20073-292-027

TO:

Minister of Health, Hon G Malcolm

Director General of Health,

The New Zealand Home Birth Association Inc wish to protest against the recent recommendations presented by the N.Z. Nurses' Assn (NZNA) to curtail home births. Along with the Domiciliary Midwives' Society Inc (DMS) which was formed in 1981 to speak on behalf of the domiciliary midwives who were accorded no voice in the NZNA, although they are members, we present herewith our arguments against these NZNA recommendations.

These enclosed NZNA recommendations were made to the Maternity Services Committee (MSC). The NZNA also urged that these recommendations should be accepted and implemented by the Department of Health. (Recommendation 14, NZNA Policy Statement on Maternal & Infant Health, April 1981) These are a direct reaction to the growth of home birth which challenges the dominant practitioners and their methods of childbirth.

These recommendations are not in line with the historical development or the existing realities of New Zealand midwifery in general and domiciliary midwifery in particular. Neither are they based on any long-term, best interests of the consumer, i.e. the childbearing women who elect to have their babies at home. Rather, they are based on narrow self-interst and the unfounded assumption that home birth is less safe than hospital birth.

In the early days of midwifery training, N.Z. midwives were noted for their competence and efficiency. However, with the trend to complete hospitalisation of childbirth and the subsequent growth of specialisation in the obstetric field, competent midwives were

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necessary nor desirable. Rather, the need was for machine-minding, handmaidens to obstetricians.

Domiciliary midwifery, on the other hand, tends childbirth at home, as the name implies. This threatens the power structure of the obstetricians and the hospital-based midwives. It also forces them to justify their practice and to be questioned on their traditional roles and rituals, making them feel uncomfortable, as is pointed out in the MSC leaflet, 'Obstetrics & the Winds of Change'. This leaflet also says, "We in the medical and nursing profession face a major challenge to meet the demands of a vocal minority as well as the larger needs of the majority." Note that the home birth "minority" make "demands" while the "majority" have "needs".

The trend to home birth is world-wide. It is part of the consumer response against "impersonal, technologically orinetated, increasingly bureaucratic abd specialised" health care to quote from the Department of Health's quarterly bulletin, 'Health'. [1] This article also speaks of "the patient's right to make decisions." It points out that the self-help movement challenges the doctors' prerpgative to define the extent and content of lay involvement. This self-help movement "questions the medical definition of health...It seeks to reclaim areas of normal life which have been defined as medical, for example, pregnancy. It argues for a holistic approach to health problems."

NCMA statements are contradictory. While they pay lip service to consumer rights, "happily the childbearing public no longer accepts, passively, control of their lives by 'the professionals'," [2] they, proclaim their ambitions for "recognition as a powerful political group advocating changes and innovations in the delivery of maternal

and infant care." [3] These "changes and innovations" such as making the hospital environment more homelike, less clinical, with the requests and needs of individuals being respected - insofar as these do not violate safe practice; flexibility of attitudes; early discharge; consumer involvement in formulating an obstetric and midwifery service, etc are mere manipulations to retain control and power.

This stance is typical of elitism which holds that its view is superior to others', and attempts to impose these views and values on others. Elitism was built into the nursing system by Mrs. Bedford Fenwick, founder of the British Nurses Ass'n and the International Council of Nurses: "Nurses were to be a professional elite of well educated and well bred young ladies."

Elitism is antithetical to freedom of choice, which is what the homebirth movement is about. Responsible and thinking parents demand the inalienable right to make decisions concerning their own bodies free from interference from self-interested, competitive groups.

The NZNA is still clinging to the authoritarian and oppressive attitudes of their heirarchal past and these show up quite clearly in both their 'Policy Statement of Home Confinement', Feb 1980 and 'Policy Statement on Maternal & Infant Nursing', April 1981. Their attitudes are diametrically opposed to the concepts of "Health for All by the Year 2000" laid down in the World Health Assembly resolutions. The NZNA Policy Statement on Home Confinement agrees that "generally speaking, a woman confined at home will do well," and that "no amount of opposition will stem the requests for home confinement." Nonetheless it is prepared to run counter to this. They "do not," they say, "support the demand for home confinement." In fact, they go

even further, saying, "In the absence of positive sanctions against those who condone and support the trend towards home confinement (domiciliary midwives) the responsibility of the health service is quite clear. Equity of care demands that the health of neither the woman nor her baby be endangered because of her decision." They query whether "an alternative service (can) be developed for the benefit of a small and self-selected group?" They decide that "circumstances....have dictated that we now formulate policies that admit reluctant acceptance of a fait accompli," [4b] and set forth recommendations similar to the enclosed.

There is no need to comment on the arrogance and elitism of this document which purports to protect the consumer while it attempts to suppress the consumers' right of free choice. Furthermore, this document, Policy Statement on Home Confinement was undemocratically presented to the NSC, (another fait accompli) before it had been approved by the NZNA membership.

In preparation of the second document, Policy Statement on Maternal & Infant Nursing, a domiciliary midwife, Lynne McLean, Wellington was interviewed as a "resource person" but she had no part in the formulation of the subsequent regulations drawn up by an Ad Hoc Committee of the NZNA National Executive. So much for consumer involvement.

Recommendations 13, 14 and 18 of this document Mamx deal specifically with domiciliary midwifery. Here, they "propose conditions of practice for one group of its members when none similar exist for other practitioners in midwifery in other settings." Although they recognise that this places them in a "dilemma", they railroaded the Policy Statement through their 1981 Conference on the promise that it could be debated later. While the futile debate was

taking place the MSC incorporated the recommendations into the Report, 'Mother & Baby at Home, the Early Days.'

Many midwives were opposed to assessment of any midwife by an obstetrician as this undermines the autonomy of midwives. For the past two years the N.Z. midwives have been involved in a soul searching exercise about their role and autonomy in relation to the W.H.O. definition of a midwife. "There is failure to agree on the most basic question - Who is a Midwife?" says NZNA. Meanwhile, the domiciliary midwives are the only nearly autonomous midwives in N.Z. as the NZNA recognises, referring to "the relatively independent nature of this practice." In fact, the handful of domiciliary midwives are the only "real midwives" as defined by Professor Kloosterman, Head of the Department of O & G, Amsterdam University.

Yet, the NZNA would impose conditions of practice on domiciliary midwives only. This, of course is a tacit recognition of the inadequacy of N.Z.'s midwifery training. There is no longer a basic, service based midwifery training programme in N.Z. There is only the technical school, post-basic Advanced Diploma in Maternal & Infant Nursing, with a midwifery option which comprises eight to nine weeks of clinical midwifery.

It is questionable if N.Z. midwives could now obtain reciprocity with U.K. midwives, who themselves are having to upgrade their midwifery training to harmonise professional qualifications in accordance with the Treaty of Rome. If the English midwife is in danger of becoming "a mere maternity nurse", where does this leave the N.Z. midwife?

Real midwives like to be independent, give their own opinions and query the doctors' decisions; real nurses prefer to share responsibility and are very keen to see that everything the doctor asks is done punctually and the doctors like working with these.

In fact, the N.Z. midwife was legally reduced to the status of a maternity nurse by the Nurses Act, 1971, which required that she attend a woman in childbirth only under the responsibility of a medical practitioner. (Section 52). Prior to that a midwife could assume responsibility for a maternity patient without the responsibility of a doctor.

Now, many N.Z. nurses wanting to become domiciliary midwives go overseas - to U.K. or Australia - where they can still obtain a basic, practical midwifery training. Another factor which prompts N.Z. nurses to go overseas for midwifery training is that now only the affluent can afford to train under the present scheme. This is a far cry from the ideals of Florence Nightingale who believed in nursing of the people, by the people for the people. Is it any wonder that Dr Frank Potter, Chairman of Auckland Hospital Board, drew attention to the "serious shortage of midwives?" (AK Star 9.2.82) Although there are many qualified midwives in N.Z., few are willing to practice under the present technological conditions.

The 1980 NZNA Annual Conference "urgently" requested the Minister of Education "to make provision for a separate midwifery course leading to registration to replace the current proposal of midwifery registration as an optional exam in the Advanced Diploma programmes in Technical Institutes, thus leaving the Advanced Diploma for midwives wishing to further their education."

Although this remit passed Conference and the NZNA "is currently addressing its substance", the NZNA Position Paper on Nursing Education, 1980, does not favour "such costly duplication" and the NZNA "believes that midwifery is a post-basic qualification," thus effectively eliminating practical midwives.

the NZNA suggest that supervision of domiciliary midwives be shifted from the Department of Health's Principal Public Health Nurses (PPHN) to their geographical obstetric unit and their work reviewed by the Obstetric Standards Review Committee (OSRC) (with the addition of a midwife). This recommendation initiated by the MSC is now being reinforced by NZNA.

According to the N.Z. Medical Ass'n the OSRC was set up by a 1979 resolution of the NZNA Council as a "peer review" albeit with an "Orwellian ring." [5] The expressed reason for its formation was "to present precise proposals for the establishment and monitoring of obstetric standards in New Zealand," and notes that "a lot of antenatal care and an increasing number of births are taking place outside Hospital Board institutions."

The NZNA being a strong political group make no pretense about protecting their vested interests, whereas, the NZMA aspires to become a "powerful political group", while colluding with NZNA camouflage their recommendations under a cloak of meeting their "responsibilities to the consumer." Neither provide any room for consumer involvement. Even the sincerity of the responsibility to the consumer is questionable. The NZMA recommend a geographic limitation of half an hour's drive from a hospital for the domiciliary midwife, yet did they raise any protest when small hospitals were closed down necessitating women in labour having to drive, unattended, for up to two hours to reach a base hospital?

Despite these realities the NZMA are prepared to make scapegoats of the domiciliary midwives and present self-interested sanctions against them rather than to address the real problem which is the provision of an adequate, basic midwifery training which can produce midwives competent to handle the normal pregnancy cycle - including birth - in either the domiciliary or the hospital situation. If

they fail to do this, then N.Z. can expect to see the growth of lay midwifery as is occurring in countries which do not have a midwifery tradition; in fact this situation is already happening in areas of N.Z. where there is no domiciliary service available. It is quite common in the Thames area where the local obstetrician is quite adamant that no domiciliary service shall ever start, or if it does that it will be quickly eliminated.

The NZNA are not only practising a 'finger in the dyke' approach, they are also denying the consumer any voice in decisions which are of vital concern to them and which they service they subsidise heavily through their taxes.

From the consumer point of view, home births are a grassroots response to unmet community health care needs; a consumer response against the dehumanising of childbirth in hospitals and the increasing use of technological intervention in a natural process. It is based on freedom of choice. As parents, the members of the HBA feel they have the right to give birth where and with whom they choose to assist regardless of licensing laws established to protect medical monopolies. Neither the state nor the medical profession has the <u>right</u> to impose medical standards on parents and their babies.

In fact, it was the consumers' right of choice which was the basis of a recent complaint to the Ombudsman who upheld the consumers' right. This right is also the basis for putting the case for birthing options before the Council for Civil Liberties.

Democracy in health care requires both education and freedom of choice. Already, N.Z. has a highly literate society with a wide distribution of lay and medical knowledge. It now needs decentralisation in the structural foundation to effect freedom of choice.

Assuming that opinions expressed in the Department of Health's bulletin 'Health' reflect to some extent the philosophy of the Department, then this is exactly what the Department is advocating. In 'A call for justice' [6] it says, "Health...has become too much identified with curative medicine, doctors, hospitals and with high cost technology....(It has become) almost a commodity that can be purchased in a supermarket." But, the challenge for 'Health for All by the Year 2000' is "to find a health service that people can afford and in which people themselves can play a major role." It says "the new superstitions created by the medical system, which only help to maintain its dominance and keep the community and the patient in a state of dependence, will have to go just as much as the old superstitions born out of illiteracy and ignorance."

The article points out that "the vested interests in the existing system of health care will obviously feel threatened by the 'Health for All' movement and oppose its concepts." Despite this opposition "governments have to pick up the courage to insist on social equity and decentralisation in decision making; the professionals need the even more extraordinary courage to share their knowledge with communities with a sense of humility and also to be prepared to learn from them;.....and the communities need the courage to stand up and challenge the existing structure."

The NBA and the domiciliary midwives are standing up and challenging the existing health structure. As predicted the NZNA and NZMA feel threatened and oppose change. Will the Health Department have the courage to insist on social equity and decentralisation in decision making? Or will it reinforce the medical monopoly and codify these NZNA recommendations into law?

To summarise, these NZNA recommendations are devised to maintain medical interests and control and eliminate domiciliary midwifery thereby denying the consumers their freedom of choice. They are also a tacit admission of the inadequacy of current basic midwifery training and are contrary to the W.H.O. concept of "Health for All by the Year 2000."

The Home Birth Association and the Domiciliary Midwives Society therefore, urge the Minister of Health, as head of a Department which is responsible for the promotion and conservation of the health of its citizens, to take a wider view than that presented by the NZNA in their recommendations.

We urge that the maternity services be be reviewed with the purpose to

- guarantee freedom of choice;
- provide an adequate, basic midwifery training which can guarantee the former; and
- incorporate strong consumer representation in all and any changes,

in line with the W.H.O.'s "Health for All by the Year 2000."

1) Dona Kickbusch, Consultant in health education, [illegible] for Europe, Copenhagen, 'People's health in people's hands, 'Health' vol 33 No 1, 1981

2) NZNA, Midwives & Obstetric Nurses' Section, Policy Statement on Home Confinement, Feb 1980.

3) NZNA Policy Statement on Maternal & Infant Nursing, April 1981, p 20

4) NZNA Policy Statement on Home Confinement

5) M.A.H. Baird, Editorial, NZNA Auckland Branch, Newsletter, June 198

6) Anil Agarwal, for W.H.O. in 'Health' vol 33 No 1, 1981

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