NEW ZEALAND HOME BIRTH ASSOCIATION

P.O. Box 7093
Wellesley Street
Auckland

March 1983

AUCKLAND BRANCH NEWSLETTER NO. 19

A.G.M. A.G.M. A.G.M. A.G.M. A.G.M. A.G.M. A.G.M. A.G.M.

KEEP IN TOUCH! COME TO YOUR A.G.M.!

Our Annual General Meeting for the Auckland Branch of the Home birth Association will be held on:

SUNDAY APRIL 17th 1983
2.00 - 5.30 p.m.
(Meeting and Social Gathering)

Ponsonby Community Centre
Ponsonby Terrace (off Ponsonby Road to the west, down towards the Ponsonby shops)

*Creche available *Everybody Welcome

*Please bring a contribution to an early communal meal

Tea + Coffee available

A.G.M. A.G.M. A.G.M. A.G.M. A.G.M. A.G.M. A.G.M. A.G.M.

. . . . . .

NATIONAL CONFERENCE
NATIONAL CONFERENCE will be HERE!
NATIONAL CONFERENCE

The annual National Conference of the New Zealand Homebirth Association is being held in Auckland this year. We hope a lot of our members will be able to come. It will be on:

SATURDAY 7th MAY - (Reports and Talk)

SUNDAY 8th MAY - (A.G.M. in the morning Discussions in the afternoon)

9.30 a.m. - 4.00 p.m.

PRIMARY TEACHERS TRAINING COLLEGE

74 EPSOM AVE (watch for signs)

*Creche available *Social Saturday Night (Venue later)

If you can help with billets phone: Ann 502-765

Enquiries phone: Teresa 276-3430

. . . . . .

. . . . . .

SUBSCRIPTIONS 1983
SUBSCRIPTIONS 1983
SUBSCRIPTIONS 1983

Please send $5.00 to P.O. Box 7093, Wellesley Street, to keep your newsletter coming. We can't afford to send you a newsletter if you haven't paid your subscription.

Include your name, address, phone number, and skills.

. . . . . .

CHILDREN AND MEETINGS:

This is a very difficult thing to write about, because it seems there are many opinions amongst us about children/babies at meetings; and people often feel quite emotional about the topic.

There are some who argue that meetings are hopeless with babies and toddlers chatting, crying, banging, etc. You can't hear, you can't concentrate (remember last years A.G.M!) They say that toddlers and fretting babies should either stay at home or with someone else outside the meeting room (with parents or friends taking turns to supervise).

There are others who say that babies/toddlers should be welcomed or at least tolerated at meetings. They say babies are what homebirth is all about, and its rare that young kids are welcome at gatherings such as these.

Somewhere I hope there's a happy medium. It is very hard to hear when many babies are crying and toddlers are playing with toys in one room. We hope everyone can feel free to come to meetings (e.g. A.G.M., National Conference) with their children - but we hope that they will be aware that the little sounds their child makes, when added with others, makes a lot of noise. Perhaps when their child becomes fretful or bored or noisy they could quietly take her/him out for a while. If everyone is aware of the noise level in the room and tries to keep it to a minimum, hopefully most people will be happy!

. . . . . .

NEWS FROM THE SUPPORT GROUPS:

CENTRAL AUCKLAND SUPPORT GROUP REPORT:

Once again Karen and Rex Collett have kindly loaned their house for our classes, which we are now holding fortnightly. The last two of this current series are, Relaxation for labour - Tuesday 8th March - Contraception and Breastfeeding - Tuesday 22nd March.

We have yet to set the dates or venue for the next series, but anyone who is interested can ring Anne or me at the phone numbers given below.

If anyone knows of a venue that is comfortable and spacious enough to hold 30 - 35 people, please, let me know, as our classes are too big really for the normal lounge type room.

Also we are in desperate need of a physio or someone able to teach yoga or relaxation techniques on a regular basis for the Association. If you are interested or know of anyone please ring:

Anne Ireland 502/765
Lynne Nicol 592/576

. . . . . .

NORTH SHORE:

As the number of Auckland midwives has dropped so too has the number of couples we see at our meetings. In February, we had our four evening discussions, and enjoyed the advantages of being a smaller group.

Our next meetings will be on May 3rd, 10th, 17th and 24th, at Highbury House, Hinemoa Street, Birkenhead.

There will be a coffee morning - 10.00 a.m., 28th March, Highbury House.
Remember: Please send us your birth stories.

Pauline Proud - 433/489 Cathi Sadler 478/9418

. . . . . .

WAIHEKE SUPPORT GROUP:

We recently had a lively and well attended meeting, our first after a long Christmas break with Rhonda (Evans) now living on the island, there was a lot of discussion about looking into 'back-up services' for homebirth on Waiheke. Weve also started a yoga group for our pregnant women and its first session was enjoyed and found valuable by those who attended.

Contact phone numbers: 7366 Jude, 7631 Penny, 7586 Gael.

. . . . . .

WEST AUCKLAND SUPPORT GROUP:

Support group meetings are held on the first Monday of the month at Carolyn Youngs home, 36 Larnoch Road, Henderson. The forth meeting in this series will be at Linda Davies', 256 Titirangi Road, as we will be viewing a home birth video on Linda's video equipment.

7th March Requirements for Delivery. Role of father or support person - Dr. A. Gilmore

4th April Breastfeeding. Sensitivity of the Newborn - Dr. J. Hilton

2nd May*** Video of a home delivery. Breathing and relaxation techniques.

*** Note: address of this meeting.

Meeting being at 7.30 and all are welcome. For further information contact Vivienne 814-9942 or Diana 818-4299.

. . . . . .

SOUTH AUCKLAND SUPPORT GROUP:

Our only midwife will be having her baby in October, leaving us no-one to help us birth out babies. We will be advertising, but if anyone knows of a midwife or has any idea of where we can locate a sympathetic Domicilary Midwife, please contact 276/3430.

Our final two meetings are as follows:

3/ Exercise for birthing and post natal - by Leise Groot

4/ Nutrition, homeopathy and breatfeeding - by the S.A. Support Group.

Held at the Wiri Community House
3 Lond Place
WIRI TOWNSHIP

Everyone who is interested or who has advise to offer is very welcome.

Our next support group meeting will be held at Sally Hendersons place on 7th March at 10.00 a.m. - phone 276/3430 for direction details.

. . . . . .

YOGA: Leise Groot has started post-natal classes every Wednesday 1 - 2.30 p.m. - Phone: 413/9577.

. . . . . .

LIBRARY BOOKS: Please can everyone return your books -we're running out! - especially Central group! Either give to your midwife, bring to a meeting or send in the mail to P.O. Box 7093, Wellesley Street.

LIST OF BIRTHS

Carolyn Young

21.11.82	Marianne & Micheal Meyrick	a girl 8.4 lbs
29.11.82	Karen (Yuruvati) & Kapil Arn	a girl 8.11 lbs
15.12.82	Raewyn & Phil Kenyon	a boy 8.3 lbs
15.12.82	Dawn & Lyal Freeth	a girl 8.5 lbs
18.12.82	Melinda & Dean Ford	a girl 8.5 lbs
21.12.82	Paula & Chris Mason	a boy 7.9 lbs - trans.
21.12.82	Jean & Kim Tait	a girl 8.4 lbs - trans.
26.12.82	Celia & Neil Gibson	a girl 6.8 lbs
7. 1.83	Alison & Tom Riley	a boy 8.4 lbs
8. 1.83	Michelle & Clive Taylor	a boy 6.13 lbs
10. 1.83	Caroline & Tim Judd	a girl 8.6 lbs
9. 2.83	Nicki & Kerry Summus	a girl 7.7 lbs

Joan Donley

22.11.82	Judity & Tam Larkin	a girl Zoe 71b 7oz
3.12.82	Trish Mc Cormick	a boy Bo 71b 7oz
4.12.82	Kristine & Bruce Mc Gill	a boy Jared 91b, 4½oz
10.12.82	Susie & Steve Mc Fadzean	a girl Emily 61b, 4½oz
21.12.82	Christine & Garth Moore	a girl Emily 81b, 1oz
23.12.82	Diana Smallfield & George Farrant	a girl Tessa 71b, 7oz
7.1.83	Kissi & Kurt Drey	a girl Sunflower 81b 2oz (hospital transfer-forceps, 8hours)
26.12.82	Ann & Peter Owen	a girl Victoria 71bs 12½oz
11. 1.83	Laila, Reynolds	a girl Athena 81bs, 3oz
18. 1.83	Mele & Falani Payne	a boy Fekita-Moe-Loto 81bs (3rd home birth first two in Tonga).
22. 1.83	Julie & Eric Blankenbyl	a boy Lawrence 81b, 1oz
24. 1.83	Sue Hazel & John Thompson	a boy Luke 71b, 8oz
27. 1.83	Robyn &Hawkesby & Grant Duncan	A girl Pansy 71b, 11½oz
1. 2.83	Penny Hammond	a boy Micheal 71b, 9oz (second homebirth)
9. 2.83	Liz Wilkinson & Peter Tyndel	a girl Hannah 81b, 12oz
14. 2.83	Cindy & Arthur Bertelsen	a girl Melanie 71b, 11oz
15. 2.83	Lesley & Selwyn Pohio	a boy Jeremy 81b, 7oz

Births from the other midwives were not received for this newsletter; they'll be included in the next one - EDITOR.

. . . . . .

ONE SELF CONTAINED UNIT AVAILABLE: for use as an alternative birthing place for ladies who cannot find a suitable place to have their babies. It has one bedroom, seperate loo, bathroom, kitchen and lounge (large). It is situated down a long driveway amongst plenty of trees. The owners house is on the other side of a large section. Please phone for further details Phone: 276-3430.

. . . . . .

CAN ANYONE HELP?...

I'm having a baby in July (due date 15th July) and booked in with Joan Donley as midwife.

I'm living in Colville (Coromandel Pen.) and am presently looking for a suitable room to rent all through July for a homebirth.

Could you please print this request in the next H.B.A. newsletter.

Thank you very much.

Barbara Edlesten
P.O. Box 5
COLVILLE

EXERPTS FROM THE SPEECH MADE BY JOAN DONLEY TO HOMEBIRTH WEEK SEMINAR

MORE ON THE POLITICS OF CHILDBIRTH:

This year, for 'International Homebirth Week', the Auckland H.B.A. adopted the theme: "Home Birth is Your Legal Right", and concerntrated on the poor pay of domiciliary midwives. The reason for this is that although home birth IS legal in New Zealand, the problem is to find a midwife.....

So, why is there a shortage of domiciliary midwives? The starvation wage is certainly one reason. Over the last 10 days a lot of publicity has been given to this issue. To give you a few figures: since 1972 the rate for a domiciliary midwife has increased from $43. per case to $141.75 per case in 1981. During this same period the wages of hospital board employed midwives (senior staff nurse status) has increased from a minimum of $3,555. p.a. to $16,455 p.a. Relatively the maximum wage of the domiciliary midwife has trebled - a 333% increase - while that of the hospital based midwife has increased by 463%. Furthermore,= the domiciliary midwife started from a much lower baseline. The female minimum wage in 1975 was $2,300. p.a. which was approximately what a domiciliary midwife earned, while the hospital based midwife in 1975 received a salary of $5,840 p.a. - more than double the minimum wage.

There is another aspect to the low wages which makes it difficult to recruit domiciliary midwives despite the job satisfaction entailed. Low wages are associated with unskilled labour, - just as the homemakers work is considered to be of little or no value because it is unpaid. Therefore, low wages create the impression that domiciliary midwives are lacking in status and respectability. Even though the domiciliary midwives are the only nearly autonomous midwives in New Zealand today and accept far more responsibility than the hospital based midwife, this type of peer denigration can be very effective indeed.

You may well ask why, since midwives world-wide are fighting for their very survival, should hospital based midwives denigrate domiciliary midwives? This attitude goes back a long, long way - back to the time of the 'thirty years war' over registration of nurses and midwives.

The registration of midwives followed a similar pattern in both New Zealand and United Kingdom. Jean Donnison, a British lecturer and writer, says the British midwife traded her independence for respectibility in order to throw off the imgae of the Gamp. Registration eliminated the independant lay midwife. Nurses - and midwives - became 'a professional elite of well educated and well bred young ladies', as the International Council of Nurses expresses it.

Over the years the midwives have become more respectable, more elitist - and more ineffectual; they have become more handmaidens to the obstetricians' whom they serve. They even identify with their oppressors, basking in the aura of the obstetricians' status. They wear well-cut, white uniforms, learn to twiddle the nobs of the obstetricians' technology in government-supported monoliths of glass and chrome, and are paid accordingly. As elitists they feel they have the right tnd the responsibility to impose their views and values on the domiciliary midwives who work in the homes of people, do not wear any distinctive uniform and monitor labours with a pinnard. Funny, retrogressive midwives who even have the nerve to challenge the vested interests of the obstetricians.

continued....

Today, there is no longer a basic midwifery training course in New Zealand. There is only the post graduate diploma in Maternal and Infant Nursing with a midwifery option because the N.Z.N.A. believe 'that midwifery is a post-basic qualification built on basic nursing skills rather than a profession in its own right'. The midwifery option comprises 8 - 9 weeks of practical clinical experience in a hospital. It is an elitist course for administrators. From being renowned for their efficiency and competence, New Zealand midwives are now nothing but swept-up, machine-min ding maternity nurses.

In fact, the New Zealand hospital-trained and based midwives spent 1980 debating 'Are Midwives a Dying Race'? and 'What is a Midwife?'. They have called for a hospital based course in basic midwifery and retention of the midwifery register. But, the N.Z.N.A. of which they are a part does not favour 'such cost duplication'. This will effectively eliminate any ideas about training common, practical midwives. Even better, while paying lip service to the recognition of consumer needs the N.Z.N.A. can make scapegoats of the domiciliary midwives. And this they have done.

Recently, the N.Z.N.A. submitted recommendations to the M.S.C. which were designed to curtail home births. While proclaiming their ambition for 'recognition as a powerful political group advocating changes and innovations in the delivery of maternal and infant care' (N.Z.N.A. Policy Statement, April 1981) they state that they 'do not support the demand for home confinement'. They go even further, saying 'In the absence of positive sanctions against those who condone and support the trend to home confinement (e.g. domiciliary midwives) the responsibilities of the health service is quite clear. Equity of care demands that the health of neither the woman or her baby be endangered because of ther decision'. And they query whether 'an alternative service (can) be developed for the benefit of a small self-selected group' That's you.

They therefore set forth a number of stringent and impractical conditions of practice of domiciliary midwives which do not apply to hospital midwives because of 'the relatively independant nature' of domiciliary practice. They also realise they have cast themselves into a 'dilemma'.

What they are saying is that domiciliary midwifery threathens their power structure and 'forces them to justify their practice and to be questioned on their traditional roles and rituals and makes them feel uncomfortable, as 'Obstetrics and the Winds of Change' uputs it.

The amazing aspect of their documents is that the midwives (as a professional group) are not only the handmaidens of the obstricians on the labour front, but are prepared to take up the political cudgels on their behalf, also, would form their own professional organisation. They got sucked into their present alliance to lend strength to the nursing cause, although many of them were midwives only and not nurses, and also to eliminate them as a group which could be used in future political manoeuvres. Now the N.Z.N.A. considers that the midwives are expendable, they were just maternity NURSES. No doubt the O & G's will look favourably on their efforts and assist them to appear to become a 'powerful political group'.

Despite these trends, the W.H.O. speaks of 'the patients right to make decisions'. A W.H.O. article reprinted in the Department of Health's quarterly bulletin, 'Health' (Vol 33, No. 1, 1981) says that the self-help movement (which is what home-birth is) challenges the doctor's prerogative to define the

continued.....

extent and cont nt of lay involvement. It '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'.

I would suggest that you obtain a copy of this magazine from the Health Department - it's free. Take it to your local M.P. and discuss his/her attitude towards home birth and decentralisation of power. Doris Gordon urges women to use their vote to build up this 'existing structure'. Now the time has come to decentralise the power. Make home birth a political issue for the next election. With many marginal seats NOW is the time to start organising.

.....

APOLOGIES FOR SEVERE EDITING - WE HAVE TOO LITTLE SPACE!

. . . . . .

YOU MAY HAVE SEEN REPORTS IN THE PAPER ABOUT:

MOTHER AND BABY AT HOME: THE EARLY DAYS:

This Maternity Services Committee Report 'affirms its position that it cannot recommend the practice of domiciliary confinement'. They arrive at this 'position' on the basis of specious arguments, i.e. their interpretation of United Kingdom maternal and perinatal mortality statistics. In the first instance they use generalised maternal instead of obstetric deaths, which is an entirely different kettle of fish. The latter actually indicate that hospital births are far more dangerous since the major contributing cause is anaesthesia and associated causes - 19.4% in a 1969 - 1972 New Zealand survey!! The perinatal statistics are based on the same undocumented United Kingdom graph. However, 70% of United Kingdom perinatal deaths come from 7% of babes weighing less than 2,00 grams, i.e. premature/dysmature babes. Since any woman booked for a home birth who comes into labour before 37 weeks goes into hospital, and since we don't look women who smoke (dysmature babes) and since all our mothers receive antenatal care those with poor placental function are weed out, this, too is a specious argument.

A fuller assessment of this Report will appear in the next Newsletter. It will also be discussed at our A.G.M. on 17 April.

. . . . . .

I AM AT PRESENT, working on converting our mailing list to a more comprehensive filing system. Each card will contain necessary information, such as Name and Address, Phone No., when subscriptions were paid and when they fall due again.

I hope to keep on record as well, each members Occupation or any other particular skills which could be of benefit to the Association as a whole. This information has not previously been recorded. If you are able to help out at any time with your particular skill please send or phone this information to me at address or phone number given below.

Also - mistakes may have been made in doing this change over. If there is any error in your name and address showing on this newsletter please inform me, clearly, so I may correct it. Any queries re-missed newsletters can also be directed to me.

Jeanette Winslade
26 Finch Street
MORNINGSIDE
Phone: 862/260

. . . . . .

"SELFISH MOTHERS"

The N.Z.H.B.A. National Newsletter, No. 7, November 1982 records an interview between domiciliary midwife, Lynne Mc Lean and Minister of Health, Aussie Malcolm. National Co-ordinator, Henriette Kemp attended also and took shorthand notes. Although the meeting was essentially to discuss midwives' wages, Aussie expressed the view, gleaned from letters he had received from parents re home birth, that many parents sought home birth for 'selfish reasons', i.e. they do not like hospitals. He claimed that the letters focussed on the advantages for the mother: 'Many who defend home birth do not consider the child'.

This 'selfish' label is one that is being applied throughout the Western world. Today, the fetus (the passenger) is considered to be more important than the mother (the vehicle). Since the fetus is unable to speak for itself and defend its interests against its selfish vehicular mother, a whole host of fetal advocates have arisen to protect the 'rights of the unborn child'. At term, these comprise mainly obstetricians, neonatal paediatricians and hospitals boards - who are, incidentally, also have vested interests to protect! These are supported and subsidised by the multinational drug companies who provide (at a profit) the drugs, anaesthetics, equipment and sophisticated technology on which the power of the advocates depends.

So the mother is branded as selfish and sometimes even irresponsible if she tries to avoid the 'benefits' of technology; if she tries to prevent her babe from 'arriving at the most important event of its life - drunk', as Dr. A. J. Vincent puts it. (Dr Vincent is a New Zealand - trained O & G presently working in W. Virginia, U.S.A.)

So, write to Oz again and tell him the advantages of home birth to the passenger!!!! As if such a symbiotic relationship between mother and babe <u>can</u> be seperate.

- Tell him how important it is for New Zealand's future citizens to arrive sober with all systems 'GO' rather than bombed out of their brains. Tell him about the testimony presented by Yvonne Brackbill, PhD* before the U.S. Senate Subcommittee on Health & Scientific Research, 1978. She spoke about the lasting behavioural effects (up to seven years) of obstetric medication on infants and children. 'Many substances toxic to the developing central nervous ststem cause measurable and permanent behavioural abnormalities....' (e.g. underachievement, criminal acts, breaches of moral conduct, psychotic behaviour, socially maladaptive acts), she stated and felt that the problem of obstetric medication is head of the class of national (U.S.) health priorities. (N.A.P. S.A.C. Compulsory Hospitalisation, Freedom of Choice in Childbirth, Vol. 1, p 161-166).

Oz has probably never heard of this submission, especially since the official New Zealand stance is that drugs do not cross the placental barrier. Parents' Centres were required by their Medical Advisory Board to remove a statement contradicting the official opinion from an article in their Bulletin.

Ask Oz to provide with (you) statistical information about how many 'unselfish' women having babies in hospital are delivered without any sedation whatsoever.

- Tell him how important it is for a baby's future health to be able at birth to suckle vigorously, rather than slobber, so it can obtain the precious colostrum; and the importance of early vigorous suckling in the establishment of long-term breast feeding. Refer him to 'Human Milk in the Modern World' by D. B. and E. F. P. Jelliffe, Oxford University Press. Ask him to provide you with the latest available figures of mothers who are still breast feeding after six weeks (Plunket will have these).

continued.....

- Tell him about the necessity of a conscious mother and babe in the establishment of bonding. (He's probably been told bonding is a myth). Be that as it may, the recent Board of Health Report on Child Care states that one in ten mothers suffer from post natal depression. This, they say, promotes negative feelings towards the babe and impairs the mother's ability to cope with the child. This is recognised as one factor that leads to child abuse. The Report states that abnormal labour is one of the contributing causes of this unhappy situation. Yet in a computerised survey of 1,159 home births that is less than one percent or 1/20th the going rate. The parent-child relationship, says the Report, lays the basis for the child's future physical and mental health. That alone is enough to justify these 'selfish' parents who want home births!

Send a copy of your letter to your local M.P., to the four Labour women M.P.'s who have come out in support of home birth, and also send a copy to your H.B.A.

* Yvonne Brackbill is a professor at University of Florida engaged in the supervision of graduate research with the departments of Psychology and Obstetrics & Gynecology. She is co-author of the monograph, 'Effects of Obstetric Medication on Fetus and Infant' in the book 'Handbook of Infant Development' and is author of many papers in this area of research.

J.D.

. . . . . .

INTENSIVE CARE CAN DAMAGE PREMATURE BABIES:

Although intensive care units can save the lives of many premature babies, an article in New Scientist 19.11.81 claims they may also damage babies' psychological development.

The babies are under cool white fluorescent light 24 hours a day which is known to be bad for some animals and older humans.

Noise levels from ventilators and other equipment often rose to 'excessively high and potentially hazardous' levels. Premature babies have hearing difficulties more often than full-term children.

Social contacts were predicated on hospital routines rather than on the babe's needs, and were not what they might receive from their parents. They were rarely picked up and spoken to at the same time. Premature babes have difficulty co-ordinating their touch and vision. Is this a contributing cause?

Premature babies tend to have behavioural problems in their first year. It was suspected this was because their mothers had difficulty adjusting to them after separation in the vital first weeks of life.

. . . . . .

SPEAKING WITH A FORKED TONGUE:

Statement from Aussie Malcolm, dated 27 November 1982.
"The Department of Health does not seek to inhibit the home birth movement. As with depo provera, the department believes there should be a choice for women. It does have a duty to ensure the safety of any method of health service delivery and the safety of both mother and baby is the paramount consideration in the method of obstetric care."

. . . . . .

AN ANALYSIS OF DOMICILIARY MIDWIVES WAGE TRENDS DURING 1965 TO 1980:

In any consideration of a given occupational group's trends in wages one should expect all things being equal, a reasonable correspondence between wage trends in the group and those of the country as a whole. Two factors which may effect this are the relative bargaining power of the group compared with other workers, and other trends such as new requirements resulting in a different specialization or deployment of the occupational group.

The table below shows clearly that the Domiciliary Midwives as a wage earning group have not kept par with Nominal Weekly Wage trends as posted by the Department of Labour. As a nursing group with special individual responsibilities, in an era of increasing medical refinement, it is arguable that the Domiciliary Midwives should be an upward mobile group, however apparently as a result of their small numbers and lack of effective bargaining power, their wages are falling significantly behind the rest of the workforce.

YEAR	1965	1971	1975	1977	1980
confinement plus 14 P.N. visits	$30.4	$43.0	$76.0	$95.0	$137.5
Nominal Weekly Wage Index	290	504	776	1.000	1601
Relative Index	1	.87	.93	.90	.818
Annual Salary Hospital Board Employed Midwives		$3,555	$6,028	about $9,119	about 14,634
Relative Index		1	.908	.773	.771

As can be seen from the table, the relativity of Domiciliary Midwives has fallen to .818 compared with the Nominal Weekly Wage Index, and has fallen to only .771 compared with the salaries of Hospital Board employed midwives over an even shorter period. It is significant that the situation has worsened considerably in the years from 1977 on. These figures clearly justify an immediate increase of 1/.771 = 29% in the Domiciliary Midwives grants for confinements and after care.

It is notable that the Hospital Board Midwives (sr Staff Nurse) have been an upward mobile group compared with the Nominal Weekly Wage, but that the Domiciliary Midwives are downward mobile, clearly an inconsistent and unsatisfactory situation from the position of maintaining high standards of domiciliary care. In particularly, domiciliary midwives have an added responsibility associated with sole care which should justify favourable consideration compared with hospital midwives.

An immediate 30% pay rise would have nil effect on overall health costs to the country, but could very likely have a considerably benefit in the consequent upgrading of domiciliary care.

C. C. King
(senior lecturer - mathematics)

NOTE: The nominal weekly wage figures have all been taken from the December of the year concerned. The Senior staff nurse salaries have been estimated at January of each succeeding year, and have been adjusted by geometric mean to all correspond to a January rise, although salary rises have happened at irregular intervals. The relative indices should thus be accurate to the second decimal place, since they are sensitive only to the overall inflation and not the month (Dec or Jan) chosen as a base point for sampling.

. . . . . .

STATISTICAL ANALYSIS OF EIGHT YEARS OF HOMEBIRTHS IN NEW ZEALAND

Analysis was made of all those deliveries that can be called 'domiciliary' in that preparation was made to deliverythe baby at home with a domiciliary midwife and a general practitioner in attendance.

The period covered is from 1974 until February 1982, when the analysis began. The total number of births analysed was 1,159 and analysis was made of all details relevant to the births and their outcomes, such as maternal medical history, details of birth, length of labour, use of pain relief during labour, reasons for and factors associated with transfer to hospital when this occured.

Approximately one third of the sample (29%) were first births, while 2.2% of mothers were having their fourth or more than fourth baby.

The age range of mothers was between 16 and 43, and almost all mothers (93.7%) were described as 'non smokers'.

While all the figures are presented as percentages of the total sample, e.g. 2.6% of the mothers had a history of major surgery and/or treatment of disease of the reproductive system, some birth statistics are generally described as a rate per thousand, particularly mortality rates of babies. To convert the percentage to a rate per thousand, move the decimal point one place to the right.

Thus mortality of babies in this homebirth sample is 0.35%, which converts to 3.5 per 1000. This figure is very low when compared with hospital mortality statistics which have ranged between 12 - 18 per thousand.

Seven point five percent of the mothers were transferred during labour, failure to progress during Stage I accounts for over half of these. It is more important to consider this figure in relation to any other figures obtainable from hospital statistics. For expmple, a recent newspaper item reporting on the new North Shore Hospital in Auckland stated that 39% of deliveries were transferred during labour accoss the Harbour Bridge to National Womens Hospital. This it can be seen that the home birth transfer rates are pleasing low by comparison.

It was also found that only 0.8% (7 per 1,000) of women having their baby at home showed signs of post natal depression. In the hospital environment this figure is at minimum 10%, ten times the home birth number, an can rise as high as 30 - 40%. This is one other aspect of homebirth that appears to show a massive improvement on the hospital situation.

Only 4.1% of babies showed fetal distress during birth and the measure of the newborn's state immediately after birth (Apgar score) showed that 91.3% of homebirth babies showed a score of seven or more on the 10 point scale at one minute, and at the test performance five minutes after birth, babies delivered at home are found to be in near perfect condition immediately after

continued.....

birth.

Five percent of mothers received pain relief during labour in the form of acupuncture while 4.4% received analgesics. Again this last figure would compare highly favourably with hospital use of pain killing drugs where widespread use is made of them.

Transfer to hospital of mother and child after birth occured in 3.5% of the sample. There was no one major cause for this.

A more detailed summary of the statistics will be completed at a later date.

Deryn Cooper and Jill Wittmer
Auckla d Home Birth Association

. . . . . .

CHILDBIRTH TRUST

"A Childbirth Trust is being organised in Auckland. The Trusts activities will focus on three main areas:

(1) Feminist social support for women as mothers

(2) the provision of information to women concerning all aspects of pregnancy, childbirth and mothering.

(3) pressure on present maternity services to provide a service which more closely reflects the needs of women and babies at birth.

We take the view that since parents accept the consequences of any decisions made for the welfare of the baby during pregnancy and birth, they should be ultimately responsible for making those decisions.

The Trusts acitivities will be centred in a house (yet to be obtained) in Central Auckland.

Anybody interested in helping in any way at all please phone Judy Larkin (602/301) or Linda Spicer (605/239)."

Regards
Judy Larkin

. . . . . .

HE HOME BIRTH COURSE to be held at Normal Intermediate Community Centre, Poronui Street, Mount Eden. Starting on 29 March for three weeks (Cost $5.00) time 7.00 p.m. to 9.00 p.m. This is not an antenatal class for parents, but a course for anyone, pregnant or not, curious to know more about home birth.

(We have had nurses, medical students, grandparents, etc. in the past).

. . . . . .

ARTIFICIAL IRON SUPPLEMENTS

I had an argument with my doctor recently: he was insistent I take a prescription for iron tablets which I refused. He said it was not as if he were asking me to take something strange or unheard of, as he implied my alternatives were. He asked for scientific evidence regarding my objections, but unfortunately I was unprepared. I wondered about the scientific basis to his assumption that I needed iron tablets.

continued.....

At my previous appointment, the results of a blood test taken the week before led him to comment that my haemoglogin rate was very good and that I had no need for iron tablets.

At this appointment, however, he saw me breast-feeding my eighteen month-old child; this apparently indicated that I needed iron tablets. I breast-fed through my previous pregnancy and did not take iron tablets, but black-strap molasses and brewers' yeast daily instead. My haemoglobin rate was fine to begin with and rose considerably during my pregnancy. I had accepted an iron prescription (which I threw out) from the doctor I was attending then, and I now feel obliged to write him too and explain.

This episode had let me to research further into iron supplements with these discoveries:
'It has long been known that iron supplements (especially ferrous sulphate) can be quite harmful!' They tremendously increase the need for oxygen and pantothenic acid and destroy vitamins A, C and E in the body. They can also cause liver damage. Iron salts are especially dangerous during pregnancy, when, by interfering with the oxygen supply to the foetus, they can cause miscarriages, premature births, birth defects, or cause the baby to be susceptible to anaemia and jaundice!'[2]

"A report from doctors at the Östersund Hospital in Sweden showed that too much supplementary iron in pill form.....may trigger a serious and often fatal hereditary illness, called haemochromatosis. It is an iron storage disorder which causes its victims to absorb and store too much iron. Possible complications of haemochromatosis are liver disease diabetes, impotency, sterility, heart failure, or even sudden death."[3] (Many young children die annually after mistaking the iron tablets prescribed for their pregnant mothers for sweets).

"Supplementary iron is assimilated and metabolized only to a very small degree: some doctors estimate that only 5 to 10 percent of it is absorbed. The best way to make sure that you are getting enough life-giving iron is to eat iron-containing natural foods. Iron can be properly assimilated only if there is a sufficient amount of gastric juices, particularly hydrochloric acid. Some people are anaemic in spite of plentiful iron in their diets because they lack sufficient hydrochloric acid in their stomachs... Therefore, the iron-containing fruits, which contain their own enzymes and acids needed for iron digestion and assimilation, are the most reliable sources of dietary iron.

"The best natural sources or iron are: apricots, peaches, bananas, [4a] black-strap molasses, prunes, raisins, [4b] brewers' yeast, whole grain cereals, turnip greens, beets, beet tops, alfalfa, sunflower seeds, sesame seeds, whole rye, dry beans, lentils, kelp and egg yolks."

References:

General: 'Every Woman's Book' Paavo Airola, Ph. D., N.D.
1. 'Let's Have Healthy Children' Adelle Davis A.B., M.S.
2. 'Let's Get Well' Adelle Davis
3. 'Bread and Iron' Time, May 1978
4. 'Dictionary of Nutrition' Sheila Bingham, certified dietician.
a p. 146
b p. 147

. . . . . .

NATURAL CHILDBIRTH BRINGS BACK GOOD MEMORIES

Women treated with an injection of local anaesthetic in the lower back (epidural analgesia)to relieve pain during childbirth have more unpleasant memories of their expierience than mothers who take no analgesic at all.

continued.....

This puzzling discovery came out of a survey of 1,000 mothers carried out at Queen Charlotte's Hospital in London which compared 508 women who opted for epidural analgesia, with only 80 who took no analgesia, at all. Although the former suffered much less pain during childbirth, over half of them had forceps-assisted deliveries, and 14 per cent were dissatisfied with their experience compared with only eight per cent, of the non-analgesic group.

Barbara Morgan of the Institute of Obstetrics & Gynaecology, and her colleagues at the London School of Hygiene & Tropical Medicine and the Royal Post-Graduate Medical School, believe there is an association between unpleasant memories one year after giving birth and the use of forceps to assist delivery.

By contrast, patients who refused all analgesia suffered greater pain during labour, delivered spontaneously except for one mother and reported greater satisfaction in retrospect.

The survey's results casts doubts on the assumption by obstetricians and anaesthetists that, so long as patients get adequate pain relief and the medical outcome is good, mothers are bound to be satisfied. The experience was in fact rated 'pleasurable' by 41 percent of women given epidurals, compared with 51 per cent taking no analgesics.

Morgan and colleagues now want a randomised controlled trial that compares epidural on demand with 'epidural when necessary'. As they themselves point out that 'pain in labour is not comparable to other sorts of pain', they clearly anticipate difficulty in defining their criteria of necessity.

New Scientist
November 1982

. . . . . .

STOP PRESS! STOP PRESS!

Wellington have just lost their only midwife, and we have just lost another one of ours. That leaves Auckland with only TWO midwives.

We thought we had a crisis before ... but its beyond even a crisis now. The situation is critical.

WHAT ARE YOU DOING ABOUT IT?

We need your support. Past newsletters have details about what you can do.

COME TO THE AGM! (see front page) YOUR PRESENCE AND INTEREST IS ESSENTIAL. WITH NO MIDWIVES, THERE'S NO HOMEBIRTH.

- - - - - - - - - - - - - - - -

IF NOT CLAIMED WITHIN 7 DAYS RETURN TO:—
P.O. BOX 7093, WELLESLEY ST., AUCKLAND 1.

POSTAGE PAID
GLEN EDEN N.Z.
PERMIT NO. 20

Mrs Scrafton,
5/53 Mimosa Rd.,
PORE

RETURN TO SENDER

PLSE RETURN TO SENDER. NO SUCH PERSON HERE.