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The New Zealand Home Birth Association

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P.O. Box 7093, Wellesley St., Auckland, 1.

Affiliated with NATIONAL ASSOCIATION for PARENTS and PROFESSIONALS for SAFE ALTERNATIVE CHILDBIRTH, U.S.A.

24 September 1983

The Secretary
P.O.Box 11-285
Wellington

Dear Madam

The Nurses Amendment Bill was introduced into Parliament on 1 September 1983 by the Minister of Health. Some of the amendments were made following a request from the Nurses Council of New Zealand, others were included at the request of the New Zealand Nurses Association and the PSA. The Health Department also included amendments.

A number of the clauses are directed at the practice of Domiciliary Midwifery and will make it even more difficult than it is at present for women to give birth to their children at home attended by a qualified midwife. However our main concern (and this is shared by the Midwives Division of NZNA) is that these amendments will lead to the disappearance of midwifery as a profession. Pre- and postnatal care will be taken over by Comprehensive Nurses and deliveries will increasingly be conducted by private or consultant obstetricians. Should an obstetrician or doctor be unavailable, Section 15 (3), gives a registered nurse the same powers as a registered midwife. i.e. s/he may attend a woman in childbirth provided that she is working in a registered institution. We feel strongly that the right of a woman to choose a suitably qualified person to attend her in childbirth must be protected.

Section 5, subsection 17 - Qualification for Registration, allows only a very restrictive definition of a midwife; one who "has completed the nursing course...". A Nursing Course is one conducted at a Technical Institute. This section therefore excludes anyone who is hospital trained from training or registering as a midwife in this country. The NZNA has been a member of the International College of Midwives since 1972, and therefore subscribes to the WHO definition of a midwife which states - "a midwife is a person"(not a nurse) "who is qualified to practise midwifery". This section ties midwifery very firmly to nursing and would exclude most midwives or nurse midwives trained outside NZ from practice in this country as few other

countries train their nurses or midwives in Technical Institutes. This would seem ridiculous when of the 171 midwives registered in NZ during the year ending March 1983, only 24 were NZ trained. Of the remaining 147, 39 were NZ registered nurses who went overseas to study midwifery because the course here is so limited that it is neither confidence-inspiring nor recognised outside NZ. In this country it takes 6 years to become a qualified midwife. (The same amount of time it takes to become a doctor!) Three of these years are spent in a Technical Institute training to become a Comprehensive Nurse. Before undertaking the 1 year post-basic course in Maternal and Infant Welfare, which has a 9-10 week midwifery option, a RCN is required to spend two years working as a staff nurse. One of these years to put the theory of the previous three years into practise and the other working in an obstetric unit.

The number of nurses undertaking this post-basic 'midwifery' course has dropped dramatically since it was changed from hospital based to Technical Institute based. The fact that this course is not recognised outside NZ could be one reason for this apparent lack of interest. Another probably is the fact that, having worked for 2 years on full wages, nurses are understandably reluctant to be reduced again to student status and the tertiary bursary whilst gaining this additional qualification. This latter disincentive has been sweetened a little by offering sponsorship to trainees i.e. full wages, however people accepting sponsorship are then bonded to the institution which sponsored them for at least one year. This means that it is 7 years before a person can practise independently as a midwife. Few people will be induced to undertake such a lengthy training when Section 15 (3) of this Bill effectively gives registered nurses the same powers as a registered midwife.

In the U.K. in 1970 the Briggs Committee proposed that all future midwives should hold nursing qualifications. However the economic realities and the EEC Treaty of Rome standardisation of professional qualifications resulted in the U.K. deciding to upgrade all midwifery training, including that of direct entry midwives. The training of the latter has been increased from two to three years to meet the high standards set by the Dutch, French and Scandinavian midwives. We feel that it is extraordinarily arrogant of the NZNC and our Government to imply that overseas trained midwives are not competent to practise in NZ, especially when many of the EEC countries are noted for their low perinatal mortality rates. Holland, which probably has the highest number of midwife deliveries in the world also has the lowest perinatal rate.

We are therefore urging that Section 5, 3 (a) and (b) be deleted; that both hospital and Technical Institute trained nurses be eligible to qualify as midwives; and that the recognition of overseas trained midwives be continued on the present basis of individual assessment. We also ask that a third section be added to Section 15, 3:- (c) a registered midwife.

There are two other sections in this Bill which we find alarming:-

Section 9, Notification of disability or suspected disability. Subsections (2) and (3) will destroy the present legally recognised confidentiality between doctor and patient should that patient be a nurse. An unscrupulous or incompetent doctor could, under this amendment, prevent a nurse from practising on grounds of suspected disability only. A nurse could be suspended from practise until s/he can prove that s/he has no real or suspected physical or psychological disability which could pose a threat to those under her/his care. We see this section as a breach of civil rights, and

feel that Section 9 as it presently stands in the Act offers sufficient protection to the public. (At present the requirement to notify of disability applies to the person in charge of any hospital, institution or orgainisation employing the nurse.)

Section 16 (2) gives the Medical Officer of Health power to "prohibit any nurse from carrying out obstetric nursing...where such a suspension appears to him to be necessary in order to prevent the spread of infection or where he suspects such a nurse to be practising in an unhygienic manner." Subsection 3 goes on to state, "No suspension shall apply to a person employed by an Area Health Board or Hospital Board", which means that this section is clearly directed at domiciliary midwives.

This section is totally unacceptable for the following reasons:-
1) It discriminates against one section of the nursing profession.
2) "Unhygienic" is undefined and therefore may include any personal fancy of an individual MOH from mode of dress to delivery procedures.
3) These "unhygienic practises" need only be suspected; no proof is required to be produced before the midwife is suspended for one month.

No other group of professionals is subjected to such discriminatory strictures. If a patient is dissatisfied with the care s/he is receiving form her/his doctor then s/he is able to report the doctor to the Medical Council. In the case of Nurses or Midwives, the complaint can be referred to the Nursing Council. This draconian clause could lead to the legal harrassment of domiciliary midwives. Already the Medical Officer of Health for South Auckland has tried to curb the practice of domiciliary midwifery in his health area by enforcing such a legal loophole. (In this instance the ombudsman was approached and the decision reversed.) However, at present, many Medical Officers of Health are opposed to Home Birth and we fear that the less scrupulous will be tempted to use this vague and legally questionable clause tp prevent Domiciliary Midwives from practising. We are therefore petitioning that this amendment be deleted.

We hope that your organisation will give serious consideration to preparing a submission to the Select Committee regarding this Bill. Submissions must be received by October 7. They can be sent to, Mr L Fowler, Secretary, Parliamentary Select Committee, Nurses Amendment Bill, Parliament Buildings.

Thankyou for your time and consideration of the contents of this letter.

Sincerely

Brenda Hinton
Secreatary
Auckland Branch
NZHBA