NEW ZEALAND HOMEBIRTH ASSOCIATION
P.O. Box 7093
Wellesley Street
Auckland.

December 1981

# AUCKLAND BRANCH NEWSLETTER NO.14

## HAPPY CHRISTMAS AND A HEALTHY NEW YEAR!

HOMEBIRTH SUMMER PICNIC
HOMEBIRTH SUMMER PICNIC
HOMEBIRTH SUMMER PICNIC

SUNDAY 17TH JANUARY 1982 11.00 am
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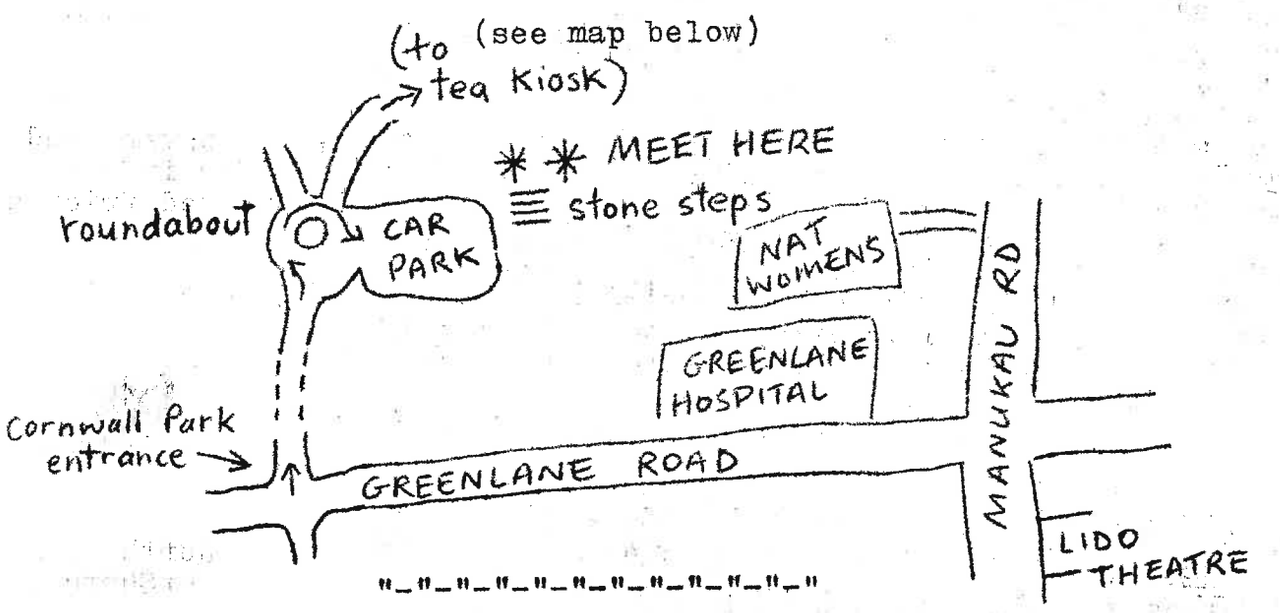
BRING YOUR LUNCH (& GAMES)
BRING YOUR LUNCH (& GAMES)
BRING YOUR LUNCH (& GAMES)

TO
TO
TO

CORNWALL PARK
CORNWALL PARK
CORNWALL PARK

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## NEWS FROM THE SUPPORT GROUPS

WEST AUCKLAND: The final series of meetings for '81 held at Carolyn Young's home were well attended by expectant parents. We had a number of very interesting speakers and the last meeting included a film.

The next series of four meetings will begin on February 4th 1982 with "Prenatal Nutrition and Care during Pregnancy". Meetings are held on the first Monday of the month at 36 Larnoch Street, Henderson at 7.30pm.

Home Birth Week aroused lots of positive interest in West Auckland. Information stalls were held at Lynmall and Henderson Square and a display was placed in a local chemist shop window. The Western Leader gave us a short front page article the week before. Thanks to all those ladies who helped out on the stalls.

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WEST AUCKLAND cont.
The group is run by a small but enthusiastic group. Any others interested in helping out would be welcome and could contact:

Vivienne 814 9942

SOUTH AUCKLAND: Meetings will be held at Sian's and Gillian's house, 250 Puhinui Road, Papatoetoe, phone 278 2222, at 8 pm on the following dates:
20th January
17th February
17th March
21st April

Contacts: Christine Ingle 278 4479
Jan Tweedie 278 4720

AUCKLAND CENTRAL & EAST: Dates for 1982. Meetings to commence at 7.30pm, 4-weekly, on Monday evenings. Venues not yet confirmed.

| | 1st Series | 2nd Series | 3rd Series |
|---|---|---|---|
| 1. Nutrition, overcoming minor illnesses & discomforts with natural remedies | Feb 8 | May 17 | Sept 13 |
| 2. The birth, emotional and practical preparation, fathers role | Mar 1 | June 21 | Oct 11 |
| 3. Prenatal physiotherapy session exercise & relaxation alternatives | Mar 29 | July 19 | Nov 8 |
| 4. Post natal physiotherapy session, breastfeeding and contraception, the first few days. | Apr 26 | Aug 16 | Dec 6 |

There will be films shown as available, and these will be advertised at the commencement of each series. There will be time for informal discussion with the midwives at all meetings. Any interested friends wishing to attend will be most welcome.

We look forward to a wider interaction of members of support groups past and present, and we hope to extend our activities to providing care and support to each other before and after births when called for.

Contacts: Central - Daphne Mitten 764 991
East - Anne Ireland 502765

NORTH SHORE: We have been advertising for a midwife for the North Shore, but as yet no success. Our midwife is leaving the North Shore in April, so we are getting desperate.
DO YOU KNOW OF ANY MIDWIVES WHO WANT TO DO HOMEBIRTHS ON THE NORTH SHORE?

We also need books for our library - we will gladly collect any relevant books you want to donate.

Our programme is of interest to any women who want a natural birth.

## Programme for next series of meetings

NB now held weekly. For series later in the year see next newsletter.

The support group will phone you a few days before each meeting to give details and venue. Your support group contact no. is:

Pauline Proud 453 489
Cathi Sadler 478 9418

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NORTH SHORE cont.

The meetings will commence about 7.30pm and will take the form of informal discussions. We recommend the expectant mother's partner attend, or a support; we also extend an open invitation to anyone who is interested. The midwife likes to attend each meeting. This is an opportunity to get to know the midwife attending your birth. We ask for a donation of 50 cents for the meeting to help us provide books, leaflets and cover postage expenses.

| | |
|---|---|
| Tuesday Feb 2nd | Preparation for your 'birthday'. |
| Tuesday Feb 9th | The birth process. |
| Tuesday Feb 16th | Methods of coping with labour and delivery. |
| Tuesday Feb 23rd | After the birth. |

For information on our COFFEE MORNINGS phone Pauline or Cathi.

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OTARA FESTIVAL

A homebirth information stall was provided as part of the Otara Festival on December 5th and 6th. Most interest was shown on the first day. While the atmosphere was friendly and festive, most people were too shy to come forward for information. There was the usual range of reactions. Most favourable comments came from older women - "that's how it's done in the islands", "I remember back in the good old days.." etc. A lecturer of student nurses from Manukau Tech. showed great interest and might consider inviting speakers from the H.B.A. to address students next year. We were disappointed by the lack of response to the newsletter request, but many thanks to those ladies who assisted so willingly.

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BIRTH AND MOON

We printed an article on birth and the moon in the last newsletter and forgot to credit it. We reprinted it from the Sydney Homebirth Access Newsletter No.8 July 1981.

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DATE TO REMEMBER DATE TO REMEMBER DATE TO REMEMBER DATE TO REMEMBER

Next Auckland Branch Homebirth Committee Meeting will be held om Tuesday 9th February 7.30pm at Dorothy Fitzgerald's home 30 Anglesea Street, Ponsonby.

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CIRCUMCISION

Dr Edward Wallerstein, author of 'Circumcision: The Great American Fallacy' (or is it 'Phallusy'?!) is coming to NZ in March, 1982. He will be involved in some public speaking.

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TEETHING HOMEOPATHICS

Here are some good teething remedies:

Chamomilla D6 drops available from Lambs in Karangahape Road. Also, 'New Era' Combination R tablets available from the Health Food Shop in the Strand Arcade.

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SWEETWATERS - Are you going to Sweetwaters Festival this summer? If so, would you like to run a stall giving information on home birth? Please contact your local support group.

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National and International Homebirth Newsletters and Journals are held by Allson Jones. If you wish to borrow any, either contact her at 760 462 or at committee meetings.

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# BIRTH NOTICES

## Rhonda Evans

| | | |
|---|---|---|
| 15.8.81 | Lesley Dinnisen | a daughter Flora |
| 25.8.81 | Carol & David Yin | a son Leon |
| 3.9.81 | Carolyn & Phillip Mettrick | a son Andrew (hospital transfer) |
| 6.9.81 | Sue & Kevin Black | a son James |
| 22.9.81 | Alison Bonniface | a daughter |
| 27.9.81 | Karen & Bruce Ingram | a son Sean |
| 3.10.81 | Vicki Moss | a daughter |
| 5.10.81 | Linda Chamberlain | a son Jerah |
| 27.10.81 | Lesley Sproull | a son |
| 3.11.81 | Jessica Myers | a daughter Natalie (hospital transfer) |
| 15.11.81 | Barbara Kozeluh | a daughter Eve |

## Joan Donley

| | | |
|---|---|---|
| 17.9.81 | Gael & Ken Benoit | a daughter Rosario Mercedes (6lb 11½oz) |
| 27.9.81 | Miriam & Douglas Godfrey | a daughter Annaliese (9lb 14oz) |
| 15.10.81 | Deryn Cooper & Geoffrey Bridgman | a daughter (9lb 5oz) |
| 29.10.81 | Jenny Bygrave & Len Jennings | a son Sam (8lb 4½oz) |
| 31.10.81 | Debora & Brian Rankin | a son (9lb 7oz) |
| 21.11.81 | Barbara & David Holloway | a son (9lb 14oz) |
| 25.11.81 | Helen Driver & Ewen Harris | a daughter Ava (6lb 8oz) |
| 1.12.81 | Mandi Sherson | a daughter (8lb 3oz) |
| 5.12.81 | Marie & Tom Macky | a daughter Briar (8lb) |

## Gillian McNicol

| | | |
|---|---|---|
| 14.10.81 | Debbie & Richard Upman | a son Robert |
| 16.10.81 | Fiona Napier & Neil Van Der Bos | a daughter Jayati Dasi |
| 28.10.81 | Beth & Murray Dreadon | a son Campbell |
| 30.10.81 | Avis & George Neville | a daughter Elise Rose |
| 29.11.81 | Jane Archer | a son Joseph |

## Sian White

| | | |
|---|---|---|
| 24.9.81 | Susan Bretherton & Les Jones | a daughter Alice |
| 25.9.81 | Mimi Irwin & Marie Thomas | a son Jacob Francis |
| 29.9.81 | Gay & David Worn | a son Israel |
| 1.10.81 | Glenys & Grahame Fong | a daughter Lisa |
| 29.9.81 | Ephra & Awin Pankhurst | a son Matthew |
| 13.10.81 | Susan Patterson & Gary Baigent | a son Jack |
| 16.10.81 | Elspeth Winny & David Gunson | a daughter Morag |
| 17.10.81 | Imelda & Joe Doogan | a daughter Rebecca |
| 25.10.81 | Robyn & Warren Roach | a son Bard (hospital transfer) |
| 26.10.81 | Debbie & Tom Power | a daughter Anouska |
| 1.11.81 | Vivienne & John McGowan | a daughter Vanessa |
| 5.11.81 | Sheila & Michael Fairhurst | a daughter Jennifer |
| 8.11.81 | Wiki Tawhara & Arthur Hariwira | a son Tumamao Ihaka |
| 12.11.81 | Lynne & Roger Bongard | a son Mark |
| 24.11.81 | Hilary & Peter Butler | a son Ian (hospital transfer) |
| 29.11.81 | Joy Sullivan | a daughter Tracey |
| 4.12.81 | Jill Goodison & Martin Ball | a daughter Rene Frances |

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# HOMEBIRTH AT THE TURNING POINT

New South Wales brings in restrictive legislation on domiciliary delivery. Can this happen here?

## WHERE DOES IT BEGIN?

Remember the Maternity Services Committee. Two years ago the Homebirth Association made submissions to the Maternity Services Committee on the future place of birth in New Zealand. The Committee is now reaching the end of its deliberations and will soon recommend to the Board of Health a number of changes in the practice of home delivery.

## WHO IS ON THE MATERNITY SERVICES COMMITTEE?

Ten male doctors or professors of medicine, two nurses and one lay-person (a woman). There are no midwives or homebirth consumer representatives on this committee, nor do any of the doctors do domiciliary deliveries.

## WHAT IS THE MATERNITY SERVICES COMMITTEE LIKELY TO RECOMMEND?

If the New South Wales Legislation is anything to go by (and we have it on good authority that it will be used as a model) restrictions will be applied in two ways:

1) Midwives will be placed directly under the control of an obstetrician. This is a disaster for two reasons:
   - there are no obstetricians doing domiciliary delivery in New Zealand and thus (using the standard of the Medical profession) none competent to supervise domiciliary delivery
   - a recent American study has shown three times as many babies die during obstetrical deliveries as in births attended by midwives.

2) The criteria for home delivery may be toughened up so that a majority of women now eligible for a homebirth would not be so in the future. The following women need not apply:
   - over 34 years
   - having first baby and over 29 years
   - had a previous baby over 8.8lbs(4Kg) or doctor suspects that next baby will be over 8.8lbs
   - had asthma five years ago
   - had four babies
   - had a long labour last time
   - had a serious illness sometime in your life
   - had twins
   - put on more than 30 lbs in pregnancy
   - baby has not turned properly by 37 weeks
   - sensitive to local anesthesia
   - did not attend ante-natal classes

And so on. The list of risk factors that the medical profession would like to apply is long enough to wipe out homebirth in N.Z. They take no account of the fact that non-induced labours do take longer, that homebirth babies are healthier and heavier, and that homebirth mothers are older (more prepared to fight the system) and probably healthier than hospital mothers.

The Homebirth Association acknowledges a wide range of risk factors (smoking and excessive drinking are two which are apparently of no concern to the medical profession) but the most important indication for homebirth is a good state of health during pregnancy and before birth. The problems with the way the medical profession views risk factors are that:

> many 'risk factors' (e.g. age of mother, weight of baby, length of previous labour) do not measure health and are irrelevant on their own or even in combination unless related to real indications of poor health (e.g. high blood pressure, infection, depression,/...

exhaustion)

the list of 'risk factors' has been derived from hospital conditions and the use of medical technology and do not apply to home delivery. For example, because they do routine episiotomies in hospital, they worry about large babies but in home delivery, where episiotomies are very rare, large babies are delivered without tearing and are not a 'risk factor'. Of course, sensitivity to local anesthesia is an indication that you should have your baby at home where local anesthesia would not be used, rather than in hospital.

WHAT CAN YOU DO?

1. Write to the new Minister of Health, Mr Aussie Malcolm, and tell him of your concern that the Maternity Services Committee is trying to restrict the practice of home delivery in New Zealand despite our excellent record of safety.

Ask the new Minister to urgently increase the payment to domiciliary midwives (remember that $7,000 is about their maximum yearly income) and ask him to release hospital statistics on intervention procedures used (episiotomies, inductions, use of anesthetics and analgenics, forceps deliveries, Caesarian sections, fetal monitoring, etc) so that a proper comparison between the benefits of home and hospital delivery can be made. Inform him that home delivery in New Zealand and in many other countries in the world has been shown to be <u>at least as safe</u> as hospital deliveries and as the Minister of the private enterprise party he should support women in their right to choose, and support the development of cheaper community-based birth services. Tell him all about your own home or hospital births.

2. Write a similar letter to your local MP. See letters on page 7 of this newsletter.

3. Write a letter to Helen Clark, MP for Mt Albert, enclosing a copy of your letter to the Minister of Health and ask her to take up this cause as a women's issue.

The addresses of the Minister of Health, your local MP, and Helen Clark are all

C/o Parliament Buildings
WELLINGTON.

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HELP! HELP! HELP! HELP!

People are needed two or three times a year for a two hour session of sticking labels on plastic bags or wallpaper samples onto card. These are fund raising activities for which Hellaby's and Vision Wallcoverings pay the H.B.A. very well. The work is done in your own home and is very easy.

Please ring Ann Ireland 502 765 and put your name on the work roster. The H.B.A. needs your help to raise funds and this method is <u>infinitely</u> better than cake stalls!!

RING 502 765 <u>NOW</u>.

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## HOMEBIRTH UNDER THREAT IN AUSTRALIA

This letter appeared in Sydney Homebirth Access Newsletter (Nov 1981). It may help you when you write to your MPs - as suggested in the previous article (see page 6):

"When the restrictive legislation is presented in NSW Parliament, most politicians will not be very interested, and will probably vote for it on the basis that the experts know what they are doing, in drawing up all the regulations. Once NSW passes these laws, Victoria's parliament and other states too, will feel they are behind the times if they don't quickly adopt similar laws. If the laws get passed it will be fairly impossible to get them repealed, and homebirth will become virtually illegal, so we must act now to stop them in time.

I strongly urge all sympathizers to write a short clear letter to various politicians, concentrating on your own "representative" but also making sure that no MP is left out of the campaign. Those people based in Sydney should concentrate on personal contact as far as possible, inviting MPs to meet the family and discuss the safety and beauty of homebirth. To help getting letters goimg, I suggest you select two or three points from the following epistle, and write them out in your own words, remembering that politicians are our paid serv--ants who theoretically represent us and carry out our instructions, but in practice fall into party factions to take orders from their 'leaders', and they will need very clear and earnest campaigning to convince them of the injustice of this anti-homebirth legislation.

Dr John Stevenson
Melbourne

e.g. 1.

Dear Mr Joe Bloggs M.P.,
I wonder if you realise how really beautiful birth can be, if it is carefully planned for, and celebrated at home as a family event. I do hope you will meet our family, and let us tell you how wonderful was was our experience; we still feel happy and exhilarated about it. Besides thorough preparation, homebirth also requires the services of a capable midwife, free to make expert decisions for the welfare of mother and baby. Why is the Nurses Registration Board trying to prevent this with a list of restrictions which they claim are for safety, but which in practice work against safety? Why are positively motivated midwives treated as incompetent, and needing longwinded regulations from medical bureaucrats? I am anxious to discuss this with you, as I feel you should vote against this calamitous bill.

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e.g.2.

My midwife is very knowledgeable and expert. During my labour she made capable and responsible decisions, and delivered my baby safely at home. I hope she will be available for my next pregnancy, but she will be out of business if you vote for the absurd restrictions that the Nurses Registration Board want to impose.

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e.g. 3.

Presently you will be asked to vote on a bill for the enslavement of midwives, so that they will no longer use their own expert judgement in a confinement, but will have to obey a lot of restrictive rules and the instructions of male obstetricians, few of whom have any empathy with labouring women. Please vote for freedom by voting 'no' to the bill. Do you realise that midwives have the best safety rate; family doctors have the second best, and obstetricians the worst. (NAPSAC survey 1981 - details available on request). Don't let obstetricians get control of the midwifery pr ofession.

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Looking Back:

INTERNATIONAL HOMEBIRTH PUBLICITY WEEK 25th-31st OCTOBER 1981

The week went well, by all accounts, with street stalls in various parts of Auckland, a photo display in Outreach, and a seminar held at the University.

I was on the stall in Vulcan Lane for a couple of hours on the Friday and was amazed by the number of women on Queen Street who showed interest in homebirth. We had a regular stream of enquiries about birth at home, and women of all ages talked to us about their birth experiences. Many expressed their dissatisfaction with their births in hospital, and were keen to collect our information on homebirth.

On Saturday we had a successful afternoon seminar at Auckland University, entitled 'What's Wrong with Birth in N.Z.?' Over 150 people came, and there were plenty of displays and stalls. Sarah Calvert talked about trends in obstetrics, documenting many current and impending changes in obstetric practices in the USA and NZ, such as the rapidly increasing technological interference in childbirth, and the closure of small district maternity hospitals.

During question time a member of the Auckland Hospital Board strode to the microphone and attempted to "answer a few points" made by Sarah. He went through the usual official justifications for the high rate of technological interference (such as 'safety', and women's subservience! - he referred to "silly women") and closure of hospitals (lack of money. He failed, however, to explain how the hospitals can afford the expensive new obstetric gadgetry they're getting to make birth 'safer'). I asked him to stop after a few minutes - not before I had learnt an excellent lesson as chairperson: don't let people take the microphone during question time, and limit the time they have to speak. I wished that everyone (including me) had loudly expressed their opinions of what the man had to say - but if anyone did, they certainly weren't audible at the front. We women are well trained in 'politeness' unfortunately.

Langi Viliko from Niue and Mrs Tokahere from Rarotonga spoke on home birth in their islands. They told how the village midwife (male or female) delivers the babies, and the various methods of coping with labour. They also talked about the embarrassment and difficulties which Pacific Island women suffer in coping with antenatal visits and birth in NZ hospitals.

Both seemed under the misapprehension that home birth is illegal in NZ. (This may have originated from an incident where a couple from the Pacific Islands were prosecuted because they had a baby at home without notifying a doctor. That is illegal in NZ).

I found this a disturbing example of the way in which knowledge is distributed in a racist society such as ours. Certain knowledge seems to remain accessible only to certain groups. In addition, only one other Polynesian woman came to the seminar, and she was specifically invited to do a workshop. Not only do we have a white women's movement in NZ, but also as yet, a white homebirth movement it seems.

After a break for tea we broke into small workshop groups, and changed around after ½ hour. Most of the workshops were well attended, and people appeared to enjoy them.

I attended an amalgamation of 'breastfeeding', 'transfer to hospital' and 'postnatal experience' groups: we had lively discussions, mostly on hospital transfer - and it was suggested that a letter be drafted to help in transfer situations (see this newsletter), and it also

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seemed that most women found the form you have to fill in on admission very daunting when in labour.

I enjoyed the day, and met some lovely babies, and some lovely women!

Alison Jones

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For anyone interested in natural family planning ...

## NATURAL FAMILY PLANNING CLINICS - AUCKLAND AREA

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|---|---|
| Mater Clinic | Gonzaga Hall, Mater Hospital. Appointments 605 451<br>Tuesday to Thursday 10am - 2pm<br>Friday 9.30am - 12 noon<br>Monday evening 7pm - 9pm<br>Tuesday evening 7.30pm - 9pm (2nd & 4th Tuesday). |
| Liston House | Catholic Social Services, Central City. Appts 605 451<br>Alternate Mondays 12 noon - 2pm. |
| Pt Chevalier | The Old Homestead, 92 Pt Chev Road. Appts 605 451<br>2nd & 4th Wednesdays 6pm - 8pm by appointment<br>4th Thursday 10am - 12 noon No appointment needed. |
| Henderson | Holy Cross School, Lavelle Road. Appointments 836 7560 after 5pm<br>2nd & 4th Thursday evening. |
| Howick | Information Centre, Howick. Appointments 534 5816<br>Alternate Tuesday evenings. |
| Takapuna | St Joseph's Church. Appointments 605 451<br>Friday 9.30am - 11am<br>2nd & 3rd Monday evenings |
| Birkdale | "The House", 134 Birkdale Road. Appointments 483882<br>1st & 3rd Tuesday evenings |
| South Auckland | Papatoetoe - by appointment phone 278 9284<br>Pukekohe - last Monday in month phone Puk 87923 |

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## WHY RASPBERRY TEA?

OK, we all know raspberry leaf tea is good for you when you're pregnant. But what is it about the plant that makes it so? The following information about the plant is given in Juliette de Bairaclilevy's book, "The Illustrated Herbal Handbook".

"The foliage of the raspberry plant possesses a very active principle, named Fragine. Fragine has a special influence on the female organs of reproduction, especially on the muscles of the pelvis region and on the uterus. It is used as a tonic during pregnancy and also during labour if any difficulty is encountered. It is also used to bring down retained afterbirth. It will relieve morning sickness."

(from Christchurch H.B. newsletter No.7 16.9.81)

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THE GENTLE MANAGEMENT OF BIRTH

"The oldest profession of midwives is drawing many young women"

"Expectant mothers wanting more warmth and understanding and humanity in birthing"

Thus starts an article in West-Germany's leading women's magazine 'Brigitte'. Apparently women wanting to take up midwifery have to wait up to 2 years. Of the twenty training places in West Germany, all of them are part of a university or hospital. The course is free of charge and most students receive a small bursary (or pocket money) of varying amounts (not stated). At the moment the training is two years (soon three years) and a nursing degree could cut this down by 6 months.

Those eligible are women between the ages of 18 and 35 years; 10 years schooling is a minimum requirement, a higher school leaving or UE is preferred. In 1980 there were 1,200 practising domiciliary midwives. Many of these have come through the feminist movement in West Germany. For example, this article tells the story of a young midwife named Lisa. She shares an old house in Cologne and pays a small amount for rent; normally 2-3 bedroomed flats are around $300-$400 in the big cities. In German terms she earns a very modest wage of $425 (DM850) per month.

Because of her cheap accommodation she can afford to run an antenatal clinic. Lisa drives a car, has a telephone answering machine, and has the typical midwife case with only a few drugs for emergencies. If the births progress in an abnormal way she calls a doctor or ambulance. The law from 1938 says no doctor has to be present at a home birth, but when it comes to stitching up after an episiotomy, only the doctor can do it. The domiciliary midwife is only allowed to cut!

At this stage, homebirth parents comprise 2% of all birthing parents in West Germany (total pop. about 60 million). There have been two moves in 1963 to change the law about midwifery and to abolish their profession and replace them with special nurses, which are to take orders from doctors. So far this has been unsuccessful and hospital and domiciliary midwives are united in their protest against it, and are pushing for a better three year training course. Other Europeam countries already have this. In the whole of West Germany there are 5,637 midwives today, in comparison with England where they have 20,000.

Just after the war in 1947, there were 120 midwives in Cologne compared with 6 in 1980. Midwives in hospitals earn a good wage similar to nurses (no amounts stated). The compulsory state health insurance pays a domiciliary midwife $160 (DM315) for one home birth and ten postnatal visits are included! A doctor can get up to $1000 (DM2000).

The birth described in the article was 18 hours work for the midwife; in hospital the midwife stays with the patient up to the pushing stage and then the doctor marches in and delivers! An additional income for this particular midwife, Lisa, is the clinic she runs. As she does specified and approved gymnastics for pregnant women, the state health insurance pays her $3.60 per hour(DM7.20) per woman and each woman has 12 lessons. So she gets an additional $43 (DM86.40) for this extra work.

The midwives see problem areas for parents after birth as they don't have a follow-up service in West Germany. You take your children to your GP or pediatrician. The domiciliary midwives therefore tried to co-operate with the gynaecologists to help women after birth. The gynaecologists listened to the midwives' suggestions and then ,... nothing was heard about it again! Said one midwife,"Are they afraid we are going to take some of their earnings?"

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The gentle management of birth / cont...

Well ... money versus sensitivity and the right to choose shows the same picture worldwide. But people are not putting up with this. In West Germany recent big scandals surrounding gynaecologists have put mistrust into people's minds.

Herslich Willkommen Hebammen! (Welcome midwives!)

Renate Morrison

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TRANSFERS TO HOSPITAL

Cathi Sadler from the North Shore Support Group compiled this letter for women who are transferred from home to hospital during labour.

Hopefully these written requests will ensure a better birthing experience in hospital for transfer ladies.

A copy is available from your midwife or support group.

REQUESTS FOR CARE FOR HOME BIRTH TRANSFERS

We want to have as natural and as enjoyable a birth experience as possible.

We feel we have prepared ourselves physically and physchologically for this labour, by attending childbirth education classes, and learning breathing and relaxation techniques.

We have built up a trusting relationship with our midwife and would want her present, and if possible to deliver the baby.

I wish my husband to be with me at all times, and/or my support persons to be available to me.

I do not want any drugs given to me or my baby without adequate discussion and my expressed permission in each instance.

I do not want instrumental intervention or fetal monitoring unless necessary.

I do not consent to a pubic shave, or an enema.

I wish to be able to move around and assume any position I find most comfortable for my labour, e.g. squatting.

I do not want an episiotomy, unless absolutely necessary, and would prefer perineal support and massage with wheat germ oil as the head is crowning.

I would like to deliver my baby onto my stomach, and do not want her suctioned unless necessary.

I wish the cord to be cut after it has stopped pulsating, this enables my baby to receive an additional 25% of its blood supply.

I wish my placenta to be delivered naturally without the use of syntometrin or syntocinin.

/...

I do not want to be separated at all from my baby and wish to be able to breastfeed as often as we both want.

We do not want our baby to be given any bottles of liquid formula or glucose.

I wish my husband to be with me as long as possible after the birth.

We wish to go home when we feel well, knowing that we will receive post partum care from our midwife and doctor.

I do not wish to appear antagonistic or aggressive towards you or your staff, but I think you will agree it is better to state my wishes, in writing, to avoid any misunderstandings.

Many thanks.

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## ANNUAL N.Z.H.B.A. CONFERENCE

We have started planning 1982's conference
- In Dunedin
- at Arana Hall
- in May, starting teatime Friday 7th finishing lunchtime Sunday 9th.

If you have any ideas for conference, re programme, conference speakers, workshop leaders, please share them with us by the end of October - Dunedin Home Birth Association, Box 6124, Dunedin.

Because of distance and cost travel arrangements should be made early so that you can either pool cars or get Air NZ discounts: 10% independent conference discount - we need to register with Air NZ to get the vouchers; 20% groups of 20 or more leaving from the same place.

We have booked Arana Hall, part of the University Complex, as a live-in venue with everything provided. Cost yet to be worked out so get saving!! We would love to see you all.

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Dunedin now has a Midwife: We welcome Adele Birkbeck to the front line. (Homebirths in Dunedin were previously attended by a doctor.)

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## ASSOCIATION OF RADICAL MIDWIVES

(from the Minutes of national A.R.M. meeting August 1981 ...)

Thirty-six midwives attended a national meeting in Nottingham to share experiences, debate policy, prepare tactics and solve problems. They have decided to produce a book and have a working party collecting papers and articles written by the ARM. Something to look forward to.

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## ULTRASOUND SCANS

It is quickly becoming NZ obstetric practice for all pregnant women to have two routine ultrasound (US) scans during their pregnancies, the first in the early stages and another later on. Of course, if any problems present, then a scan is routine, although the Maternity Services Committee say US scanning should not be used in lieu of a second opinion.

The main 'reason' for a scan is to determine the size of the baby, that is its gestational age and therefore the estimated delivery date (EDD). As this can only be determined within two weeks it is no more accurate than the EDD assessed from your last normal menstrual period (LNMP) and noting the date on which you first feel movement. Ultrasound can, but does not always, determine multiple pregnancies and congenital abnormalities. It also determines the position of the placenta, showing if there is a placenta praevia which causes painless spotting of blood. What is determined depends on the skill of the operator.

In these days of obstetric interference a scan might help eliminate a common problem called "iatrogenic prematurity" - that is prematurity caused by inducing labour before the baby is a full term.

What is ultrasound? My science encyclopaedia says it is high frequency sound waves. The difference between sound you can hear and ultrasound is the frequency. Ultrasound frequencies are above 20,000 vibrations per second. The higher the frequency the greater the power. Very high frequency sound waves can instantly kill small fish swimming through the beams; they can scramble an egg without breaking the shell; they can literally shake germs to pieces - the first shock waves form air bubbles in the germ, succeeding waves cause these bubbles to burst shattering the germ. In lower frequencies ultrasound speeds up chemical reactions, breaks up long-chain polymers and molecules. Living cells may be shaken to pieces by ultrasound waves.

In animal surgery gallstones have been shattered into fragments in 15 seconds by ultrasound waves. The tissue around the stones was not visibly damaged as living tissue is elastic and stretches rather than splitting. Transmitting the beam through water which is elastic, minimises its harmful effects. Low levels of ultrasound waves used in medicine are produced by applying electricity to a crystal, setting up rhythmic vibrations which are communicated to the medium surrounding it.

The encyclopaedia also states that exposure to ultrasound can cause confusion, depression and loss of control over voluntary motions. A mathematician reported that after exposure to ultrasound waves she was unable to solve even the most simple arithmetic problems for several days.

Ultrasound was originally developed to track submarines during WWI. The high frequency sound waves are bounced back when they encounter a region of different density. Since then they have been used to locate ship wrecks, fish shoals and for determining ocean depths (echo sound).

The original use in medicine was for brain scans but this was discontinued as it was not considered safe for the adult brain! It has long been established that fetuses have brains. Tests carried out in Japan showed that embryos of chickens given scans developed blood clots and white mice showed higher rates of miscarriage and still births. Christine Beel in 'The Childbirth Book', says: "Birth defects, brain damage, cleft palate and limb abnormalities may have been caused by the machine (ultrasound) particularly if used in the first three months of pregnancy". Unfortunately, we don't know what it does to genetic material until those exposed start reproducing. Australia claims to be one of the pioneers in obstetric scans, having used it since 1959.

More recent studies are reported in the American Journal, 'Ultrasound in Medicine and Biology', (Vol 7 No 3, 1981). This says that the most important mechanisms through which ultrasound can affect tissue are

thermal and cavitational, although tissue may be altered more subtly by other mechanical means.

An ultrasound study on mouse livers concluded that when mouse liver is in contact with a liquid medium it is possible that cavitation processes nucleated in the liquid may lead to damage of tissue several millimeters below the surface. The tissue affected in this way is disrupted within seconds by ultrasound intensities of only 2 - 4 W $cm^{-2}$ at 800kHZ. It is possible that the damage is produced by the penetration of microbubbles from the liquid into the tissue because it can be prevented by covering the liver surface with a membrane.

What would be the response of a fetus surrounded by amniotic fluid? The article goes on to say that more investigation is necessary to determine at what intensity levels cavitation can occur in natural fluid-filled spaces within the body when using continuous wave ultrasound at low frequencies and intensities.

Another ultrasound study in the same magazine indicated that ultrasound delivered to the liver can cause a depression of phagocytosis - the ability of white blood corpuscles to destroy bacteria - showing up 48 to 72 hours after exposure.

Earlier studies (Schmucker) are quoted which demonstrated that unfocused ultrasound at low MHz induced blood vessel occlusions, sinusoidal distention and engorgement of blood in rat liver. Another study demonstrated the detrimental influence of ultrasound on the immunoglobulin response. These findings, they say, pose "serious questions about the hazard-free nature of ultrasound."

Dr Florence Fraser, a NWH specialist in obstetrics believes ultrasound should NOT be used as a routine screening process. (Auckland Star 14.6.80) "It cuts out use of brains, hand and clinical skills and reduces patient contact," she said. She also said several abnormalities would not show up at 20 weeks and even if several ultrasound examinations were done after that date, it would not guarantee a normal baby.

At one time it was claimed x-rays were safe for pregnant women. Now the link between these x-rays and cancer and leukemia in the children exposed has been established.

Considering its inconclusive results, its known and unknown side effects should NZ women be subjected to yet another obstetric experiment designed to keep control of childbirth in the hands of obstetricians. This is an individual decision each women should make when told to go for a scan - and she should have the facts on which to base her decision.

Joan Donley

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