20073-220-007

Cindy Kiro
Chairperson
Review Committee
Auckland Area Health Board
P.O.Box 5546
AUCKLAND

15 November 1991

Dear Cindy Kiro

Re: Auckland Area Health Board policies relating to the booking and transfer into AAHB facilities of women who plan to give birth at home.

The Auckland Home Birth Association, the Auckland Branch of the Domiciliary Midwives Society and the Auckland Home Birth Doctors Group would like to recommend that the Review Committee of the Auckland Area Health Board reverse decisions that were made earlier this year and 1) allow women planning a homebirth to also book into National Womens Hospital in order that they can retain their "private patient" status should transfer to hospital become necessary and 2) that the responsibility for deciding when and if a specialist consultation is required, should a woman be transferred from a planned homebirth to hospital, is returned to the practitioner under whose care the woman is booked.

In a letter dated 19 April 1991 signed by A. Nightingale, Manager Maternity/Neonatal Services, National Womens Hospital (Appendix 1), GPs and consultants who have contracts for Access to National Womens' Hospital were informed of changes in policy regarding booking and transfer into National Womens' Hospital of women planning homebirths. The Auckland Home Birth Doctors Group and the Auckland Home Birth Association replied asking for an immediate retraction of these policies on the bases that they are discriminatory, unsafe and deny women their right to be attended by the practitioner of their choice. We asked for evidence to support the claim that previous transfer protocols had resulted in "significant perinatal mortality" as well as information which

proved that the new policies would result in improved outcomes for women and their babies.

We received a reply from A Nightingale in early June,(Appendix II) in which she stated that these policies had been instituted following a recomendation of the Auckland Area Health Board's Complaints Review Committee. On the 17 June we wrote to the Chairperson of this committee, Helen Nagels, asking her to supply the information on which the Review Committee had based its recommendations and reiterating our concerns about the new policies. We also took up Miss Nightingale's offer to meet with her and H Nagels and arranged a meeting for 1 July. At this meeting both A Nightingale and H. Nagels stated that these policy changes had been instituted following a single complaint to the AAHB which involved a woman who had been transferred from a planned homebirth to National Womens' Hospital. The practitioners and consumers at this meeting expressed their concerns about the new policies and the fact that the domiciliary midwife involved in the case which was reviewed had not been invited to participate in the review process. We reminded H.Nagels that we would still require a written reply to our letter to her and she also undertook to seek some clarification of who is legally responsiblefor the client if she is transferred to hospital under the new policies. H. Nagels undertook to reply within a fortnight, however by the time the budget was issued at the end of July and the then Review Committee disbanded, we had received no reply from her.

Subsequently both the Auckland Home Birth Assocaion and the Auckland Home Birth Doctors Group wrote to Gary Taylor asking him to take up this matter or to refer it onto and appropriate person within the Board. At the end of August the HB Doctors Group received a reply from Gary Taylor (Appendix III) which stated that, "the arrangements for booking women planning home births will be reconsidered once the agreements for access to maternity units have been completed.", and that he had passed the matter onto Dr Ray Naden.

In October we asked Dr Ray Naden to set up an informal meeting between Maternity Services Management at NWH and representatives of HB doctors, midwives and consumers to discuss the difficulties HB practitioners and clients were having with the new policies and the way they were being implemented at NWH.

At this meeting it was agreed that women planning a homebirth should also be able to be booked into a hospital in order to protect their status as "private patients". Unbooked women arriving at hospital are legally "public patients". This is an unsatisfactory situation for women being transferred from home in terms of continuity of care, and also undermines the legal and professional rights and protections (as granted under Access Agreements) of the private practitioner who has admitted the client, to continue to provide care. A. Nightingale agreed to write to the Review Committee recommending a reinstatement of the policy which allowed women planning a homebirth to also book into their local hospital in case the need for transfer to hospital should arise.

We presented to this meeting our desire for a reinstatement of the former policy which allowed the practitioner transferring the woman to decide when specialist consultation was indicated. This meeting could not agree to make this recommendation however a subsequent meting of hmebirth doctos, midwives and consumers agreed that we should present this recommendation to the Review Committeee for the following reasons:-

1. That the new policies were instituted on th basis of a single complaint and that no representatives of the groups who would be directly affected by these policies were invited to participate in this review and change in policies. This contravenes a stated Principle of the Auckland Maternity Service that, "A quality service is maintained and developed through an ongoing monitoring process which involves consumers and service providers and this process will be a feature of the Maternity Service.

2. It is a policy which undermines the established relationship between homebirth clients and practitioners and the cooperative relationship between homebirth practitioners and National Womens' Hospital staff which previously existed.

3. This policy, which requires a consultant to repeat assessments examinations simply to comply with bureaucratic rulings, rather than in response to any real need, creates unnecessary and uneconomic duplication of services which is uncomfortable, stressful and often expensive for the woman involved.

4. The question ofwho is responsible for the woman and her baby appears to be problematical for hospital managemment and the Area Health Board. We adhere to the principles of informed consent, i.e. a conscious, responsive, informed client is able to partcipate in all decision-making reagarding her health care and must be the one to consent to any kind of assesssment and treatment from any practitioner.

The decision to transfer into hospital from a planned homebirth is a decision the woman makes on the advice of her chosen caregiver(s). It is usually made in recognition of the fact that the client is, or may be, in need of some of the facilities available in the hospital, and the likely course of treatment has usually been discussed with the client prior to finalising the decision to transfer. The decision to transfer does not automatically indicate that a woman is also in need of specialist care, (in most cases a woman is simply in need of some pain relief as a result of a long labour). The current policy effectively denies a woman access to hospital facilities unless she accedes to assessment by a consultant who is also given the power to decide whether or not the woman's chosen caregiver can continue to provide care. This policy is particularly offensive when one considers the vulnerability of the labouring woman and the sensitive nature of the physical examinations involved. This situation, which denies a health professional, who has legal access to a health facility, the right to continue to provide care in accordance with her/his client's wishes does not exist in any other field of medicine. This policy which effectively denies the client her right to informed consent is a totally unacceptable breach of modern health care principles and indeed the stated principles of the Auckland Maternity Service. (#4. "Women and their partners are entitled to make informed choices and the Maternity Service will ensure that appropriate and helpful information is available." Furthermore, how can the Board's principle #6 that, "Trust between a woman, her partner and the principal caregivers is integral to a quality Maternity Service..." be fostered if the woman is obliged to submit to assessment from an unknown professional and her right to continuity of care (Principle #7) from her chosen caregiver(s) is threatened?

You may also be interested in a recent decision of the U.S. Court of appeals which states that, "in virtually all cases the question of what is to be done is to be decided by the patient - the pregnant woman- on behalf of herself and the fetus". "This decision also made clear that the pregnanct woman ***and*** (our emphasis) her doctors make the legally valid and binding choice of medical care -

(a choice that is being denied women who transfer from a planned homebirth to National Womens' Hospital). It also clearly states that women have legal control over their bodies, their lives and destinies." (Appendix III)

5. The woman's right to remain under the care of her chosen caregiver(s) until such time as they jointly make a decision to consult more specialised care was upheld by a legal opinion (Appendix III)which we sought several years ago when these same transfer policies were instituted. As a result we were advised by A.L.Honeyman, then Superintendant in Chief, Auckland Hospital Board, "that the responsibility for the medical care of women booked for homebirth remains with their general medical practitioner until he or she refers the woman to a specialist." (Appendix IV)

6. These policies undermine the professional integrity and competence of the homebirth practitioner(s) initiating transfer to hospital. It is an anomaly to assume that that a homebirth practitioner who is capable of making an appropriate decision to transfer a client then becomes incapable of effective assessment and decision-making once they have arrived in hospital, particularly when these same practitioners are deemed capable of deciding when their clients, who have chosen to give birth in hospital, are in need of consultant assessment and care.

The Auckland Home Birth Association and homebirth practitioners acknowledge that in a small number of cases, transfer from home to hospital has been managed in a less then satisfactory way. These cases have been reviewed, both by the Domiciliary Midwives Standards Review Committee and at the less formal quarterly Home Birth Doctors and Midwives Meetings. We are happy to formalise transfer protocols, to ensure optimum care for home birth clients and facilitate clear communication between homebirth practitioners and hospital staff and consultants. We therefore propose to draft a "Transfer Information Sheet" which will provide hospital personnel with all necessary information about the client being transferred. Such a form will include:-

a) Name of client being transferred and name of practitioner(s) who is/are responsible for care.
b) Reason for transfer
c) Outline of client's history.
d).Preceding labour management.
e) Proposed labour management

f) The client's preference as to primary caregiver(s) and the recommendation of her primary caregiver in this respect.
We are happy to continue to make our client's records available for copying on admission.

Thank you for considering this submission to reinstate the former policy which would allow a woman planning a homebirth to also book into National Womens' Hospital and gives reponsibility for initiating specialist obstetric consultation back to the practitioner under whom the woman is booked. Representatives from our groups would be happy to meet with the Review Committe to discuss the contents of this letter and provide any additional information required.

We look forward to a reply at your earliest possible convenience.

Sincerely

Brenda Hinton
Spokesperson AHBA