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**NEW ZEALAND  
NURSES' ASSOCIATION INC.**



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*Address all correspondence to the Executive Director*

OUR REFERENCE: 25-5-1

YOUR REFERENCE:

5th March, 1981

Ms B. Macfarlane,  
Secretary,  
N.Z. Home Birth Association,  
P.O. Box 7093,  
Wellesley Street,  
AUCKLAND 1

Dear Ms Macfarlane,

Please accept my apologies for not having replied sooner to your letter of 14th December, 1980.

All financial members of the New Zealand Nurses' Association are covered by the Association's Indemnity Insurance policy. They are required to be financial at the time of any incident and to report immediately any situation in which they believe a claim could result. This is to ensure that they can be referred to a lawyer nominated by the Insurance Company and thus have legal fees paid.

Your letter states that domiciliary midwives are paid by the Health Department and are employed on a contract basis. It is my understanding that domiciliary midwives are self-employed, required to be registered with the Department and may claim a benefit from the Department for the purpose of midwifery duties. One can practise as a domiciliary midwife without receiving the benefit from the Health Department and by making a charge to the patient.

In July 1979 I wrote to the Minister of Health asking for details of numbers of home deliveries, the payment received by midwives and for information generally. This was also briefly discussed with him. In August 1979 I wrote to the Director-General of Health asking when payments for domiciliary midwives would be reviewed. His reply later that month indicated that rates had been increased in 1977 and there was no prospect for this being increased in 1979 as the Maternity Services Committee was looking at the total midwifery scene. In August I also wrote to the Director, Division of Nursing, in relation to education of domiciliary midwives. In June 1980 I again wrote to the Director-General of Health asking that the rates for domiciliary midwives be reviewed as there had been announced an increase in the Maternity Benefit. I received a reply from the Department indicating that the rates were under review and on 14th October N.Z.N.A. was informed of the increase. The Midwives' Section of the Association was notified of this increase and it was also printed in the New Zealand Nursing Journal.

Your comment that our fee is found by some of the younger midwives to be onerous is noted but I would point out that it is a reasonable fee compared to many other organisations and

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it does carry an indemnity insurance cover which would be very expensive to maintain on an individual basis and without which I believe the domiciliary midwife would be foolish to practise.

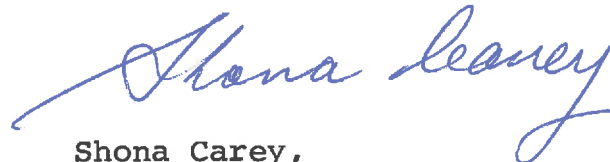
Domiciliary midwives cannot be covered by the Public Service Association as they are not employed by Government.

A remit to the N.Z.N.A. Conference this year will determine the Association's policy in the future in relation to reviews of fees for domiciliary midwives. The remit reads -

"That the New Zealand Nurses' Association request the Minister of Health to institute reviews into the fees for domiciliary midwives on a regular basis."

NOTE: Domiciliary midwives receive a maximum payment of \$141.75 per case (\$4.25 for a pre-natal visit, \$36.00 for labour and delivery, \$7.25 for each of the succeeding 14 days); i.e. an annual income of \$10,206 before taxation, for a case load of 6 per month. The New Zealand Medical Association instigate negotiations with the Department of Health every 1-2 years and ensure regular upgrading of the Maternity Benefit paid to doctors, and it is felt that the N.Z.N.A. could, in the same way, effect improvements for domiciliary midwives, so that they may receive an income comparable to hospital midwives.

Yours sincerely,



Shona Carey,  
Executive Director.