

P.O. Box 7093
Wellesley Street
AUCKLAND.

May, 1981.

Auckland Branch Newsletter - No. 11

AT MT EDEN NORMAL INTERMEDIATE SCHOOL (END OF PORONUI ST, MT EDEN) WE HAVE THE ANIBA'S

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SATURDAY MAY 24th, 1.00 - 4.00 p.m.
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SPEAKERS: Joan Donley on the first Australasian Conference of Domiciliary Midwives held in Canberra in April this year.

Deryn Cooper on the state of the art of domiciliary midwifery in Australia and the lessons for New Zealand development

Films or videos to be shown if these arrive in time from Australia.

REMEMBER THAT THIS IS ONE OF THE MOST IMPORTANT EVENTS OF THE YEAR FOR HOMEBIRTH. YOUR PARTICIPATION WILL ENSURE A STRONG COMMITTEE TO MAINTAIN THE PROGRESS OF THE MOVEMENT

Association Finances and Members

We've got some of both but not enough to continue to be really effective and supportive. Please, please send in your new subscription for June, and sign up all the prospective parents and supporters we can find.

Another regular plea - the Committee is always in great need of assistance and people. It is not elected - only the key officers are - everyone else is someone who'd said they try to help out. Surely, there are some of you out there - even if you only want to do a bit of mailing or typing. So please call Barbara 502-396 or Deryn 766-557 or Tony 453-187. Do it now.

In this newsletter you will find:

Excerpts from Dr. McGeorge's speech to the Mental Health Seminar at the University in March ...

I would also like to give my definition of maternal attachment. Maternal Attachment is a very special state of deep concern and of being tuned in to the needs of her baby, which ensures that its needs will be met to the fullest possible extent. This is particularly important at the very beginning of life as it starts the baby off with a benign interaction with the environment that is most important for his future development. It is also very important for the mother as it brings her intense satisfaction and has a great bearing on her future handling of her infant. The whole of the birth experience is most significant in the development of this state. At the time of actual birth the mother experiences a burst of feeling which in some is true ecstasy. At this time, maternal attachment, like falling in love, takes place. It is impossible to overestimate the importance of the moment. Things are happening which will never happen again. At this vital moment an opportunity can be grasped or let slip forever. This happening can influence the whole future life of the child. The mother-child relationship, the future of the parents, the wellbeing of society. At this time the very basis of an individual's creativity, self-confidence, security, his ability to love and his ability to become independent is being established. These foundations are going to stay with the individual for life, or if the need is not met, he will be left undermined and deprived.

The more I went into the underlying causes of illness the more I realised how necessary it was to investigate and treat the emotional factor, whether it was a primary cause or a secondary complication of illness.

A whole wide range of understanding about which we had been taught next to nothing in our training. With increasing knowledge it became more and more clear how important these early influences were. What a number of conditions were affected, emotional, physical psychosomatic! How one person could survive incredible stresses or calmly take quiet control in positions of great responsibility, while other persons break down, develop physical symptoms become delinquent and so on and so on. I can remember all along and still experience the wonder of being present at a Home Birth - the ecstasy of the mother - the tenderness and tears of the father - the life force of the infant - how quickly the unsedated baby was showing interest in the breast and quietly contemplating this world she had come into. Often the unsedated baby gets latched onto the breast in five to six minutes and is really sucking.

This can nowhere be provided for so well as in the woman's own home - nowhere can the progression from birthing to attachment - to quiet togetherness - to the natural on-going process of life and living take place.

Everything must be done to encourage growth, maturation. Many women quite justifiably do whatever everybody else is doing - and don't question current practises - and only realise later that it could have been better for them. They report to the hospital in labour, at which point they, without realising it, hand over their autonomy - the hospital equally unquestioningly accepts its traditional role by assuming control of subsequent events - the woman becomes a patient with all that implies. There has been an unrecognised collusion. From here on she does as she is told. She is dependent. Along with all this goes a certain awe and fear. It needs little thought to realise that this fear will produce results geared to a more primitive situation - something to hold up the process - to give the woman a chance to get to a "freedom from fear" situation - a safe place to have her baby.

I will now try to explain the growth potential for a couple who arrange a home birth. First they ascertain that it can be arranged. The woman then makes the decision "This will be my baby - I will be responsible for this baby - I will birth my baby my way, responsibility - I will care for my baby - I will have my baby at home with my husband - life will go on - my baby will be absorbed into the safe and loving atmosphere of our home - our other children will be there to welcome their brother or sister and not left out or unhappily separated from me. She then seeks out doctor and midwife and enrolls for regular antenatal care. The midwife calls at the home and sees that suitable arrangements can be made. From here on she goes through the usual experience of pregnancy - mainly quietly confident but sometimes with the usual anxieties over small things. But these temporary anxieties are usually easily assuaged and forgotten. Pregnancy progresses, finally the big day. Mother is responsible for her role, father for his - their relationship deepens. Husband is comforting, supporting and tender. An invited friend, mother, mother-in-law or relative takes over the care of the other children. Everything and everybody seems to know their role, the part they have to play. The midwife is called and prepares for the birthing. The doctor is called in plenty of time and has the suction - the oxygen - the laryngoscope and so on ready in case of need. The midwife encourages and either she or the doctor helps the mother with the birthing of her child. But essentially the mother does it herself. To quote Marshall Klause, but also repeatedly observed by me "immediately after the delivery, the mother appears in a state of ecstasy." To quote Dr. Walter Whittlestone international authority on lactation and then Leader of the Physiology Section of Ruakura Animal Research Station a response called "maternal solicitude" is at a maximum immediately post partum. I am convinced that at this time the maternal attachment, bonding or solicitude, call it what you will, is in fact an immense stride forward in the maturity of the woman - I naturally speak particularly of first births - though it is similar with subsequent births - nevertheless everything must be done to ensure that the mother maintains this progress and does not take a pace backwards, the prolonged period together of husband, wife and child and their continued care and responsibility for their child is the best guarantee of this.

The implication of this for the necessity of watching how we handle this unique opportunity to make a positive contribution to the mental health of the individual and the wellbeing of society is mind boggling.

Birthing is a natural process which has evolved in a way that has allowed mankind to survive the ice ages and many other terrible onslaughts of famine and plague. We now tend to deal with it as if it were something abnormal and denying the diad of mother and child that close period of interaction and restitution when many important things are being established.

A life force is set free at birth which evokes a strong response from the mother which we call maternal attachment.

The interaction of mother and infant sets in train a benign interaction which affects every part of the baby's living, every system, all its future emotional life.

Nature amply provides for all the usual requirements of the birth process and also for the protection against infection and the necessary nutritional requirements of the baby.

The mother with strong maternal attachment is less likely to inflict harmful experiences on her baby such as separation and separation equivalents. Her feelings can be trusted. She will also see that her baby's needs are met in the most favourable and enhancing way. She will value motherhood.

In the vital moments immediately after birth things are occurring which will influence the whole future destiny of the individual and his mental health.

The longer the life force of the infant is able to achieve its goals - the better the beginnings and the longer sustained - the more this person will be able to stand up to stress both physical and emotional and weather the storms of life. He will also be more likely to realise his potential for happiness and creatively make a contribution to our community life.

An article on Nambassa from Kiet

Well it already seems a long time ago, and those of you who weren't there missed an amazing event. For five days about 15,000 people lived peacefully together on a beautiful site near Waihi, and shared a wide variety of experiences. There was so much to do and see and learn and listen to that it was impossible to get more than a mouthwatering taste of those which particularly interested you, but no-one stopped smiling. The facilities were well organised, and we all learned an amazing thing; that with good intent that many people can get along, and all feel that life is better because we're all in it together.

As far as birth was concerned, there were at least two talks, workshops, movies or discussions each day, and these generated a large amount of interest and were well patronised. Ina May Gaskin from Stephen's Farm in Tennessee (the author of *Spiritual Midwifery*) was there and it was obvious from the response she received that a very large number of people have gained strength and a reaffirmation of their belief in birth and childbearing from her book. Helen Brew, the producer of "Birth with R.D. Laing" and a planned production "The Foundations of Life", gave several showings of her film and talked about the politics of childbirth. There was a stall run by the Auckland Homebirth Association which sold books, and where passersby stopped to ask questions or just talk about childbirth experiences. We also ran a 2 hour symposium on birth, with Ina May, Helen Brew, John Nealle (an Auckland G.P. who does hospital and homebirths), a Homebirth association member and recent mother, and an Auckland Homebirth midwife. The discussion was wide-ranging and about 600 people kept us well supplied with questions.

All in all it was a great event, and if it happens again next year, don't miss it!!

Some cuttings from English and local newspapers

Hospital v. home childbirth row looms - by Oliver Gillie, Medical Correspondent.

Maternity welfare groups are objecting to a parliamentary report that says all births should take place in hospital. They say they also fear that the report could lead to more medical interference with normal labour and births.

Mrs Renee Short, MP for Wolverhampton NE, chairman of the social services committee of the Commons which prepared the report, dismissed the critics as a lot of "fuddy duddy middle class mothers."

Objections to the report come from the National Childbirth Trust, which has 10,000 members, the Association for Improvement in the Maternity Services (AIMS) and the London Birth Centre.

The report, which consists of five volumes of evidence and recommendations, says that some 5,000 babies die unnecessarily in Britain each year. It contains many recommendations with which the maternity welfare groups agree, but they say that it falls into the trap of advising more medical technology and that it overlooks the fear that many women have of hospitals. AIMS says that it is almost impossible for a woman to experience a normal delivery of her first baby. It adds: "Labour is becoming a mechanised event and we consider that this committee has utterly failed to consider the advantages of allowing a normal physiological labour to take place; nor has it considered the problems caused by the routine use of all these techniques." These included premature birth with admission to special-care baby units, jaundice, distress of the unborn baby and sexual problems of the mother caused by cutting the vagina.

The maternity welfare groups say a survey undertaken by Ann Cartwright of the Institute of Social Studies in Medical Care, London, shows that women of all classes have similar attitudes to choice in childbirth.

They argue that in asking for choice in the maternity services, they are taking up the cause of women who are afraid to refuse treatment like induction of births, and that there are more of these in the working class.

They fear that unwanted technical procedures will be imposed unnecessarily on the majority of women for the sake of the small minority of risk. They do not criticise the value of these techniques when used selectively, but question the philosophy of applying them to all women wholesale.

They want hospitals to be made more attractive to mothers, with less time wasted on irrelevant ante-natal care and more time spent on establishing personal relationships which reassure pregnant women and alleviate stress. They want antenatal care to be done by midwives. They also want women to be free to refuse drugs.

Best for baby - by Helene Hayman, The Medical Alliance London W1.

It should not be thought from Oliver Gillie's article last week, that all maternity welfare groups reject the findings of the Parliamentary Committee on perinatal and neonatal mortality.

The Maternity Alliance, a broad-based organisation supported by women's groups, health professionals, and trade unions, among others, welcomes the report and is pressing the government for implementation of many of its recommendations. Like others, we have our quarrels with certain areas in it.

It would be a tragedy, however, if sniping by the voluntary organisations allowed the Department of Health and Social Security once again to ignore a report which pinpoints the appalling toll of unnecessary death and handicap which befalls Britain's babies every year, and the shocking class differences which make the child of a manual worker twice as likely to die in the first year of life as the child of professional parents.

We particularly welcome the emphasis on ensuring that the very best services are offered to those mothers and babies most at risk. For these women, often the poorest, home confinements are simply not an issue, and the danger not an unwanted induction but a premature labour resulting in a stillbirth or handicapped child.

That Maternity Alliance will fight for antenatal care to be taken into the community for a greater emphasis on the role of midwives, and for hospitals to "humanise" their services for parents-to-be. But we believe that for most parents the over-riding priority is a live and healthy baby. Those mothers whose lives have been saved by an emergency Caesarian, or whose babies have escaped permanent brain damage because of neonatal intensive care, tend not to complain about "intrusive medical technology".

The Paper Midwife - by Ingrid and Paul Johnson (Caveman Press, Dunedin: \$7.95)

When the search for a sympathetic midwife or doctor becomes hopeless, a couple may abandon their plans for home confinement.

Alternatively, they may be confident, determined or just plain stubborn enough to proceed without experienced attendants.

This is happening in New Zealand, a reaction against hospitalising healthy women in normal labour, and prompted Ingrid Johnston (a registered nurse experienced in home birth preparation) and her husband Paul to produce this book to help those couples who want their babies to be born at home.

"If you are absolutely unable to find an experienced assistant and want to go ahead with a birth at home on your own, you must accept that a great deal of learning is conditional to your making that a responsible decision."

This is no less than a "do-it-yourself" manual for intending home deliveries and as such will greatly shock the traditional medical establishment and also many of us who have been able to secure qualified and experienced midwives for our home deliveries.

Let us hope it provokes action towards facilities for home birth being extended. Until such a time there will be a need for this book: "a guide to responsible home birth," as the *Paper Midwife* is subtitled.

Much of the book is concerned with preparation for the birth. Good nutrition and the importance of dietary supplements, natural remedies for minor complaints which can accompany pregnancy and the dangers of tobacco and alcohol are all discussed in detail.

It is essential to have frequent antenatal checks with a doctor to detect any condition indicating hospital care. If a doctor can be found to attend the birth, the book offers a check-list to go through before allowing him/her to attend. This will reveal the doctor's attitude and competence with regard to normal labour, for instance:

- Will he be prepared to let a normal birth take its course without wanting to hurry it up or displaying impatience?
- Will he accept other children being present?
- Has he ever delivered using perineal support instead of anepesiotomy? If not, is he willing to learn how?
- Will he read anything you may wish him to read to enhance his understanding of your needs?

The principle here is the relationship between the parents and the doctor. The proposals are reasonable and pertinent to any birth - food for thought for all pregnant women.

The Johnsons recommend reading which includes a midwifery text and other home birth literature because it becomes necessary to understand normal pregnancy and labour with all its variations, and also to recognise signs of difficulty that may need medical attention.

The Paper Midwife is an essential handbook for home deliverers. What is missing, from all the help and advice offered, is that quality which can never be conveyed through the written word - practical experience. That is the advantage an experienced midwife offers. Let us hope more of them are attracted to Community work - Pauline Proud.

Excerpts from the submission to the Maternity Services Commission by the Auckland Midwives

Historically, domiciliary midwifery has become this 'fait accompli' in response to consumer demand. As Dr. J.M. McCann expresses it, "We are I believe, in the early stages of a rebellion." With the closure of the smaller, but more personal obstetric units throughout the country with more and more women being funnelled into base hospitals, more and more women turned to home birth. Another reason for the growth of this 'vociferous minority' has been unsatisfactory birthing and breast feeding experiences in hospitals; also the growth of women's awareness of knowledge of birth and the dangers of intervention, and an appreciation of their rights have further increased the demand for home birth.

The basis of the problem is that the demand for home birth has grown out of all proportion to the number of midwives prepared to practise domiciliary midwifery, mainly because they are not trained to do so, but also because of the fear and hostility towards home birth actively fostered within the hospital system. In fact, these recommendations are a direct result of these attitudes and imply that any midwife engaging in domiciliary practice is suspect as to competence. Although there are quite a number of British trained midwives, many of them are reluctant to engage in domiciliary midwifery because of these attitudes, because of the poor pay and because of the lack of back-up services outside the greater Auckland area.

Subsequent to the granting of a contract with the Department of Health, it is essential that the midwife continues to maintain her skills and knowledge by:

1. Conducting at least fifteen normal deliveries annually, some of which can be in a hospital.

Comment: The problem of the domiciliary midwife is not that of achieving 15 deliveries per year; it is rather one of trying to limit the number of deliveries to what she feels she can handle in say, one month. Most of us try to limit ourselves to not more than six to eight per month. Also, how many really normal deliveries occur in hospital?

2. Undertaking an annual inservice programme at a selected maternity unit or obstetric hospital, and
3. Participating in other programmes appropriate to her practice. We feel that inservice programmes are a good idea. This would be the place to acquire experience in such fields as emergency obstetrics, resuscitation techniques, inserting IVs, suturing, etc, as these skills soon deteriorate in the home birth scene as they are so rarely required since obstetric interference is not part of the home birth scene.

We feel that domiciliary midwives should be paid to participate in appropriate courses; and that at times such programmes should include domiciliary midwives as givers of information; and reciprocally, hospital based midwives should be required to attend domiciliary births.

A comment from Tauranga

'Born Female' was a seminar on Women's Health Issues held by the Tauranga Women's Centre on Sunday, 8 March to commemorate International Women's Day. Joan Donley took two workshops on Pregnancy and Childbirth and participated in a panel discussion.

Tauranga has many ladies who would like to have home births, and at least two doctors who are prepared to care for ladies wanting to have home births but they need a midwife! However, they are now going to form a Home Birth Association branch and get busy and find a midwife. Good luck!

Fetal Alcohol Syndrome Study Day - 7.3.81

The New Zealand Nurses' Association (NZNA) held an interesting study day on Fetal Alcohol Syndrome (FAS), a new/old problem only just being recognised and defined since 1968. Paediatrician Dr. Bruce Lewis was one of the speakers, outlining the

historical background and the present situation. FAS is the result of alcohol consumption during early pregnancy causing neural damage with resultant low IQ and manifest by certain facial characteristics; narrow distance from the inner to outer canthus of the eye, small head circumference, long upper lip with groove and a thin upper lip.

Dr Lewis mentioned the difficulty in getting the eye measurement of the newborn babes as their eyes are closed. That would not be a problem with home birth babes who gaze wide-eyed right after birth.

It was asked if there would have been any ill effects on the infants born about 10 years ago when the in-treatment for small-for-dates babes was to give their mothers 100 ml ethynyl drips twice weekly to put on weight? It also raises the question of the reliability of medical expertise practised and defended at certain periods.

The future activities of some of the Support Groups

North Shore:

Monthly evening meetings now have a permanent venue at Highbury House
Hinemoa Street
Birkenhead.

Meetings are well attended by expectant parents, and are open to anyone else interested. The next meetings are:

Tuesday 2nd June 7.30 p.m.

"Methods of coping with Labour" e.g. Yoga, Lamaze Psychoprophylactic courses etc.

Tuesday 7th July 7.30 p.m.

"After the Birth" Breastfeeding and contraception.

Tuesday 4th August 7.30 p.m.

"Preparing for Home Birth" - featuring a father's perspective.

Midwives attend to meet parents and answer questions.

Our not-so-regular coffee mornings are so popular, we hope to have them organised by new and enthusiastic Support Group members on a more frequent basis. Coffee mornings are also held at Highbury House. They aim to generate awareness in the community of home birth as a desirable alternative to hospital 'confinement', and also serve to show off our latest babies. Women contemplating pregnancy have come to meet the midwives and mothers, and learn about Home Birth. The next coffee morning will be in June and will be advertised locally. Ring Pauline 453-489

West Auckland:

The West Auckland Support Group is alive and well. Thanks to Rosie and Dorita for organising the next series of our monthly evening meetings. Response to our plea for help to run this group printed in the last H.B.A. newsletter was nil, yet our meetings are well attended by people who want to hear and share with our speakers. If you can spare any time to help with this group please ring either Rosie at 874567 or Dorita at 867500.

We meet at 7.45 p.m. on usually the first Monday of each month at the Green Bay Community House. The evenings take the form of an informal discussion led by a guest speaker. We endeavour to have a midwife present for each meeting. Any interested person may attend.

Our forthcoming programme is:

Sunday 7th June - Breastfeeding and Contraception.

Sunday 5th July - General discussion on exercises and breathing techniques to facilitate labour.

Any queries can be directed to Rosie or Dorita at the above numbers.

Auckland Central:

Meetings are held in different homes starting around 8.00 p.m. on the 2nd Monday of each month.

The programme is:

15th June - The Delivery, Film - The Support Person's Role.

13th July - The 1st Few Days - Breast Feeding.

Contact people are: Daphne Mitten 764-991
Alison Copland 769-378

Anyone interested in helping out, please yell,

ENJOY

In the next bulletin, you can look forward to:

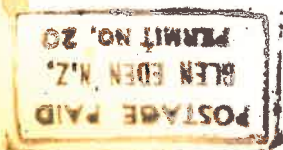
- Deryn's view of home birth in Australia.
- A report from Joan on her recent trip to the Home Birth Association's meeting in Australia.
- What happened at the National Conference in Wellington?

PAYMENT TO MIDWIVES

The National Home Birth Association has decided against introducing a mandatory charge for home births. The Auckland Branch has to abide by this decision, but urges all to make a substantial payment to their midwives in order to allow them to afford to continue this work. The Auckland Branch knows that some midwives are under stress of the difficulty of raising a family on less than \$6,000 a year. This stress may ultimately affect the quality of their work and makes it likely that some will have give up domiciliary midwifery.

Unless we, as parents, contribute to the salary of domiciliary midwives, it will be increasingly difficult to maintain the present high standard of service we enjoy and attract new midwives to the cause. We need to remember that the maximum our midwife get from a home delivery is about \$180 (this includes petrol money), whereas in Australia the parents are charged between \$250 and \$380 for a service that generally does not include post-natal visits. So we are not talking about a token of gratitude (e.g. a bottle of bubbly or a cabbage from the garden), but a payment of at least \$75. We don't want a home birth to be just for the middle classes, so some of you will pay what you can afford. So include that extra money in your budget and even if your midwife doesn't want to take it, let it be hers to decline. Yours can then be the pleasure of donating the money to the homebirth Association.

R. B. Conyngham,
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NOT CLAIMED WITHIN 7 DAYS RETURN TO P.O. BOX 7093, WELLESLEY ST., AUCKLAND 1.