors also support other doctors who are making their first frightened steps into home births. The numbers of our doctors is increasing. We have reached a stage in our relationship where we feel free to voice criticisms. At our last meeting it became apparent that the doctors (who take the legal responsibility and carry out all the clinical antenatal care) feel threatened by the domiciliary midwives who monitor the labour, catch the baby and make the post-natal visits. Some doctors felt that the DMWs tended to subtly undermine their doctor-patient relationship and tended to side with the woman against the doctor when questions of management arose. This is a delicate area. Without the gps there would be no legal home births; they are under a lot of pressure via OSRC and when the pressure is heaviest they tend to become very anxious about possible 'risk factors'. On the other hand, we DMWs tend to see ourselves as fairly independent and knowledgeable. It was a hot meeting, but as one of the gps pointed out, can you imagine such a frank discussion happening between hospital colleagues?

Among ourselves we remain on friendly terms although we do not always agree on quite a range of issues. However, we do sort out our differences among ourselves and speak with one voice on political issues. At our meetings which usually consist of a shared lunch (and are therefore also social) we share knowledge and concerns. We generally have a meeting just prior to our meetings with the PPHNs so we can discuss the agenda. At our last meeting we felt that it appeared that pressure was being applied to our very cooperative PPHN to "monitor" our practice by bureaucratic controls - the only method those in the hierarchy know. Since home births are not recognised by the medical profession, it is outside their parameters and therefore beyond their control. It would appear that they are using the NZNA to fire their balls for them.

Recently, in Kai Tiaki (Oct 1987) the NZNA National Executive minutes noted that Maureen Lawton proposed to raise the matter of monitoring domiciliary midwives with the Nursing Council & the Minister of Health, and that the Maternal & Child Health Committee is looking at domiciliary practice as part of its policy. (Minutes July 30/31)

I wrote to Gay Williams, Executive Director, NZNA and asked if the Maternal & Child Health Committee proposed to duplicate Jennie Nicol's survey; was it aware that the National Midwives Section has completed a Standards of Midwifery Practice which encompasses all midwives, and since both the National Midwives Section and the Domiciliary Midwives Society Inc accept the premise that we are all midwives working in different areas, was this another move to split midwives (as was the 1981 NZNA Policy Statement on Maternal & Infant Nursing); and was NZNA aware of the \$2m survey of the Australian home birth scene carried out by the National Health & Medical Research Council which concluded "that concerns about the safety of home births were not substantiated".

Maureen Lawton replied (1.12.87) that the NZNA Professional Services Committee was set up to formulate a policy document to replace the "controversial Maternal & Infant Policy Statement"; that Glenda Foster is the National Executive representative and the Committee is "looking at all aspects of midwifery and obviously one aspect is Domiciliary Midwifery..." On the subject of the Standards of Midwifery Practice, Maureen expressed concern about "who monitors the standards?" for domiciliary midwives in the interests of "the safety of mothers and babies as well as for the professional integrity of the midwife". She pointed out that hospital midwives have standards of practice reviewed regularly by peer evaluation and annual appraisal and "there must therefore be some way to monitor or review the practice standards of the midwife in the domiciliary setting".

Therefore, at our meeting with PPHNs (31.3.88) I proposed that before it is done for us, we DMWs should set up our own peer review committee. I suggested the committee should comprise:

- 1) The PPHN who according to ML "has some responsibility to ensure that the midwife has appropriate equipment but has no responsibility for auditing standards of midwifery practice";
- 2) A domiciliary midwife nominated by DMWS Inc;
- 3) A practising hospital midwife - preferably one who works in D/S and is therefore familiar with our transfers - nominated by the Midwives Section;
- 4) Two or three consumers nominated by the local HBA.

Carolyn suggested that it should also include a home birth doctor.

I was asked by Carol to prepare a position paper on this (which is attached) and which I would like to have discussed, amended, endorsed by this meeting and by Conference.

Another matter we should discuss is how we DMWs propose to apply the Standards of Practice to our practice. This was suggested by Anne Nightingale at one of our PPHN meetings and could be included as an appendix to the above position paper.

We Akers have cemented international networks - I attended the ICM Congress in The Hague (Aug) and gave a paper; Sian attended the International HB Conf in London (Oct). Sian also went to Hong Kong (all expenses paid) to do a home birth and while there set up a home birth association. I intend to go to the Australian Homebirth Conference in Hobart next week and am scheduled to report on the NZ HB scene.

DMWs (Auckland) Report /2

In general we have experienced a much more accepting attitude when transferring women to hospital, especially in Delivery Suite. On the wards there is still a lot of missionary work to do concerning the management of breast feeding, and where many health professionals still consider DMWs and home birth mothers part of the lunatic fringe.

We have been invited to speak about domiciliary midwifery to ADN and nursing students, and at in-service midwifery courses. Some of us are also involved in lecturing at the Support Group classes run by HB parents. There are five such groups in Auckland and each runs a series of 4-5 classes three times a year.

Several of us have participated in Laura Hawken's Independent Nurse Practitioner survey.

Joan Donley

AUCKLAND DOMICILIARY MIDWIVES,		April 1988	
BIRKBECK, Adele Hamiltons Rd., R.D. Waimauku		NICHOLSON, Ruth 22 Second St., Morningside	892 078
BURGESS, Sian 17 Malvern Rd., Mt Albert 3	861 801	THOMAS, Janet 4 Northland St., Grey Lynn	788 509
DONLEY, Joan 3 Hendon Ave., Mt Albert 3	887 759	WATSON, Yvette 48 Larchwood Ave., Westmere	788 459
HAMMONDS, Mary 46A Swainston Rd., St Johns 5	583 578	WAUGH, Heather 6 Laxon Tce., Newmarket	540 424
Hodgetts, Sarah 37 Juliet St., Howick	534 5075	WOODLEY, Jenny 25 North Rd., (Box 153) Clevedon	292 8404
JACKSON, Rhonda c/ Centrepont Community Mills Lane Albany	4159 468	YOUNG, Carolyn 36 Larnoch Rd., Henderson 8	836 2770
MULLER, Veronika 61 Western Dr., Laingholm	817 4880		

Jenny Woodley
asked to join CHee
to do grading for
midwives for quality
assurance

levels of competence
equating it with nursing.

do away with
seniority.

who decides criteria.

Siam: Birth in Hong Kong
\$10,000 for cost.

huge blackmarket in Hong Kong babies.
Uncomfortable about hospital
myw be here.

HOMEBIRTH AUSTRALASIA STATISTICS FORM

Midwife/Doctor code

--	--	--	--	--	--

office use only

MOTHER

This section should be completed by the mother. (circle relevant numbers)

How much did the following encourage you to home birth?

Desire for natural birth	1	2	3	4	5	9
The effect on your baby	1	2	3	4	5	9
No separation from children	1	2	3	4	5	9
Absence of drugs	1	2	3	4	5	9
Presence of friends/family	1	2	3	4	5	9
Religious beliefs	1	2	3	4	5	9
Your opinion of hospitals	1	2	3	4	5	9

Area of Residence

Postcode

--	--	--	--	--

If unknown, suburb & town:

Marital Status

- 1 married/de facto
- 2 single/unmarried
- 3 separated
- 4 divorced
- 5 widowed
- 9 unknown

Ethnic Group

- 1 Caucasian
- 2 Maori
- 3 Pacific Islander
- 4 Australian Aboriginal
- 5 Asian
- 8 Other
- 9 Unknown

Country of Mother's birth

- 1 Australia
 - 2 New Zealand
- Other (specify) _____

Mother's Date of Birth

--	--	--	--	--

day month year

Highest Education Completed

- 1 primary
- 2 secondary 1-2 years
- 3 secondary 3 years
- 4 secondary 4+ years
- 5 tertiary - undergraduate or equivalent
- 6 graduate or equivalent
- 9 unknown

Previous Pregnancies

- (Excluding this pregnancy)
- 1 No previous pregnancies
- Or:

Number of Pregnancies resulting in:

All babies live born

--	--

Stillbirth

--

Miscarriage

--

Termination of pregnancy

--

Unknown

- 1 = encouraged a lot
- 2 = encouraged
- 3 = little influence
- 4 = discouraged
- 5 = not applicable
- 9 = unknown

Month and Year of completing last pregnancy

--	--	--	--

Outcome of last pregnancy

- 1 all babies live born
- 2 still birth
- 3 miscarriage
- 4 termination of pregnancy
- 9 unknown

THIS PREGNANCY

Date of last period

--	--	--	--

(best estimate if unknown)

Smoking

- 1 never in pregnancy
- 2 0-5 cigarettes/day
- 3 6-20 (1 pack)/day
- 4 over 1 pack/day
- 9 unknown

Procedures in pregnancy

- 1 none
- 2 ultrasonic scan
- Amniocentesis:
 - 3 - before 20 weeks
 - 4 - 20 or more weeks
- 5 cervical suture
- 8 other
- 9 unknown

LABOUR AND DELIVERY

Place of birth

- 1 home
- 2 hospital
- 3 other

Was this place

- 1 planned/intended
- 2 emergency

Labour onset

- 1 spontaneous
- 2 medically induced
- 3 surgically induced (ARM)

Procedures in Labour

- 1 none
- 2 pain relieving drugs
- 3 ARM
- 4 acupuncture
- 5 homeopathic remedies
- 6 episiotomy
- 7 sutured laceration
- 9 unknown

Positions used in 2nd stage

- 1 squatting or sitting
- 2 kneeling
- 3 standing or walking
- 4 lateral

(continued from previous column)

- 5 hands and knees
- 6 dorsal
- 7 bath
- 8 other
- 9 unknown

Presentation

- 1 vertex
- 2 pop
- 3 breech
- 8 other
- 9 unknown

Type of delivery

- 1 spontaneous cephalic
- 2 spontaneous breech
- 3 forceps
- 4 ventouse
- 5 elective caesarian
- 6 emergency caesarian
- 8 other
- 9 unknown

Length of Labour

	Days			Hours			Mins		
First stage									
2nd stage									
3rd stage									
Membrane rupture to delivery									

(At birth = 1 minute)

Complications of labour

- 1 none
- 2 foetal distress
- 3 prolonged labour
- 4 retained placenta
- 5 antepartum haemorrhage
- 6 postpartum haemorrhage
- 7 cord prolapse
- 8 other
- 9 unknown

Complications of puerperium

- 1 none
- 2 urinary tract infection
- 3 genital tract infection
- 4 breast infection
- 5 venous thrombosis
- 6 secondary pph
- 7 post natal depression
- 8 other
- 9 unknown

Postnatal intervention for mother

- If birth at home:
- 1 - remained at home
- Transfer to hospital:
- 2 - for treatment
 - 3 - to accompany baby

- If birth in hospital:
- 4 - normal discharge
 - 5 - prolonged treatment

- If mother died:
- 6 - with autopsy
 - 7 - without autopsy

- 9 Intervention unknown

BABY

Complete a separate form for each baby of a multiple birth

Plurality

- 1 single birth

or:
this record refers to born of children.

Date of birth

--	--	--	--	--	--

Sex

- 1 male
- 2 female
- 3 indeterminate
- 9 unknown

Condition

- 1 live born
- 2 still born

Birthweight (gms)

--	--	--	--

Apgar

- at one minute

--	--
- at 5 minutes

--	--

Resuscitation

- 1 none/routine
- 2 oxygen
- 3 intubation
- 4 injection
- 8 other
- 9 unknown

Postnatal intervention for baby

- If born at home:
- 1 - remained at home
- Transferred to hospital:
- 2 - for treatment
 - 3 - to accompany mother

If born in hospital:

- 4 - normal discharge
- 5 - Prolonged treatment:

If baby died:

- 6 - with autopsy
- 7 - without autopsy
- 9 Intervention unknown

Congenital anomalies

- 1 no
- 2 yes (specify) _____

9 unknown

Neonatal morbidity

- 1 none
- 2 extreme prematurity
- 3 jaundice with phototherapy
- 4 infection
- 5 birth injuries
- 8 other
- 9 unknown

Feeding at two weeks

- 1 breast milk only
- 2 breast plus supplement
- 3 bottle feeding
- 9 unknown

(continued next column)

Signature: _____

