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REPORT

AUCKLAND DOMICILIARY MIDWIVES - Jan - Dec 1988 J. Donley

Our 14 midwives attended 308 births which works out to 45% of the approx 675 home births in N.Z. for the year. It is also 2% of the births in the Auckland area health board(AAHB). Professor Colin Mantel expresses it as "only 400 births out of 15,000" so sees "no great need for medical student training in this area". He also gave an ambivalent message via the press that he has no objection to home births, though baby breathing difficulties cause problems and are impossible to predict.

Some of our midwives are working part time in obstetric units for varying reasons - financial, time for families ensured, etc. One of our former DMWs Lil Dunn who returned from Canada had a daughter Emma Grace in Dec; Janet Thomas had a daughter, Jorden in March.

A number of new DMWs are registering (some to do only postnatal care which is increasing now that women are being turfed out of hospital early) We could do with more complete service registrations on the North Shore and in West Auckland especially now that we are having our out-of-zone mileage restricted. South Auckland has had an increase in DMWs. Lee Mathias, Principal Nurse at Middlemore publicly advocated home births which created a furore among the obstetricians.

Although AAHB has developed a community midwife service for early discharge mothers, these midwives have a case load of up to 15 visits per day. Therefore the DMWs find their caseload for early discharge mothers is increasing. These early discharge mothers get no support other than the short visit from the midwife - no nappy service, no home help even though they are saving the AAHE \$248 plus GST per day. It's quite barbaric!

Home birth mothers also need home help as of right and this is an issue we should address. On the North Shore a group Parent Port has managed to winke \$20,000 from COGS to set up a short-term Immediate Home Help Service for mothers who need help. They have offered this service to home birth mothers on the Shore. They pay these workers \$10 per hour plus travel allowance. The first day's help is free to the needy mother, subsequent days are on a donation basis.

With the establishment of the AAHB we made a submission (copy tabled) re our position within this new structure, especially now that the O&Gs can see their dream coming true - DMWs under OSRC control - which is why we put forward our independent monitoring body, the Domiciliary Midwives Standards Review Committee (DMSRC) at last year's Conference. We now have the pilot programme up and running and three DMWs have already presented their reports. (See separate report). I might add that AAHB lost our original submission in the restructuring and shifting and I had to send them a copy of the original!!

There is a small but growing request for water births and pools in two sizes are available for hire. Some of us oblige, other do not. We all received a circular letter from the DOH about the "unhygienic" nature of water births and possible prosecution, and informing us that the Division of Women, Children & Family Health were conducting a review of options in childbirth which will include water births. (Copy enclosed).

Ak DMWs Report/2

Three DMWs - Rhonda, Sian and Veronika- have set up a 'co-operative' in order to ensure some free time. Each midwife books her own cases but when she is 'off call' the other two act a back-up. They can also call on one another for relief during a long labour although the parents may have to make a financial contribution for this. They provide their own classes - three antenatal and one postnatal for which women pay \$5 each per class. This gives women an opportunity to meet and get to know the other midwives. Their roster is worked out to December. To some extent their classes have affected the HB Support Group classes.

We continue to take midwifery students out with us. The new separate midwifery course at ATI is home birth oriented. There are 21 students enrolled. While GPs get \$100 p.w. for each medical student they take under their wing, we do this for free. However, until we are in a stronger position, better established and officially recognised as preceptors I feel this is a contribution we have to make change patterns of childbirth in N.Z. - just as the early midwives worked for starvation wages to establish the home birth option. ATO sent out a request for home birth mothers to participate by agreeing to have a student involved and this went out in our Newsletter.

We also get calls from other students doing studies on home births and wanting information. Some of us lecture to both the midwifery and nursing students and get paid for this. Some of us take sessions at the HB Support Groups. We also get calls to speak at various community functions.

We continue to have quarterly meetings with our home birth doctors. The doctors are not very enthusiastic attenders, nonetheless the number doing home births is increasing and is around 30.

We also continue to have quarterly meetings with the PPHNs of the three health districts. These are valuable. While sometimes spirited, they are always friendly and honest and we are able to discuss our feelings about the bureaucracy.

Our relations with the hospital based midwives continues to improve and expand - several of us are involved with the local branch of the College. Also improving are our relations and communications with the NNU staff and with some O&Gs. The Cartwright enquiry and report has forced some soul searching on the part of some O&Gs - but not all.

It is encouraging to see a number of our DMWs becoming politically adept and 'vociferous' and putting time into the broader issues rather than only into narrow self-interested ones.

Most of us attended the Midwives Conference in August where Caroline Flint was the keynote speaker. It was more like a home birth conference than a midwives one - we all felt like queen bees, even found it difficult to be suddenly so acceptable and respectable. There have been a number of interesting seminars and in-service training course which some of us have attended. There is never a dearth of such lectures, courses, seminars in Auckland - only the time and energy. to participate.

202/4/11

24 August 1988

CIRCULAR LETTER TO DOMICILIARY MIDWIVES
AUCKLAND HEALTH DISTRICT

It has been drawn to my attention that waterbirths are occurring in this district under the supervision of domiciliary midwives. The Nurses Act 1977 Section 58 (2) as amended in 1983 states -

"The Medical Officer of Health may make an order prohibiting any nurse from carrying out obstetric nursing for such period, commencing with the date on which notice of the order is served on the person and not exceeding 1 month, as he considers advisable in any case where such suspension appears to him to be necessary *in order to prevent the spread of infection* or where he has reasonable grounds to suspect any such nurse to be practising *in an unhygienic manner.*"

For clarification eg a spa pool would be considered unhygienic. I therefore require you from this date until further notice to notify us of the circumstances in which it is intended such births will take place in order that I may be satisfied that you will be complying with the above Regulation.

The Women Children and Family Health Programme Head Office will be conducting a review of options for childbirth later this year which will include waterbirths.

If you have any queries please contact the Principal Public Health Nurse Ms Carol Petersen.

Yours sincerely



(J W McLeod)
Medical Officer of Health

DOMICILIARY MIDWIVES STANDARDS REVIEW.

27 April 1989

Review of cases Jan 1 - Dec 31 1988

Joan Donley

Number of cases booked.....41 (only two P0)

Transfers: 1 primip transferred at onset of labour 37/40 with active herpes - LSCS.

1 P1 G2 transferred in labour when found to have an herpes lesion - LSCS. Epidural didn't work so GA after incision made.

P1 G2 - transverse arrest - pudental, forceps

P0 failure to progress, epidural, forceps 28 hr labour

P5 G6 transf at full dilatation, head high 3 hrs, contractions 10 min apart, epidural, augmentation, ND disch from DS. She had had two HBs. An early scan said she had a placenta praevia, but was reversed in a later scan so most of her pregnancy was an anxious time, also her mother who was present was opposed to HB.

Labour support: P2G3 from S. Auckland. First babe LSCS (OP/fetal distress; 2nd ND/HB. This time she was unable to arrange accomodation in AK. Disch from DS - PN care Jenny Woodley

P1G2 doctor anxious about postmaturity - PGs - ND disch from DS.

Five women came to Ak from other areas;

P1G2 from Waiheke, stayed with mother;

two came from Coromandel, stayed with friends;

P3G4 from S.Ak stayed with friends ?gestional diabetes as she had had three nine-pound babes.

Parity/age - see chart.

Postnatal/early discharge - 16.

Scans: 11 women had scans - 7 had one scan; 4 had 2 scans and 3 had amniocentesis

Medication: three women were on asthma medication during pregnancy

Breeches - two breeches were turned - 1 by acupuncture (Dr) one @ 38 weeks with tuberculinum after acupuncture, posture and diet failed.

Giardia - two women had giardia (one last year)

- P1G2 developed diarrrohea @ 34 wks + nausea, anorexia and weight loss, Hb 105, B12 levels low. She had Fasign 2G stat which cleared her symptoms; one IM of B12 @ 38 wks

- P2G3 was identified when her husband was ill. The whole family was found to be infected and all were treated with Fasign when M was 12/40.

Both women had NDs and both had mec liq - the first slight mec staining; the second mec liq. The second woman's babe had tufts of hair on both ears which she wondered was the result of Fasign.

(See paper)

Platelets - one woman P1G2 had low platelets. Homoeopathic phosphorus corrected the problem

Castor oil: Three women took castor oil to induce labour after early SRM

Two took castor oil because of postmaturity.

During labour:

Four OPs were turned early in labour with acupuncture
 Five had acupuncture for pain relief
 ARM - 10 - 5 @ 8cm; 4 with rim and 1 @ 6cm.
 16 delivered on hands & knees; one kneeling.
 11 babes had cord around neck - slipped through or over
 4 had shoulder dystocia
 12 had tears repaired. Episiotomy - nil
 1 PPH - 1000 mls (ecbolic). P3G4 good shor labour, other
 babes under 7 lbs, this one 4880 G. No support, separated
 from husband - drug addict.
 1 babe had an apgar below 6 - the one transf for transverse
 arrest.
 3 babes had mec liq
 3 had thick mec liq.
 All were suctioned on perineum and those with thick mec liq
 were checked/suctioned through laryngoscope

Postnatally:

three women had pyrexia:
 two - mastitis (one was an early disch) treated with
 natural remedies;
 one - early LSCS disch - wound infection & endometritis-
 antibiotics.
 Two women had deficient lactation;
 -P2G3 required one bottle per day. This had happened
 on the two previous births;
 - P1G2 early disch didn't lactate at all. She had had
 the same problem first time - ? thyroid deficiency.
 Two babes were circumcised - one Jewish, the other (an early
 disch) because dad was.

Education

- NWH In-Service EDucation - a series of once-weekly day-long lectures;
- Seminar - 2-day- with Michael Tierra on adapting herbal remedies to the yin/yang philosophy of the East
- Independent research: Thrombocytopenia
 Giardia
 Herpes
 Thrush
 Turning breeches

Age	29	34	25	33	33	32	35	33	37	36	27	29	27	31	28	32	25	32	23	37	29
Parity	3	1	1	1	1	2	2	1	1	1	2	1	1	1	1	1	1	2	2	5	1
Age	32	29	32	25	28	32	22	39	36	30	31	34	37	31	29	35	30	31	29	38	33
Parity	2	3	1	1	0	2	0	1	1	2	1	2	3	1	1	2	3	1	3	1	1