NEWSLETTER
No. 42 Feb - April '89

Home Birth Naturally

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Editorial

Our new Minister of Health is Helen Clark (MP for Mt Albert). She takes over the portfolio at a time when the restructuring of the health services is well under way. She is expected to follow the plans laid down by David Caygill which demand rigid budgetary constraints and being loyal to Cabinet and Caucus decisions, even if these go against her liberal views. However, she obviously has her own tactics for dealing with the extraordinary screaming, shouting and personal abuse that male Caucus colleagues indulge in. She quietly takes notes and makes sure she replies to all the points they've made - which infuriates them! (Fran Wilde takes shorthand which also infuriates them). (*Head and Shoulders).*

In *Health, A Prescription for Change,* Caygill said, "Our strategy is to give people the knowledge and the power - to take greater responsibility for their own lives and to influence the environment around them." That's exactly what the NZHBA has been demanding for some time. Furthermore, home births and midwives are cost effective! Caygill claims that the new Area Health Boards (AHBs) which are to be operational by October 1989 will allow for a greater degree of community participation in the decision-making process. This means that HBA members and their supporters will have to make their voices heard loud and clear as these highly autonomous boards are being set up. In this we can expect support from Helen Clark, who says these new boards will have to be encouraged to relinquish some of the power to community health committees.

Although the powers of the Minster of Health "are not what they once were," she will set national policy and have direct links to the Ministry of Health and the Health Council. The present Department of Health will evolve into the Ministry of Health which will: advise the Minister; develop and monitor guidelines and provide strategic advice for area health boards, set and monitor quality assurance programmes. It will also oversee the implementation of national health programmes and will provide support services such as information services, technology assessment and human resource development. It is therefore important to keep the Minister well informed on issues of relevance in the areas of childbirth and midwifery.

In a personal letter (13.2.89), Clark says, "please forward to me any suggestions you have about priorities for action..." She prefers to be a 'hands on' Minister and also prefers to run a portfolio herself so she has an overview of the whole range of

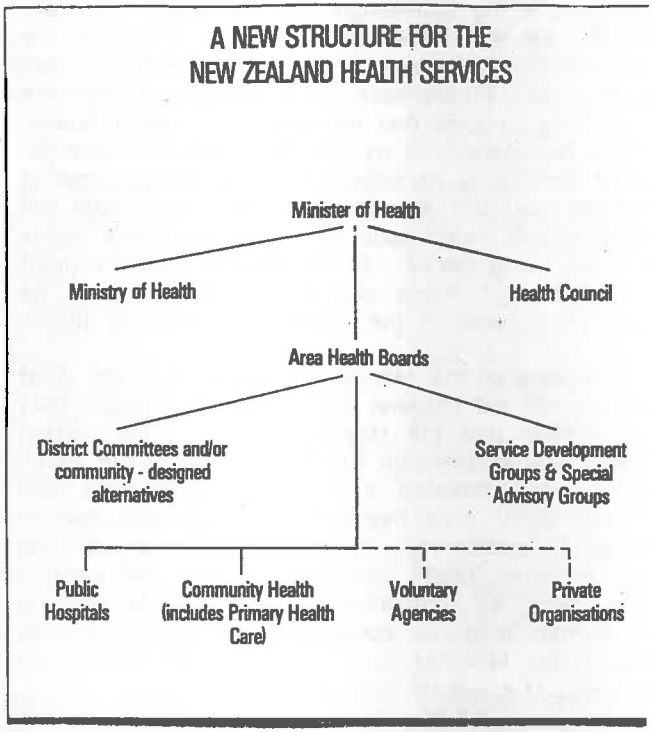
issues. It was for this reason that she dispensed with the former pro-Roger Douglas Under-Secretary of Health, Peter Dunne. The Minister of Social Welfare, Dr Michael Cullen will remain as Associate Health Minister to deal with the "interface between health and social welfare" (like paid home help for home birth and early discharge mothers?)

Helen Clark, we welcome you as our Minister of Health and look forward to working with you.

J.D.

A STRUCTURE FOR NEW ZEALAND'S HEALTH SERVICES

To facilitate co-ordination and to establish lines of responsibility, the following structure is proposed:



BRANCH ROUND UP

TARANAKI (PO Box 5063, New Plymouth) is enthusiastically preparing for the National Conference -

Conceptions and Creations
May 12-14.

In addition, they have spoken about home birth to their Area Health Board Community Health Committee; to the nursing class at Tech; and at the Taranaki Museum Govett-Quillam seminar on birth. Their main problem is lack of G.P. cover and how to overcome this! There is a tribute to Louise James who has worked 'virtually singled-handed' for the past 4 1/2 years to establish and maintain home births in Taranaki and is now withdrawing to devote more time to her family. 'Her experience, her knowledge and her unshakeable faith in a woman's ability to give birth will be missed,' says their Newsletter Editorial.

TAURANGA (Box 9001, Gate Pa) reports home births are on the increase with 15 in 1988, a jump from six in 1987. Besides the support of Dr Ted Walford, (formerly of Christchurch), more doctors are becoming involved and another DMW, Helen Parsons has registered. They have a $4200 COGS grant to employ a full-time worker for six months 'to help educate the public to view birth as a normal function.' They have also provided two mothers with paid home help postnatally. Their hospital board has reluctantly agreed to supply a linen pack on a trial basis to DMWs despite the fact that a number of board members 'did not approve of home birth at all,' and board advisors, 'who were health professionals were mostly against home births..' They still charge Anne for sterilising her equipment.

CHRISTCHURCH (Box 2806) reports ten births for November with eight booked for December. With home births increasing and DMW Ursula Helem hoping to stay permanently in Bali, DMW Maria Ware is trying to set up a team of 4-5 midwives as back-ups. The increase in births, plus the birth of their Area Health Board in March, has increased the workload of the committee. There's a call out for assistance in all areas, but the political lobbying is heavy, not only in determining the role and status of DMWs within the new structure, but also over the on-going controversy over home birth transfers not being allowed to continue under the care of their own doctors. Subs have been raised to $15, plus a $40 booking fee, of which $30 goes to the attending midwife.

WAIKATO (Box 6090, Hamilton) reports two new DMWs (Liz Carlaw, 5 Challinor St, ph 491-000) and Margaret Patten, who will not be available until May. One wonders if Pam Winters' M.A. thesis played a part in this development? Entitled *Dialectics of Childbirth: Professional and Lay Interpretations of Childbirth in the Hamilton Community*, Waikato University, 1988, it is a comprehensive survey of the attitudes that led to some strife between the Waikato HBA and the only practising DMW in the region.

The University of Waikato is hosting a Health Advocacy and Lobbying Seminar, on Sat. 8 April, 9:30-4 pm, fee $12. Workshops will cover: Developing strategies to regain control of the birthing process; forming and maintaining coalition groups; women and Area Health Boards; presenting an issue to the media. Facilitators are Lynda Williams, Lyn Potter, Judi Strid and Denise Irvine.

CANTERBURY (Box 35-064, Christchurch) records 23 births in the December and February newsletters, and a list of nine doctors. There is a report from the Michel Odent Workshop (All areas where Odent spoke carried a report of the Workshop). Canterbury also participated in a radio talk-back.

MANAWATU (Box 1495, Palmerston North). Many thanks, Manawatu for sending in a report!! There were 45 births attended by four DMWs - Fiona Barnett, Ellen Salmons, Carole Collins and Ruth Martis. Ruth faced numerous obstacles and many delays in gaining her registration - but finally made it. Fiona is retiring from 'active duty,' looking to becoming a consumer.

WELLINGTON (Box 9130). 29 births November to mid-January. Two new midwives: Judith Skinner (7 Rosaline St, Ngaio) and Sue Lennox (12 Konini Rd., Eastbourne). In response to women's concern for taking responsnbility for their own health care and the growing interest in alternative remedies, Wellington has compiled a directory of alternative practitioners. DMW Mary Gardner has 12 women booked for home births in the Raumati and Paraparaumu areas, but six are unable to get GP cover. After progress in 1988 because Dr Phil White of Titahi Bay was willing to travel to Kapiti - the situation has deteriorated as local GPs wield their power and block home births. Over the past two years, the Kapiti HB group has grown in numbers, strength and experience. Also Paraparaumu Maternity Hospital is now politically secure so cannot be used any longer as an argument against home birth, and the Obstetric Standards Review Committee's advice for GPs covering level 1 hospitals is the same as that for home births. Previously, it was said that if low risk women opted for Hbs, the numbers of women giving birth at Paraparaumu Maternity Hospital would be

insufficient to keep it open. Finally, Wellington Area Health Board plans now to encompass Waikanae facilitating a GP and ambulance service. In view of these factors Mary is again approaching Kapiti GPs individually in order to organise a meeting mediated by doctors from outside the area.

NELSON (Box 59) finds DMW Bronwen Pelvin in a quandary about "the birth I attended last year in Brightwater. Having re-assessed the Nurses Act, which, taken literally, does not say a doctor is 'responsible' for the birth, but is 'responsible' for the care of the patient." She therefore asks if a woman chooses a home birth and organises a midwife to attend her, does that mean that a doctor has met his/her responsibility? Can one professional be responsible for the care that another professional gives?

Bronwen is now booking women on the basis that whoever is their doctor is the medical pracitioner responsible for their care, regardless of whether he "agrees" with home births, or agree to attend the HB, unless there is some medical problem. Women can arrange to contact their doctors in labour or at the birth, if they choose. Why is this my job? she asks. The Nurses Act charges the doctor with responsibility for the woman's care, let them take that responsibility whether they agree with home birth or not. Bronwen would like to hear the views of others on this.

Also Nelson DMWs are required to fill in a form for Principal Public Health Nurse giving the woman's name, address, telephone number, doctor, Estimated Due Date, age, parity and number of pregnancies, general health and suitability of home conditions and partner support. Since this is an invasion of privacy, Bronwen has been giving the form to the woman to fill in. Some clients are upset, as even their doctors could not give that information if they were having their babies in hospital. If it is merely for statistical purposes, then there should be nothing to connect the information with the person. DMWs in other areas have refused to provide such information. Nelson needs some support from Conference on this matter.

WHANGAREI Ten births reported for Dec/Jan. Sue Bree of Paihia (ph 28917) has joined Feliz Barnett as a DMW. *Induced*, a play written by Bryony Jagger to highlight childbirth issues is being produced by Germana Nicklin for a public performance in April. (Will we get a chance to see this at Conference?)

Judi Strid (that incomparable reporter) has written up Wendy Savage's public lecture in Whangarei on 3 Jan. A few of the gems: * Wendy regretted that NZ has chosen to reorganise its health services along the line of the UK, and expressed concern that we are in danger of losing the health CARE system to the health

INDUSTRY. Health is not an industry and services need to be available without the concern of dollars. She challenged NZ to make this case politically. * Birth is a perfectly normal physiological event, but O&Gs have managed to convince hospital planners and women, that is is safer to give birth in hospital although there is not a shred of evidence to prove this. Birth outside hospital is a direct challenge to the whole of Obstetricians and Gynaecologists' teaching. * Midwives are the experts in normal birth. At least 85% of women receive routine ultrasound scans and large amounts of money are directed to this, although there is no hard evidence that it is beneficial. In UK, the National Institute of Health and the National Health Service, As well as the WHO, all oppose *routine* ultrasounds scans. * Maternity services have reached a crisis point. There is a need now to stick together and unite to bring about the changes that are needed. Women can be their own worst enemies and are often too busy being kind to men and not wanting to hurt them. Women must rise above this and become a real nuisance to get their needs met.

Judi Strid, founding member and co-ordinator of the Whangarei group, is shifting to Auckland.

GISBORNE There are now two women wanting home births in August, but...although there is now a doctor who has done home births in Christchurch, she is not prepared to do so in Gisborne, 'in such an unfavourable climate to home birth.' The hospital is very anti-home birth. According to the muddled logic of the medical superintendent, the home birth option would not be cost effective as the majority of births needed to be hospital based. The Obstetric Standards Review Committee democratically pontificated there there are few home births in this country. It would be best if there was a decline in DMWs to the level where home birth was no longer an option...If patients insist on a second rate service for a third party (the fetus), the District Officer of Health should play no part in it and experienced obstetricians should speak out loud and clear as advocates for the baby! (*Gisborne Herald* 10/8/88).

AUCKLAND (Box 7093). Auckland HBA celebrated is 10th birthday during home birth week. Over the decade the membership has increased from 150 to over 600; DMWs from three to 13, and births from approximately 118 in 1978 to approximately 300 in 1988.

With the advent of our Area Health Board, restructuring is evident in every area. Our three health districts are becoming four health development areas. Auckland DMWs made a submission to the proposed AHB committee for our 1987 contract to remain with the Minister of Health, and that at the local level we remain under the direct supervision of the District Health Committees and as

part of the Family Health Programme. We argued that we had built up a good liaison with our Principal Public Health Nurses and this should continue; that our contract defined 'domiciliary practice' as the carrying out of obstetric nursing in any place other than a hospital board; that the District Officer of Health as supporter of the World Health Organisation definition of primary health care (PHC) is more preventative minded than hospital boards, (which have proven unable to respond to PHC needs), and that domiciliary midwifery is a health service, not a medical service. We proposed that we have contracts with the Area Health Board but opposed monitoring by the Obstetric Standards Review Committee as we were in the process of establishing our own peer review committee. Auckland HBA and DMWs are in the process of getting this pilot DMWs Standard Review Committee operational before Conference, so we can report on progress at Conference. Auckland HBA has nominated six consumers so that four will be available when needed.

As part of DOH cutbacks in spending, Auckland DMWs are being restricted from working outside health development area in which they are registered by refusal of the Health Department to pay mileage costs for travel outside the boundaries of the Health District in which they live. If parents wish to contract a DMW from a different Health District, the Department suggests they pay the mileage costs themselves. After a meeting with Principal Public Health Nurses, some adjustments were made to these restrictions.

Auckland HBA had a stall at the National Midwives Conference in August, and distributed and sold a lot of material.

WESTLAND Warm welcome to two new Support Groups which have been set up at Westport and Hokitika following an enthusiastic home birth hui at Charleston on 11 February. DMWs Bronwen Pelvin (Nelson) and Maria Ware (Christchurch) attended and spoke about their respective HBAs.

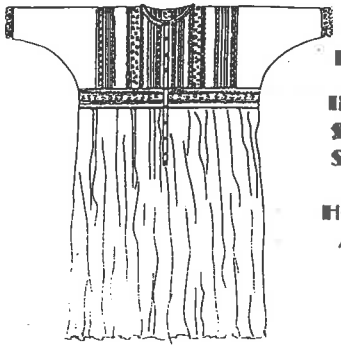
Branch Contacts

Auckland	Brenda Hinton	787-614
	Linda McKay	780-557
Canterbury	Marie Stevenson	852-023
	Celeste McCoy DMW	(27) 6401
Christchurch	Jeanette King	792-253
	Maria Ware DMW	609-374
Kapiti	Deidre Jones	(058) 37184
	Mary Gardner DMW	(058) 71355

Manawatu	Dominique De Borrekens Carey Aburn	80070 89258
Nelson	Bronwen Pelven DMW	Lower Moutere 807
Northland	Micky Harrower	Peria 542
Rotorua	Jan Klausen DMW	(073) 74263
Southland	Terryl Muir Marianne Monteeth DMW	(0228) 7429 (021) 77858
Taranaki	Anne Browne DMW Jasmin Hales	89201 (067) 35343
Tauranga	Anne Sharplin DMW	(075) 420 200
Waikato	Glenys Parton	551-842
Wellington	Susa Moutafa Madeline Gooda	764-897 842-628
Whangarei	Germana Nicklin Feliz Barnett DMW	70 728 487-182

FOR YOUR CONFINEMENT

Mothers, have you considered that you might like to enjoy the comfort of 100% cotton and lace: a night-gown in the Victorian style? Imag[illegible]-- lovely to look at, lovely to wear, a pleasure to care for and extremely practical



TOTAL PRICE $80

INCLUDING $10 WHICH SUPPORTS YOUR HOMEBIRTH ASSOCIATION

"Victorian Nightgowns" 14 Abbotsford Tce, Devonport

Measurements Required (inches please): bust, shoulder to shoulder, finished length.

Send your order (incl. phone #) with $80, and allow 3 weeks for delivery;

money refunded, less postage costs, if the nightgown is returned within 10 days of dispatch.

Cost Effectiveness Study

This study was carried out by the Wellington Home Birth Association and compares the cost of a hospital delivery to that of a home birth. It relates to the period between August 1987 and July 1988.

Hospital

Includes: Antenatal clinic, laboratory tests, appropriate specialist assessment, delivery and post natal care in hospital for an average five days — $1600.00

G.P. Care (figure cover both categories)

Booking in fee		35.50
11 Antenatal visits @ 17.75 each	195.50	
Delivery (up to two hours)	245.00	
Puerperium visits @ 17.75 each	106.50	
Post Natal check (6 week check up)	35.50	
Total		617.75

Misc: Prolonged attendance fee (after two hours labour) $60.00 per hour.
Mileage $1.50/Km

Domiciliary Midwives

3 Antenatal Visits @ $16.00 each	48.00	
Labour and Delivery	150.00	
12 Postnatal visits @ $16.00 each	192.00	
Total		390.00

Misc: Mileage 72c/Km

Laboratory Costs (routine)

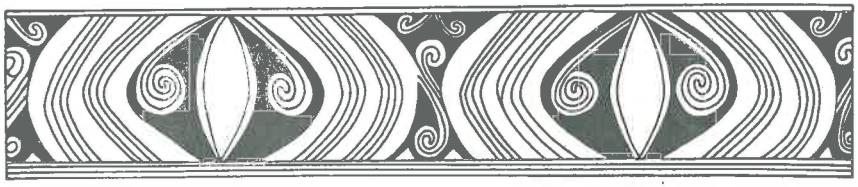
2 AN Groups @ 13.70 each	27.70	
1 Neonatal Group (cord blood)	7.40	
Total		34.80

Grand Totals

Hospital/GP/Lab	=	**2252.55**
Home/GP/Lab	=	**1042.55**
Difference	=	**1210.00**

In Holland up to 40% of births are carried out in the home (figures from the International Home Birth Conference, London, October 1987). Therefore if 40% of the 57,000 hospital births in 1987 were delivered at home, there would be a saving to the 'taxpayer' of $27,588,000.

Just think how many cervical tests, mammograms, childcare facilities, education resources etc. etc. could become a reality with 27 million dollars.....Bears thinking about, doesn't it?



Working Party on Low Risk Pregnancies

The Women Child and Family Health Division of the Department of Health has set up a working party on safe options for low risk pregnancy.

Members are:

Ms P. Barnett, Chairperson, Scientist in Charge, Health Planning and Research Unit, Christchurch Health Development Unit

Dr T. Birch, Rawene, Northland

Ms J. Donley, Auckland

Dr R. Naden, Dept. O&G, University of Auckland, National Women's Hospital, Auckland

Prof. Seddon, Professor of O&G, University of Otago, Dunedin

Dr M. Kerr, St Albans Medical Centre, Christchurch

Dr H. Sill, RCOG nominee, Christchurch

Ms K. Guilliland, NZ College of Midwives, Christchurch

Ms Paula McIvor, Advisory Officer, Women Child & Family Health, Wellington

Following development of protocols and a 'decision tree,' there will be a second group with representation from consumers and professionals. The HBA has been asked to nominate a consumer to this group, and Wellington has done this.

One meeting of the technical working party has been held on 10 February.

J.D.

Homebirth : the International Scene

The practice of homebirth has been virtually eliminated in most developed countries this century. It was thought that medicalised childbirth in modern hospitals would be safer for mothers and babies, even though there was no scientific evidence on which to base this belief. Now an increasing number of parents and professionals are acknowledging that in fact, modern obstetric management of normal pregnancies and births often does more harm than good.

Statistical analysis has shown that for healthy mothers experiencing healthy pregnancies, modern homebirth services with appropriate medical back-up provide higher standards of safety and satisfaction than comparable hospital services. Yet most women are still urged to have their babies in hospital, regardless of their preferences, and there remains considerable opposition to the expansion of homebirth services.

The first International Homebirth Conference held in London late last year highlighted the fact that this opposition stems almost solely from those groups with vested interests in keeping childbirth in hospital under medical control. Close to 3,000 people from Europe, North and South America, Australia, Asia and Africa heard of the widespread official support for the homebirth option, with bodies such as the World Health Organsation, The International Childbirth Education Association, midwifery organisations from around the world, and several governments declaring policies in support of homebirth and calling for more freedom and autonomy for women giving birth.

In Australia, the influential National Health and Medical Research Council released the findings of its enquiry into homebirth, concluding that there is no evidence of any need for concern about the safety of homebirths in this country. It recommended that more resources be channelled into this area, and the report was also critical of hospital birth facilities in Australia.

The London Conference was addressed by midwives, obstetricians, statisticians and researchers, sociologists, international delegates and consumer advocates, and world famous authorities on childbirth such as Sheila Kitzinger, Michel Odent, Janet Balaskas and Suzanne Arms. Reviewing up-to-date information on childbirth from professional and social perspectives, all the speakers supported the safety and viability of

homebirth in a modern world, dispelling the myth that it is safest for all women to give birth in hospitals.

So why has hospital birth become the norm for most of the developed countries? According to sociologist and author Dr Ann Oakley (from *Here to Materntiy, the Captured Womb*), women began to go to hospitals because of the availabiliy of anaesthesia and because they believed they would be less likely to die in a hospital - they were, she said, "encouraged by a barrage of medical misinformation." As the number of hospitals grew and more beds needed to be filled, publicity campaigns attracting women to hospitals were common. In addition, the new and rapidly expanding profession of obstetrics needed larger numbers of patients for training and experimentation. Dr Oakley criticised obstetricians for being unscientific in their opinions on home versus hospital birth, governed by their own inordinate fear of the birth process: like some homebirth supporters, she said, "they are allowing themselves to be swayed by their own personal experiences."

Dr Luke Zander, senior lecturer in the Department of General Practice at a major London hospital agreed: "There is no subject that is so guaranteed to arouse the feelings of a medical group than to raise the issue of home confinements amongst a group of obstetricians. All too often, however, such a reaction is characterised rather more by emotion, antagonism and prejudice than by rational argument, understanding and a careful consideration of the many different aspects of the issues involved. Or as Dr Marsden Wagner put it, "Discussions of homebirth usually generate much more heat than light, especially amongst health professionals."

Dr Wagner, a neonatologist and perinatal epidemiologist who is the Director for Maternal and Child Health in the European Regional Office of the World Health Organisation, echoed the feeling of most of the speakers when he said that for him, "Homebirth is part of a much larger issue, the issue of power. Who will control health care? reproduction? women and their bodies?...In the struggle for the control of women, birth is a key issue. The integration of birth into the medical domain not only sets it adrift culturally, but initiates the breakdown of the entire cultural matrix. In other words, by convincing women that they are inadequate to give birth without assistance from the male system, you create a lifelong dependency on men and their medical expertise. In birth, homebirth is a key issue because in the home the woman is in control."

Dr Wagner also addressed another major issue of concern to the conference, what he called "a global crisis in materntiy care." In many countries, midwives are prosecuted and even gaoled for participating in homebirths - in Canada the profession of midwifery itself is illegal. Despite the World Health

Local Editorial

After a welcome holiday break, the new year has got off to running start for the Auckland Home Birth Association. All the support groups have already started their first series of antenatal meetings, and the first committee meeting of the year enjoyed a record attendance of members and midwives (and one of the longest agendas ever!)

Tasks for the coming month included:

(1) A submission to the Auckland Area Health Board re the Upgrade of Outpatient Clinics at National Women's Hospital.

(2) The sending of a letter outlining the benefits and availability of homebirth to every doctor practising obstetrics in Auckland. Mary Hammond (DMW) drafted this letter in response to the recent publicity given to the overcrowding of the major obstetric hospitals in our region. It also starts to action one of our long term aims for the year, which is:

(3) To build a higher public profile for homebirth in Auckland. The current level of demand for homebirth seems to indicate that those women in Auckland who aready know the **facts** about home birth and its availability **are** giving birth at home. We now have sufficient numbers of domiciliary midwives, and doctors willing to be involved in homebirths, to inform more of the childbearing population, and their doctors about the benefits and availability of homebirth. The letter we are sending to all doctors practising obstetrics will be the first, and easiest step - reaching potential consumers is more of a challenge.

(4) Getting the pilot Domiciliary Midwives' Standards Review Committee up and running. The first meeting of this committee is scheduled for the end of March. Once this pilot committee is functioning smoothly hopefully other such committees will be established throughout the country.

All these things, plus many other more routine and long term projects will keep the committee busy during the next months. Remember that we can be more effective if we have a great number of people resources. Consider joining the committee for 1989.

B.H.

AGMAGMAGMAGMAGMAGMAGMAGMAGMAGMAGMAGM

A.G.M.

The 1989 Annual General Meeting of the Auckland Homebirth Association Inc. will be held

Sunday 30 April 2 pm
Avondale Baptist Church Hall
(Corner of New North and Blockhouse Bay Roads)
Creche Available
Bring a plate for shared afternoon tea.

Do come along and find out about the work of the committee and support groups and help us decide directions and priorities for 1989-90.

AGMAGMAGMAGMAGMAGMAGMAGMAGMAGMAGMAGM

Committee Meetings

Committee Meetings are open to all members. New energy, skills and ideas are always welcome. Please come along. Meetings are held on the third Tuesday of every month at 7:30 p.m.

18 April	at Joan Donley's, 3 Hendon Ave., Mt Albert (887-759)
16 May	at Jenny Churton's, 107 Kiwi Rd., Pt Chevalier (865-842)
20 June	Joanne Bruce-Smith's, 8 Lisnoe St., Mt Eden (603-962)
18 July	Joanne Bruce-Smith's, 8 Lisnoe St., Mt Eden (603-962)

Office-holders for Auckland Home Birth Association Inc.

Spokesperson	Brenda Hinton	787-614
Secretary	Linda McKay	780-557
	Nicholette Emerson	606-322
Recording Secretary	Kate Jaunay	
Treasurer	Ian Johnson	863-080

SITUATION VACANT
TREASURER

After four years of active service, Ian Johnson is resigning from the position of treasurer, so we need a replacement. If you have, or would like to develop, the skills necessary to manage the finances of our organisation, please phone one of the office holders listed above. Ian is happy to discuss the requirements/commitment the position carries, so if you want to check it our before making a commitment, phone him one evening.

Support Groups News

WEST AUCKLAND

We had a great end of year celebration at Brenda and Richard's - thanks to them for offering their home. The weather, food and company were great. The first shared lunch of the year will be at Brenda's place, 80c Woodflen Rd. at 12 noon, on April 7 to organise the dates and places of the lunches for the year. We are looking for one or two people to organise these events - an easy job, please think about it.

Antenatal classes for this year are as follows:

Term I Wednesday evenings in April
Term II August
Term III November

These meetings will be at 80c Woodglen Rd., Glen Eden.

We request that all library books are returned immediately to 688 Huia Rd., Parau, or to 80c Woodglen Rd., Glen Eden, either by post or by dropping off.

Glenda 817 6178 **Brenda 818 9012**

CENTRAL AUCKLAND

Our summer classes are being attended by a large and very enthusiastic group. We are presently covering the following topics:

Birth Experience - recent homebirth parents share their experiences of pregnancy and the birth of their baby;
Politics of homebirth
Prenatal exercises and relaxation skills
Nutrition
Breastfeeding - La Leche League leader
Caring for your baby
A midwife discusses what to expect from your labour and birth.
The homebirth video
Homeopathy and immunisation

We are planning to survey homebirth parents and prospective parents on what they would like covered in our classes, in an effort to cover all aspects of interest. If you have any ideas, please let us know.

A special welcome to Sally Liggins, who is now co-ordinating the classes with Linda. Sally has lots of energy and exciting new ideas to add to the classes.

Library books - we are still missing lots of library books. Please check your bookshelves and send any that you may have to the address on the inside cover, so that others can borrow them.

Also if you have any books about pregnancy or related subjects that you no longer need, we would be most grateful for donations. Thanks!

The next series of classes will start on Thursday the 25th of May.

For further information, please phone

Linda McKay 780-557
Sally Liggins 766-526

SOUTH AUCKLAND

Several domicilary midwives met with Jo Mawdsley, Nurse in Charge of Middlemore Obstetric Unit, to discuss ways of letting women know about the availability of home births in South Auckland. It was agreed that women attending the hospital antenatal classes will be told about this option. The obstetricians don't like this option. A home birth poster given to the Unit as a Christmas present was removed from the wall by an obstetrician!

There is a great deal of interest in birth trends and options. In February, Jenny Woodley (DMW) participated in a panel discussion on birth trends organised for Plunket students. There were three midwives working in different areas. The response was very positive. In March, Jenny will be speaking at a Parents Centre coffee morning. Jenny has also been invited to attend the bi-monthly general discussion held by the GPs and midwives at Papakura Obstetric unit. An invitation has been issued to talk to medical staff at Middlemore obstetric unit about home birth.

The Term I series of antenatal meetings run by the South Auckland Support Group is currently in progress. There will be another series in the second term.

Enquiries about these meetings and offers of help should be directed to Anita Sims, Ph 267-2147.

EAST AUCKLAND

The East Auckland Support Group meets monthly over morning tea and shares information and experiences. We began the New Year with a well-attended January meeting following numerous phone enquiries during the holiday. We aim to continue to publicise the homebirth option in our area firstly by conducting a survey a local doctors.

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We welcome our third domiciliary midwife,

Joyce Cowan (Ph 534-9163).

Joyce will be working with DMW Sarah Hodgetts (Ph 534-5075).
Bookings Welcome!

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It was with a sense of achievement that we handed over a cheque for $100 to the AHBA Treasurer at the end of last year. This money was raised through the sale of homebirth publicity material at stalls and meetings throughout 1988.

G.A.

Contacts: Glenda 567-859
Jacqui 563-851

NORTH SHORE

The final series of antenatal classes for 1988 were held in November and were filled to capacity. Thank you to all the speakers for their time and involvement. I would also like to direct a special thank you to Garbrielle Harrop who has assisted me in organising the North Shore antenatal meetings for the past 3-4 years. This was the last series Gabrielle and I will be involved in. In 1989 Barbara Glass and Christine Tyler will take over the organisation of these meetings. I would like to thank all the homebirthers who have assisted us during the past 5-6 years and wish Barbara and Christine all the best for their work in 1989.

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The Auckland Home Birth Association would like to extend a huge thank you to Ngaire, who has co-ordinated the North Shore antenatal meetings and many other activities relating to the promotion and support of homebirth on the Shore during the past 5-6 years. A champion organiser, Ngaire will soon direct her energies and abilities into another good cause. Good luck and best wishes for the future, Ngaire. I'm sure that all the parents who have attended the meetings you've organised and facilitated over the years will join the committee in thanking you for the time and commitment you've given to home birth. Many thanks also to Gabrielle who has assisted and supported you in this voluntary work for so many years. - ed.

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The first series of antenatal meetings for the year commenced in February. Other series will commence on the first Tuesday of May, August and November. Each series will be made up

of five evenings covering topics such as nutrition, preparation for normal labour and delivery, recent home birth parents sharing their experiences, exercise, and labour coping techniques, the doctor's role, practical preparation for homebirth and the AHBA video.

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We would like to welcome DMW Joan Skinner (Ph 457-124), who is starting to take bookings for homebirth and early discharge clients on the Shore. Because Joan has young children, she is only able to take bookings for homebirths from women living south of Takapuna. She is happy to extend the area for postnatal care. Joan will take on more clients if she can find reliable babysitter(s) in the Devonport area. If you feel you could offer assistance with babysitting, please contact Joan direct.

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Enquiries about the activities of the North Shore Support Group should be directed to:

Barbara 478-5906
Christine 454-075

Auckland Domiciliary Midwives
currently accepting Home Birth bookings

Sian Burgess	861-801
Joyce Cowan	534-9163
Joan Donley	887-759
Rhonda Evans-Jackson	764-860
Mary Hammonds	583-578
Sarah Hodgetts	534-5075
Veronika Muller	817-4886
Ruth Nicholson	604-362[illegible]
Joan Skinner	451-124
Heather Waugh	540-424
Yvette Watson	788-459
Jenny Woodley	292-8404
Carolyn Young	836-2770

Local News

News from the Separate Midwifery Course

The Separate Midwifery Course for 1989 commenced at the Akoranga Campus on the North Shore on 13 February. Judy Keall (MP for Glenfield) officiated at the opening ceremony and was effusive in her praise for midwifery practice and the belief that midwives are the appropriate professionals to assist women during nomal pregnancy and childbirth.

The Separate Midwifery Course is the result of hard work and lobbying by midwives, midwifery groups and consumer organisations, and is a major step on the road towards re-establishing midwifery as an independent profession. (Since the training of midwives was shifted out of hospitals, midwifery training had become an 8-10 week component of a postgraduate diploma in Maternal and Child Health).

This Separate Midwifery Course is full-time and of one year's duration. It is open to general nursing graduates (it is not a direct-entry course).

There are 21 students on the course this year, ranging in ages from mid-20's to mid-40's and of varying backgrounds and outlooks.

The philosophy of this course appears to be one of commitment to the concept of "choices in childbirth" for women, with a heavy emphasis on the theme of primary health care. The idea of continuity of care during the childbearing cycle being provided by midwives also seems to be dominant.

Course members are very open to the analogy that birth is the women and her family's "tea party" and that the midwife's role is merely to "help pour the tea," as Joan Donley so aptly describes it. Many students are hoping to register on the Domiciliary Midwives Register at the end of the course and practise in this field in the future.

Our class also hopes to be fairly active and vocal on the political front concerning women's issues. We plan to contact sister Separate Midwifery Courses which are running in Wellington, Otago, Southland, to establish links and gain support from consolidated action.

Barbara Harvey
Jennifer Churton
(Midwifery students 1989)

Pregnant Volunteers Needed

The Midwifery Course has changed in Auckland. It remains within the Auckland Technical Institute Nursing Department, but has become a separate course with a clear focus on the practice of Midwifery. The course is based on a philosophy that recognises the right of parents to care that is acceptable to their wishes. It considers home birth to be a valid choice that should be freely available.

The domiciliary midwives of Auckland are skilled practitioners who have much knowledge and expertise to impart to the next generation of midwives.

A major part of the new Midwifery Course is the caseload experience. Each student will contract with 15 women to provide continuity of care throughout the pregnancy-birth-postnatal experience. She will accompany them on their antenatal visits, be on-call for their delivery and offer care post-natally. To allow the student to meet the other requirements of the course, the time period when she is available to be on-call for deliveries has been restricted to the six weeks commencing 25 September, and ending at the beginning of November. Students will work in pairs over this delivery period to allow each student some nights and weekends off.

We believe it is important that each student midwife has at least one family who is planning a home birth as part of her caseload. The students are registered nurses with considerable experience, and have a real commitment to midwifery. They will provide care with the guidance of the domiciliary midwife.

If you are due to deliver from

25 September till beginning of November

and would be willing to invite a midwifery student to participate in your care, we would be grateful if you would

* tell your domiciliary midwife
* or write and tell us
* or phone us.

Yours sincerely,

Jackie Gunn
Liz Smythe
Liz Schollum

Conceptions and Creations
Te Aitanga Me Te Putanga A Tangata, A Hinengaro

National Homebirth Conference
Hui Kainga Whangautanga o Aotearoa
12-14 May 1989,
at Scotlands, New Plymouth Girls High School,
Mangorei Road, New Plymouth

This will be the first bicultural conference of the Home Birth Associations of New Zealand.

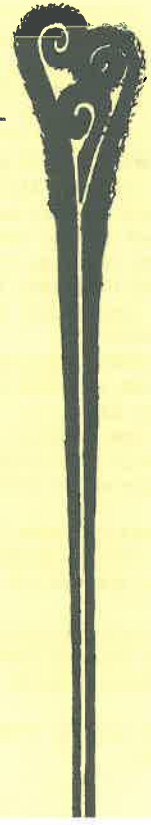
Timetable (Abbreviated)

Friday 12 May (Pareire 12 Mei)

9 am Domiciliary Midwives Meeting, Conference Rm., Community House, 32 Leach St.
3 pm- onwards - Registration
7:15 Association Meeting (1) Branch Round-up; (ii) other business

Saturday 13 May (Rahorei 13 Mei)

8:15am Welcome (Ng a Puna o Te Ora)
8:50Presentation: Te Roopu o Tokanui
9:50Introduction: Conceptions & Creations
10:30Morning Tea
11:00WORKSHOP 1
12:30pm Lunch
1:30 WORKSHOP 2
3:00 Afternoon Tea
3:30WORKSHOP 3
5:30 Peripheral Workshops
6:30 Dinner



Sunday 14 May (Ra Tapu 14 Mei)

8:30 am Midwifery/Homebirth issues
10:15 Morning Tea
10:45 Homebirth Issues
12:15pm Lunch
1:15 Evaluation/Remits
2:45 Farewell

Workshop Options

Workshop 1				
Spaced out Birth - environmental factors (Pauline Scott)	Grief - part of life's journey (Marilyn Peterson)	Super-mum again & stress factors (Ruth Schell)	Independent Research on Immunisation (Hilary Butler)	Maori Perspectives Non-

Workshop 2				
Alternative pain-relief in birth (Joan Donley)	Making peace - dealing with bad birth experiences (Ruth Schell)	Talent Education (Janet Schumacher)	Self-esteem and Standing your ground (Jenny Johnson)	Maori Perspectives (Continued)

Worshop 3				
Support in Labour (Margi Martin & Kath Hohaia)	Waterbirth (Kamayani)	I'm 3, What's Next? Parenting Continuum (Panel)	Area Health Boards	Maori Perspectives (Continued)

The Maori perspectives workshop is a single workshop option occupying all three workshop time slots. It will cover Maori medicine, Birth, the Woman and Health, Bicultural Communication and informed consent.

Peripheral Workshops will only be run if there are sufficient numbers of people interested. Topics: Family remedies; Herbal Lore; Astrology; Naturopathy; Food Intolerances; Creativity during Pregnancy; Natural Family Planning; Relaxation and Stress Release; Others - your suggestions! (This time may be used for follow up groups from the main workshop sessions).

Registration - Full Registration covers all sessions (Friday night, Saturday and Sunday), childcare, morning tea, afternoon tea and supper. Partial registration: Saturday only - $35; Sunday only - $15.

Meal Tickets - Meal costs are additional to registration. A system of tickets will operate. There will be no charge for a toddler sharing from mother's plate.

Childcare - Quality childcare will be provided for all ages commencing 8:20 am Saturday and Sunday.

Accommodation - Scotlands, New Plymouth Girls High School has accommodation for 120 people. This is divided into five person units, each with bathroom and tea-making facilities. Blankets are provided, but you will need to bring your own linen.

Cost: $20 per person per night. No charge for children sleeping on floor, but you will need to bring bedding for them as there are no spare mattresses. Please indicate if you intend having children sleep on floor as this affects unit allocation. Cot hire: $5.

Thursday night - Billets can be arranged for those needing to arrive Thursday for Friday DMWs meeting.

Hui Kāinga Whānautanga O Aotearoa
12-14 Mei 1989

12-14 May 1989

National Home Birth Conference

Name .....Phone no.....

Address.....

Number for childcare.....Names/ages.....

.....

I will be travelling by -
Car/Road Services/Newmans/plane/other.....
I require transport to meet me Yes/No.

Time and Date of Arrival .....
I require a discount voucher to be sent to me Yes/No.

I am a Domiciliary Midwife Yes/No.
I do/do not require a billet for Thursday, 11 May.

WORKSHOP OPTIONS

EITHER: write beside each of the three sessions below the title of the workshop you would like to attend,
OR: circle MAORI PERSPECTIVES WORKSHOP.

EITHER:
Session 1 .....

Session 2 .....

Session 3 .....

OR: MAORI PERSPECTIVES WORKSHOP

PERIPHERAL WORKSHOP OPTION

Write the title or topic of the peripheral workshop you would like to attend.

Peripheral Workshop:

.....

Registration

Conceptions and Creations

REGISTRATIONS

		no.	
Full Registration	$40.00	___	$_____
Saturday only	$35.00	___	$_____
Sunday only	$15.00	___	$_____
	Registrations Total		$_____

MEALS

Vegetarian Yes/No If yes, number ___

	Adult	no.	Under 10	no.	Totals
Friday dinner	$15.00	___	$7.50	___	$_____
Sat. breakfast	$6.00	___	$3.00	___	$_____
Sat. lunch	$10.00	___	$5.00	___	$_____
Sat. dinner	$15.00	___	$7.50	___	$_____
Sun. breakfast	$6.00	___	$3.00	___	$_____
Sun. lunch	$10.00	___	$5.00	___	$_____
Meals NOT required ☐			Meals Total		$_____

ACCOMMODATION

		no.	
Friday night	$20.00	___	$_____
Saturday night	$20.00	___	$_____
Cot required Yes/No	$5.00	___	$_____
Accommodation NOT required ☐			
	Accommodation Total		$_____

Office Use Only
Receipt number

_____

Registration Total	$_____
Meals Total	$_____
Accommodation Total	$_____
TOTAL	$_____

Please make cheques payable to: Home Birth Conference

Send completed form and fees to:
Home Birth Conference,
PO Box 5063,
New Plymouth.

Home Birth Notices

Date	Parents' Name	Sex	Baby's Name	Wt in gr.	Baby No.		HB No.	Dr.
Midwife: Sian Burgess								
29.9	Hazel & Tony Walton	M	Thomas	4000	2	1	G.D.	
3.10	Christine Rushton & Grant Jackson	M	Luke	3830	2	1	J.H.	
5.10	Anne Landon & Jules Foulkes	M	Sabian	3440	3	2	D.N.	
12.10	Fran Bremner & Vincent Abela	M	Samuel	4000	1	1	J.H.	
14.10	Jackie& Philip Mills	M	Les	4050	2	1	J.H.	
16.10	Margaret & John Walsh	F	Natasha	3480	1	1	S.M.	
26.10	Janet & David Callender	M	Nathan	3380	3	2	D.N.	
28.10	Suzanne Dossett & Michael Bayley	M	Sebastian	3710	2	1	J.H.	
29.10	Liz & John Gilbert-Grant	F	Micah	3440	2	2	J.H.	
	(Second do-it-yourself homebirth!)							
30.10	Doris de Pont & Tjao Van Schie	-	Micky	3480	2	1	D.N.	
1.11	Anne & Dennis Richardson	F	Sophie	3930	1	1	J.H.	
5.11	Kaysha de Goey & Raymond	-	Ashiya (Waterbirth)	3260	2	1	J.H.	
9.11.	Andrea Partington & David Thumath	F	Alyssa	3680	2	1	J.H.	
17.11	Liz & Steve Ulenberg	M	Thomas	3500	4	3	D.N.	
25.11	Louise Fromont & Wil Monk	M	Orion	3670	1	1	J.H.	
	(Transf. NWH - Valiant Effort, Louise!)							
3.12	Philippa & Michael Grace	F	Amelia	3550	3	2	G.J.	
8.12	Christine Jasper & John Winslade	F	Joanna	3750	4	3	P.R.	
12.12	Susan & Gordon Hancock	M	Christopher	4080	4	2	J.H.	
25.12	Diane & Paul McCarthy	M	Brendan	3300	2	1	J.H.	
28.12	Marie Adams & Mike Mizrahi	F	Leah	3360	2	2	P.R.	
	Transf. NWH - Prolonged Labour - LSCS. Fantastic effort, Marie!							
29.12	Shelley Hickson & David Guerin	M	Max	4420	2	2	S.M.	
10.1	Helen & Howard Atkinson	M	James	3840	1	1		
5.2	Jill & David Aimer	M	Samuel	3470	2	2		

10.2	Liz Riddiford & & Peter Conway	M	Sean	3330	2	2		
11.2	Julie & Andrew Boyd	M	Robert	3630	1	1		

Early Discharges

10.2	Patsy & Grant Hudson		Kegan					
10.2	Leanne O'Brien	F	Melyka					
2.1	Margie & Bert Potter	Twins - Vanessa & Grace						
	Labour Support in Hospital							
4.1	Sandra Ruscoe	M	Sean					
6.2	Leah Andrews & Rod Barnett	F	Sylvia					
8.2	Wendy & Liam McEntagart		Deaken					
16.2	Christine & Barry Peters	M	Glenn					

Midwife: Joan Donley

25.10	Fiona Johnston & Ralph Paine	F	Aphra		2	2	A.C.	
12.11	Janelle Grady	M	Alexander	38880		2	2	J.H.
19.11	Meryl & Roger Simmons	F	Kedesh		3800	3	3	J.H.
9.12	Anna & Eitan Davidovich	M	Ori Herbert		3530	4	3	J.H.
12.12	Linda Mason & Steve Richards	F	Rebecca	3630	2	2	D.M.	
23.12	Robyn Forster & John Edward	F	Miro	4080		2	2	L.N.
26.12	Linda Murphy & Daniel McMannamon	F	Lauren (Transf. Epidural & Forceps Del.)	2790	1	1	G.G.	
27.12	Karen & Ian Johnson	M	Isaac Sam	3630	3	3	G.G.	
31.12	Nicole Hayter	M	Eamon	2960		1	1	
	Antenatal Transf. - LSCS							
4.1	Donna Haslem & Ian Hyslop	F	Bianca	3520	3	2	D.M.	
4.1	Jenneke Vandenberg & Steve Smith	F	Ariane (1st HB in Holland)	3180	2	2	D.M.	
17.1	Jan Rodwell & Bob McDonald	M	Brodie	3180	3	2	D.N.	
19.1	Margaret & Mate Buselich J.H.	F	Debbie		4080	6		
8.2	Alison Jones & William McCahon	M	Liam Frey	3320	2	2	A.C.	
25.2	Bronwyn Banks & Taura Eruera	F	Mihiterina Ngahaukeake	4250	4	3	A.C.	Tara Tara

Early Discharge

12.10	Sina Greenwood & Anthony Hosking	M	Jay	b. NWH				
27.10	Atie & Sazie Hasibuan	F	Zea	b. NWH				
26.11	Pat & Rick Vale	M	Kristian Charles	b. St Helens				
23.12	Liliane & Neil Bacon	M	Julian Vincent	b. St Helens				

Midwife: Carolyn Young

12.10	Marlies Dorrentein & David Coombes	M	Tise	3289	2	2	J.H.	
12.10	Abby Mitchell & Joe Gubay	F	-	2835	3	3	J.H.	
19.10	Anne Harris & John Cole	F	Rebecca	3204	4	2	J.H.	
24.10	Teresa & Johannes Huyser	F	Mariska	3487	3	2	J.H.	
27.10	Eileen & Patrick Hood	M	Gabriel	3289	2	2	J.H.	
6.11	Iris & Murray Rowley	M		3685	3	2	G.G.	
7.11	Carol Nicholson & J.H. Phillip Pierrand	M	Trnsf. fetal distress - LSCS			1	1	
8.11	Sharon & John Dryden	F	Amber	2835	1	1	J.H.	
	Transf. Prolonged Labour - Epidural - Forceps							
16.11	Zara Morrison & Tim Essex (Born on Waiheke)	F	Aasha	3005	1	1	PR/MK	
20.11	Rosalind & Everadus Rodewyk	F	Vicki	3090	2	2	J.N.	
20.11	Deidre Trask & John Coombes	M	Lucas	4196	2		J.H.	
	Transf. Prolonged Labour - Epidural - Syntocin - N.D.							
16.12	Wendy Blaxland & Allan Ashby	F	Jessica	3884	2	2	J.H.	
13.12	Jan & Stephen Parkes	M	Joseph	3969	4	1	J.H.	
18.12	Rachel Adams & Rob Burrowes	F	Astra Caroline	3204	3	3	J.H.	
18.12	Olive & Desmond Cook	F	Grace	4025	5	1	S.M.	
27.12	Rosemary & Wengkee Hargraves-Lee	F	Joanna	3515	2	1	P.R.	
28.1	Jane & Mike Stanley	F	Leah	3572	2	1	PR/DN	

Postnatal Care

?.10	Carol & Scott Hinton	F	Hannah					

22.10 Yonda & Peter Teurisen M Geoffrey
22.10 Jan & Dave Grericksson M Flynn
25.10 Sandra & Nathan Livingstone F Rochelle
9.11 Diane & David Oemoke F Eve
12.11 Tuihana & Johan Bosch M Luca
12.11 Eve & Ian Foster M Wayne
?.12 Julie & Bob Vines F Jessia
?.12 Julie & Mike Southey F Jade
?.12 Gay Keating & Ian Harcourt F Suzanne
?.12 Linda & Han Eng M Christopher

Midwife: Mary Hammonds

Apologies to Mary and her clients for omitting their birth notices from the last edition. A complete list follows:

8.7 Samadhi Natke F Natasha 4100 1 1 JH/DN
Transf. NWH Prolonged Labour - OP position - LSCS - all well
4.8 Pauline & Jim Smith M Anthony 3650 T.H.
17.8 Zo Hartley & Gavin Skudder F Emily Trina 3200 1 1 G.G.
18.8 Lesley Cameron & Neil Harker M Eden Adair 3450 D.N.
13.9 Oui & Phillip McKinstry (For Yvette) M Hamish 3750 2 2 J.H.
17.10 Gail Richards & Ian McKenzie - Postnatal Transf. of baby for respiratory distress - all well F TeAhiahi 3890 1 1 G.G.
30.10 Patty & Richard Cook F Kiri Sarah 3700 1 1 L.N.
8.11 Joan Eastwood & Trent Richards F Lauren 4900 2 1 G.D.
14.11 Josie & Willi Rosendaal G.B. M Benjamin 3850
23.11 Sharon & Wayne Pihana (caught by dad!) F Iona 2600 L.N.
25.11 Mary & Sebastian Lee F Anna 3950 G.K.
30.11 Donny Kearney & Patrick Connor (Postnatal Transf for baby. Mec exposure - respiratory distress - all well) F Zoe Dawb 4000 P.R.
8.12 Heather & Dennis Crowley M Aaron 3800 G.B.
8.12 Lynden & Simon Shanahan M Lewis James 4100 P.R.
15.12 Joanne & Mark Denekamp F Jennifer 3350 G.J.
18.12 Kerry & David Barlett M James David 3550 L.N.
29.12 Tracey Brewer & John Anderson F Camille 3250 G.J.
10.1 Deidre & Philip Oliver M Callum 3150 C.V.D.
17.1 Tina & David Leilua M David John 3500 P.C.
20.1 Angela McCallum & Mike O'Reagan M Kyle 3650 G.D.

23.1 Sue & Mark Hepburn F Samantha 3150 D.N.
24.1 Jenny & Pete Mills M Reuben Lee 3750 R.M.
24.1 Vicki King & Douglas Hoey (Thanks to Veronika for attending while I was at another birth) F Clare 4050 A.C.
30.1 Catherine & Ross Campbell M Adam 3700 3 1 D.N.
30.1 Wendy Folkard & M 2190

Allan Kearney (Antenatal Transf. Elevated BP @ 36 weeks - emergency LSCS - all well)

Labour Support & Postnatal Care

29.7 Judith & Malcolm Taylor M Rhys
29.9 Bunny & Jim Wheeler F Bella
6.10 Mary Beth Sharpe & Robert M Edward

Postnatal Care

4.7 Teresa & Phillip Mansom F Lara
23.7 Linda & Ray Bowage M Jason
16.8 Lesley Baddon & Nigel Howark M Callum
7.9 Jenny & Rob Fenwick F Charlotte
12.9 Mary Brasser & Warwick Lamb M Jame
18.10 Lindy & Richard Davis M Jordan
20.10 Margaret & David Allis M Joseph
2.11 Jann & David Singer F Rachel
14.11 Kath Alexander & Ken Standon F Raechel
16.11 Karen & Pete Colenbrander F Alice
6.1 Janice Duxfield & Hugh Smith F

Midwife: Heather Waugh

12.10 Patricia & Mel Barleet M 3800 G.G.
26.10 Tina Berking & Troy Steve M 4100 A.C.
28.10 Karen & Jun Hujama F Alyce 3300 A.C.
27.11 Siobhan & Chris Manase F Tess 3200 A.C.
28.11 Lisa & Chris Luki F 3800 A.C.
4.12 Sally & Greg Rickerby (Transf. NWH - Forceps Delivery) M Denzil 3800 P.R.
10.12 Leiana Robertson & Kevin Rangihuna (Transf. NWH - Forceps Del.) M 4300 A.C.

Postnatal Care

27.9 Cathy Pole & Paul Langdon M Zachary
12.11 Tui Rauhihi F
18.11 Trudy & Greg Peacock F Frances

Midwife: Yvette Watson

14.11	Melissa King (14 years old)	M	Jesse	3630	1	1	J.H.	
17.1	Carol Bridley & Mark	M	Scott	2715			D.B.	
4.2	Joanne Atkins & John	M	Jordan Isaac		4420			G.S.
9.2	Gayna Crouch & Brad	M	Dallin	4310			J.H.	
10.2	Sue Guthrie & John	F	Lynette	3800			J.H.	

Postnatal

9.1	Kerne & Fred Child	F	Hannah					

Midwife: Rhonda Jackson

11.10	Susan Hunger	F	Katie Rose				P.R.	
20.10	Janet & Glenn Thomas	M	Gwithyem Luke Aneirin				P.R.	
23.10	Sylvia Evangelos & Paul Vardy	F	Jessica					P.R.
10.10	Nicola & Mike Painter	M	Joel Michael					P.R.
16.11	Lionda & Peter Fitzsimmons	M	James Peter				P.R.	
14.11	Julie Benjamin & Gordon MacDonald	M	Nicholas Benjamin					G.D.
10.2	Charmaine Smith & Howard Saunders	F	Rachael Waiariki					P.R.
14.12	Margaret & Keith Whitten	M	Conor Daniel				D.N.	
21.12	Trudy & Bren Collison	M	Nicholas				M.E.	
5.12	Susan & Lindsay Smith (Transf. Prolonged Labour - Epidural - forceps del.)	F	Brittany Skye				J.H.	
10.12	Jackie Carpenter & Tim Feather	F	Gabrielle Diana					D.N.
29.12	Fran & Greg Flatt	F	Hannah Lucy					N.B.
18.1	Sonia & Tony Gosse (Postnatal Transf. Retained Placenta)	M	Travis Lee				G.D.	
21.1	Lesley & Richard Hayes	M	Benjamin Donald					
PR/CvD								
28.1	Hilary & Michael Eason	F	Elizabeth				A.C.	

Labour Support and Postnatal Care

6.10	Debra Harris & Bobby Mansell	F	Poppy
8.12	Anna Palmer & Garry Nash	F	Rebecca Amelia
18.12	Ruth & Tony McNeil (Previous LSCS)	F	Clara Beth
2.2	Elizabeth Cotton & Richard Jones	F	Frances Clare

Postnatal Care

13.10	Kerry Walser	M	Jhia Paul
14.10	Diane Fenwick	F	-
	Kirsten Merkeley & Skip	F	Giselle
	Karen & Steve Windsor	F	Shannon Lee
	Jenny Alder & Keith Goddard	F	Josephine
	Jan Monrad & Brian Prendergast	M	Guy Alexander
	Joanne & Bruce Armstrong	M	
	Frances & Greg Flatt	F	
17.1	Jackie Bradley & Michael	F	Annabelle
17.1	Rhonda & Michael Preston-Jones		
20.1	Jane & Ben Medary	M	Samuel Alexander

Midwife: Jenny Woodley

30.10	Kim & Allan Austin (Transf. for prolonged labour - N.D. - Early Discharge)	M	Samuel	3670	14		E.L.	
20.11	Tracey & Bruce Annan	F	Alexandra	2300	1	1	J.H.	
27.11	Elizabeth & Percy Aikin	M	David	3900	3	1	G.J.	
15.12	Vevell & Jim Limmer	M	Graham	4400	4	1	G.J.	
23.12	Lillian Dunn & Chris	F	Emma Grace	3450	2	2	D.B.	
20.1	Ann & Drew Hayward	F	Nicola	3600	2	1	E.L.	

Our apologies for any errors or misspelt names!

Abbreviations

NWH - National Womens Hospital
LSCS - Lower segment Caesarian Section
SVD - Spontaneous vaginal delivery
DS - Delivery Suite
FTP - Failure to progress
ND - Normal delivery
NNU - Neonatal Unit

Pregnancy Exercise Classes

Gentle stretching and yoga type exercises. Suitable for women at any stage of pregnancy. $4 per class.

Classes held in Grey Lynn. For further information, please phone Brenda 787-614 (evenings).

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44 Barrys Point Rd (2 doors from BP Service Station)
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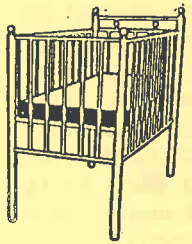

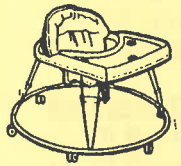

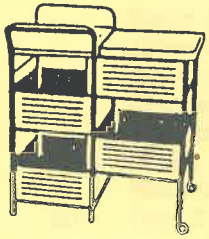

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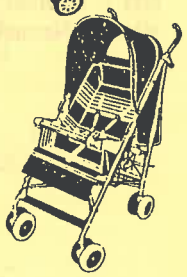

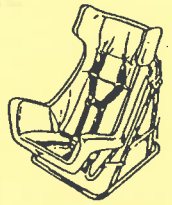

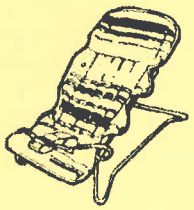

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Organsations's conclusion that a caesarean section rate of more than 10-15% cannot be justified, many countries far exceed this - hospitals for middle class women in Brazil report rates from 70% to over 90% while at the same time, vast numbers of poor women receive little or no care. (In Australia, the caesarean section rate is over 20% and still rising.) International delegates reported similar obstetric excesses in their countries: Dr Janos Tiba, head obstetrician in the Hungarian Ministry of Health, pointed to the practise of compulsory episiotomy for all first-time mothers - as in all the Eastern bloc countries represented, homebirth has been virtually outlawed. For other delegates from non-democratic regimes, repression of birth choices is clearly and poignantly indivisible from their general lack of personal freedom - actual legislation prohibiting freedom in health care is not even necessary when, as Katarzyna Kretowska of Poland, said "Authorities exercise power through the captive mind."

In many countries that are trying to limit their populations, it is difficult for women to feel positive about their pregnancy and childbirth and so expand their range of birthing options. For Third World countries, copying the West and aiming for similar technological standards has resulted in an obstetrical version of the arms race, and valuable traditional practices are in danger of being lost. The World Health Organisation in particular is actively working to improve standards of care while preserving the benefits for more traditional forms of birth support.

Delegates from many countries shared this concern that they not make the same mistakes in maternity care that the West has: in India, for example, Jyotsna Ramarathnam reported that homebirth has continued to flourish in rural areas which uphold ancient traditions of Indian medicine with no fear of the birth process. However in the cities, younger generations are adopting a model of Western hospitalised childbirth. For the childbirth movement there, the task is to let the people know that "natural is not the same as primitive." Professor Chieko Nohno reported that in Japan, the deterioration of the profession of midwifery was part of her country's post-war Americanisation.

In Australia, the United States and Great Britain, only a very small minority of women give birth at home. In some western European countries, there is virtually 100% hospitalisation for childbirth - for example, Sweden and Norway. In others, like France and Denmark, several thousand babies are born at home each year. In the Netherlands, homebirth has remained a popular choice. In 1985, 36.6% of Dutch babies were born at home. According to the latest World Health Organisation statistics, the Netherlands has also the lowest perinatal mortality rate in the world, and their caesarean section rate is only 6%.

The main distinguishing feature of the Dutch maternity service is the predominance of midwives. Beatrijs Smulders, a Dutch midwife, stressed the importance of the fact that "Obstetricians have not gained a monopoly on the birth market." Professor Pieter Treffers also felt that, "It is critical for a good maternity service to have two completely independent professions involved in the giving of care." Midwifery is a highly respected - and protected - profession in the Netherlands. In fact, government medical insurance will only cover a hospital birth if the woman can justify her hospitalisation on medical grounds.

The close relationships between homebirth and midwives as the traditional providers of birth care in the home was another principal concern at the conference. In many countries, the profession of midwifery has been reduced to a form of obstetric nursing and sometime it has been eliminated entirely. Most delegates felt that an upgrading of midwifery education was urgently needed in their countries if the midwife was to regain a vital role in the maternity services.

The promotion of midwifery was an important issue too for Sheila Kitzinger, the author of many books on childbirth. In her experience, as the mother of five children born at home and as an anthropologist observing childbirth in other cultures, the midwife is the ideal birth attendant to facilitate a woman's own ability to give birth freely: "I am working for a rebirth of midwifery, for an environment which is familiar and the support of people whom a woman knows well and likes, in a relationship of mutual respect. An environment in which each woman is free to be herself, in which she does not need to put on an act, in which she is confident to welcome the energy of the uterus as it sweeps through her, and an environment which she herself controls." For Mrs Kitzinger, this environment is the woman's own home.

"The paramount reason that I have come to recognise the importance of homebirth is that I see an enormous contrast between the way women describe their hospital births and the way I and women who have had homebirths describe our experience - I have come to the conclusion that women are empowered by a homebirth experience...

"Birth is for each woman an intimate private act, perhaps the most intimate act. Yet it is also an act in which she can become politicised and this is true for almost anyone seeking homebirth in a society which is hostile to homebirth. For me, homebirth represents values which are at the centre of my being. They are values which spring from conviction and the courage of the inner power of human beings to resist autocracy and dogma and a political system designed to crush opposition."

For photographer and author Suzanne Arms *(Immaculate Deception, A Season to be Born)*, giving birth at home also involves values about life in general and the home in particular. She is concerned that as a society, "we are allowing ourselves to give up those parts of the home that are sacred - it is disempowering to ourselves and the process to take birth and death out of the home." She also stressed that homebirth in a modern world is not a sentimental option, and that it was important not to romanticise homebirth. "Problems occur in birth at home just as problems occur in life at home. However as we going to move everything out of the home or are we going to bring as much asistance as possible back into the home?"

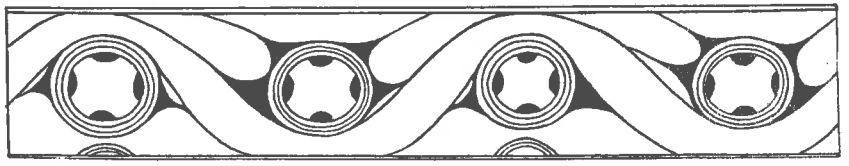
For French obstetrician Michel Odent, leaving the hospital and going into homebirth practice has taught him many things he might never have learnt from observing birth in an institution. He stressed the need for retaining homebirth servies if only to remind us what birth should be like - he wonders whether a truly natural birth is, after all, only possible in the home.

The first International Conference on Homebirth has laid the foundation for the coordinated promotion of homebirth throughout the world. The importance of the place of birth was summarised by one of the conference organisers, Janet Balaskas, (author of *Active Birth)* in her closing speech: "Throughout this century women have been searching for liberation in childbirth. But it has been in the 80's that women have literally found their feet. In this decade we have given up the posture of helplessness - what is now called the 'stranded beetle position.' We have started to get off the delivery table and begun to discover how to behave instinctively. We have been learning about the normal physiology of the birth process, and now that the decade is drawing to a close we may feel a new confidence, a new and growing sense of autonomy as childbearers...

"Now that we have found our feet, it is time for us to find our voices and to speak out loudly for what we want. For women to be truly autonomous as childbearers, the next step to freedom lies in the choice of the place of birth."

Footnote: At the end of the conference, a new organisation was formed - the International Home Birth Movement. This will be steered initially from the UK by Janet Balaskas, Sheila Kitzinger, Michel Odent and others, with Hilda Bastian coordinating the network and preparing an international newsletter. ■

From *Parents and Children,* Feb/March 1988



Home birth in Sweden

Kirsten Nisted from Denark helped to found the Swedish Homebirth organisation to support women wanting a "real choice" in childbirth and to help the few (nine) licensed midwives who do homebirths in their spare time. Six of these midwives are in Stockholm. As well, there are at least four lay midwives who are not legally allowed to assist in childbirth except in an emergency. Women consider it is an emergency when they cannot get professional assistance.

For the last 50 years, Sweden has had free medical care and 100% hospital births so women have lost confidence in their own ability to give birth. It is said that Sweden has the most obedient patients in the world, they do not like to be a nuisance and are afraid of appearing foolish, so do as the 'experts' tell them. Only 4% of births are without technological / medical intervention even though maternity care is predeominately in the hands of midwives. Since the midwifery care is fragmented and midwives are trained to handle birth in hospitals, they believe birth is dangerous outside the hospital environment and have no confidence to handle birth at home. They also need the support (but not the attendance) of a doctor to do a birth at home. Most doctors are men and have little or no experience in normal childbirth. Also Sweden has long had the world's lowest PNMR and the doctors are proud of this and afraid of losing their standing. A small group of doctors are beginning to realise that this is due to Sweden's high standard of living and good antenatal care, but the majority oppose home births.

Sweden has approximately 90,000 births p.a. A study in Stockholm showed that 10% of women would have liked to have a home birth. Another study showed that 50% of these were immigrants or married to immigrants.

Number of home birth per year in Sweden

Year	*with mw*	*without mw*	*total*
1978	9	?	16
1979	18	5	23
1980	18	3	21
1981	14	6	20
1982	26	?	29
1983	37	?	41
1984	42	18	60
1985	46	11	57
1986	52	9	61

While the professionals see the growth of home births as a "crazy fad" they have nonetheless made changes like listening to parents' wishes, moderating their technological routines and making labour rooms more homey. ■

Prepared from "Homebirth in Sweden" by Kirsten Nisted, *The Birth Gazette*, vol 4 no 3 Spring 1988, pp 35-37.

Birth Story

Three months after, I look back with pleasure to the wonderful home birth of my daughter, Lauren. It was a harmonious and deeply satisfying experience.

One of my first reactions after Lauren's birth was that this experience wiped out the memories of her brother four years earlier, but in fact it did more than that, it enabled me to face Sam's birth and let out feelings about it, which went much deeper than I'd realised.

During the first pregnancy, I kept fit and well, and my nutrition was good. i was surprised to find I was classified as elderly and high risk. I saw birth as a natural process, and hoped to avoid interference or the use of drugs in labour. My doctor was generally encouraging, but when I asked tentatively about home birth, she said I was too old at 39.

At full term my membranes ruptured, but no contractions started. Twelve hours later, I was in hospital at the start of an induced 16 hour labour. I hadn't been a patient in a hospital for nearly 30 years. Now here I was with drips and monitors, a belt that cut into my belly, painful contractions, an infernal machine that recorded them all on an endless roll of paper, and three different midwives as shifts changed. I'd read Balaskas on *Active Birth,* but found it impossible to apply anything I'd learnt from it, things were so impersonal and totally out of my control. The breathing they taught me at antenatal classes helped for the first few hours, but it became increasingly difficult to relax in that alien environment. At 3 am, after 11 hours, (on being told gloomily, "It'll be another four or five hours, dear,") I asked for an epidural. It didn't work, but no one seemed to listen when I told them. Finally I had an episiotomy and a dreadfully painful forceps delivery which I had nightmares about for some time afterwards.

Trent supported me throughout the labour, and was there to take Sam in his arms at birth - a big (9 lb 11 oz) healthy baby. It was several hours before I felt sufficiently recovered to have him with me. I had thought I'd never let anyone separate me from my baby, but that night I was still so exhausted that I asked if he could go to the nursery. Over the next few days things improved. I was happy with my new son, and enjoyed sharing a room with other mothers and their new babies. I suppressed the memories of Sam's birth.

Four years later, I visited a local doctor on the day before my 43rd birthday. The nurse confirmed I was pregnant, saying, "I wouldn't want to have a baby at your age." When I met the doctor, she insisted on shared care because of age, in spite of my good health and good medical history. I went home feeling despondent.

Two weeks later, the hospital appointment card arrived, and the memories of Sam's birth came flooding back. I rebelled, cancelled the appointment, and rang a home birth friend for advice. I assumed I was still too old to have a baby at home, but I hoped at least to find a more positive doctor who would see me through the pregnancy and deliver the baby. When I visited Dr Graeme Desborough, he seemed unworried my age, and actually raised the option of home birth. He put me in touch with midwife Mary Hammonds, who was very encouraging. It didn't take long to make up my mind. Their positive support helped me to remain confident throughout the pregnancy.

All went well over the following months. I chose not to have either a scan or amniocentosis. I did not wish to subject my baby to unnecessary risks, and I felt that my best chance of having a normal, health baby lay in keeping myself in excellent health both before and during the pregnancy. I was obviously going to have another large baby, but both doctor and midwife were positive about it, so I saw no reason to worry.

Mary recommended Angela Cuddihy's active birth exercise classes at the Tepid Baths, and I found these very helpful during the last three months. I drank rasp berry leaf tea, took a herbal mix, 5W, during the last five weeks. I also took calcium flouride tissue salts during the last few weeks. By the end of the pregnancy I felt very flexible and found the stretching exercises easy.

Two days past due date, I was preparing dinner when the first vague stirring came. It wasn't till about 9pm, after a lovely soak in the bath, that definite contractions started. They had no clear pattern, and were uncomfortable rather than painful, but grew quickly stronger. I took a dose of arnica then, and every couple of hours during the labour. Soon I needed Trent to rub my back during the contractions. At about 9:30, I felt I needed Mary's support, and rang and asked her to come.

I felt excited but very relaxed. I had no detailed 'plan.' It didn't seem necessary. Mary and the doctor both seemed very flexible in their attitudes, and I felt confident of being able to do what I wanted to during labour.

Overall, I found myself acting instinctively, but while I still had energy to spare, I experimented a little. I tried lying on the bed on my side with one knee drawn up, and had a painful contraction, whereas when I kept active and upright, leaning on the washing machine or bookshelf, the contractions were only uncomfortable. I decided then to stay out of bed until after the birth, and to have the baby in the sitting room. We put a single mattress on the floor, and covered it with plastic and old sheeting. As the contractions grew stronger, I found it most comfortable to kneel on the mattress

leaning forward into the beanbag lent to me by another woman who'd found it useful during her home birth.

Mary arrived at about 10 pm., and quietly went about unpacking her gear. Her presence made me more confident about my ability to cope with the contractions. She was helpful but unobstrusive throughout the labour. At 11 pm she checked my cervix and was surprised to find that I was 7-8 cm dilated. I was pleased to have got so far so quickly and with so little discomfort. My labour never seemed to get too intense, and there was always a reasonable gap between contractions. I had expected to feel pain; the lack of it surprised me. I felt in control. Being in my familiar surroundings, supported by people I knew and trusted, I was able to relax completely and focus my energy on the contractions as they came. It occured to me afterwards that I'd never once thought about breathing in any special way. My sister was going to come and give me support, but it looked as though there were only a couple of hours to go, so we decided not to call till the following morning. She came then and was a great help all day.

The doctor arrive around midnight. I was getting to the part I found most difficult - transition. Suddenly I could not longer bear to be touched, and felt intensely lonely. The stress was more mental than physical. Rescue Remedy helped to keep myself together. Trent took my hand during a contraction - exactly what was needed to break my isolation. Around this time, we agreed that Mary should rupture my membranes, which brought great relief. She'd raised the possibility earlier, so there'd been plenty of time to think about it.

Finally I reached the second stage, which was much gentler than I'd imagined. Trent held the beanbag from behind while I sat leaning back onto it with my legs flopped apart. It was amazing to watch in the mirror as the dark head descended. Mary had explained, very calmly, that there was a slight meconium staining when she ruptured my membranes and the doctor wanted to suction the air passages when the head was born. He did this, then out came the body. It was 1:23 a.m. One of the strongest images I have of the birth is seeing my beautiful daughter, just born, lying in front of me looking rather grey and very substantial.

I felt almost as though I was floating through the events that followed. I remember holding Lauren in my arms. Trent cut the cord, then held her too. I didn't feel the placenta come away. Mary weighed the baby, then double checked - 10 lb 13 oz. They told me Lauren had a hand up by her neck when her shoulders were born and tore me slightly, but not enough to need stitches. I appreciated the fact that we discussed it, so I could decide whether or not I wanted stitches. Then I went off to have a bath, and at last to bed. Lauren was measured and checked there on the bed where I could watch.

Finally she and I were left alone. I put her to the breast, then she slept peacefully in the bed beside me. Sam woke up suddenly and came in to see his new sister. After the others had gone, Trent came to bed and was soon asleep. I was too excited to sleep; I lay and watched the baby for the rest of the night, feeling extremely happy. This seemed just the way things ought to be.

I'd been slightly apprehensive about coping after the birth, but this went really well. I felt a sense of continuity, rather than birth being an abrupt break between pregnancy and motherhood.

The midwife's daily visits seemed just the right level of support. The doctor also kept in contact during the first days, and I knew I could call either if necessary.

Family and friends were great with practical help, but it's still hard at home, especially with other children, to avoid doing things again sooner than you really want to. I think there should be strong pressure for home help for mothers after the birth, especially now that cost-cutting means that women are being sent home increasingly early after hospital births, and home birth is already being mentioned as a cheap solution to problems of underfunding and overcrowding in maternity hospitals.

Finally, Lauren at three months is a delight. Happy and vigorous, still fully breast-fed, she sleeps consistently through the night and wakes up smiling. After initial jealousy, she and Sam get on really well and share a room with no problems.

Thank you, Joan, for sharing your birth story with us. - ed.

Research

"Makers of Napples Shrung off Dioxin fear"

by Julie Middleton, Sunday Star, 15/1/89

Disposable nappy manufacturers have been blasted by the Ministry of Consumer Affairs because of fears the highly toxic chemical dioxin lurks within their products.

But manufacturers in New Zealand and Australia have pooh-poohed the worries.

Johnson and Johnson NZ Ltd financial manager Kevin Raynel says studies by the American Food and Drug Administration have given wood-pulp-based chlorine-bleached products, such as nappies, tampons, tissues and sanitary towels, a clean bill of health.

But Ministry of Consumer Affairs complaints officer Mary Morrison says even the small amount of dioxin found in the products - one to five parts a trillion - is too much.

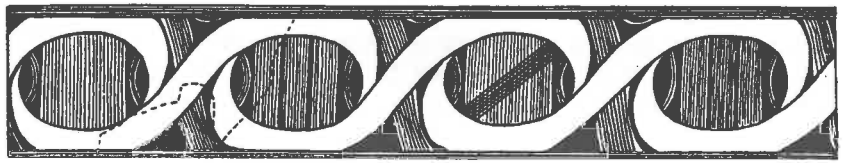
"I'm appalled that they even are saying there's nothing wrong," she says. "It's ludicrous. Even if no one has come down with cancer, a little risk is too much risk. Dioxin is released in the effluent of the wood pulp bleaching process. The substance was classed as a "probable human carcinogen" after tests on laboratory animals found it to cause cancer, birth defects and immune system damage. It is a by-product of many chemical processes including the synthesis of the dangerous defoliant Agent Orange.

The Swedish Government, in agreement with the conservation group Greenpeace, has banned the use of chlorine bleach to allay environmental fears. Two of Britain's biggest paper manufacturers - Proctor and Gamble and Peadouce - recently announced their new nappy, made without the chemical that produce the dioxin.

In Europe, paper coffee filters and dispoable nappies carry stickers saying they are chlorine bleach free.

Ms Morrison says a bleached white nappy may look cleaner than an unbleached off-white one, but consumers would prefer a safer product.

Mr Raynel says that the supplier of wood pulp to Johnson and Johnson in Australasia "just would not give an off-white product. And we are committed to using a locally produced product." But he says the company will watch Government moves to see if it follows Sweden's path. ■



Reuse of Plastic Speculums and Risk of Wart Virus Contamination

Concern was expressed over the re-use of plastic speculums by some doctors at the recent workshop on planning a Cervical Screening Programme. During the introductory session, doctors at the workshop spoke of the problems caused by the re-using of plastic speculums by clinics and doctors who feel that it is too expensive to use a speculum only once, then throw it away. So apparently some doctors are re-using plastic speculums. These speculums can only be sterilised in solution. It was disclosed that such solutions do not kill the wart virus infection, and that it would then appear that a patient with wart virus infection who was examined with a plastic speculum which was then used for another patient, would unwittingly pass that infection on. The concerns expressed were that there has been no publicity about this problem which was openly acknowledged by the Medical people at the workshop. The chief difficulty appeared to be lack of money to buy re-usable speculums!! Suggestions made at the workshop were to the effect that women could be asked if they wished to purchase their own speculum or be given the option of a metal speculum which can be autoclaved and would not carry any risks. Our concern is that there has been no effort to publicise this matter and that most media, in talking about the difficulties of an increasing epidemic of this condition, refer to multiple sexual partners etc. as being the problem. In other words, it comes back to our own social behaviour and does not recognise medical mishandling or petty "economies." We can only assume that the lack of media attention to this issue is because of an autocratic decision not to 'trust' common people with knowledge of shortcomings in health services in the belief that the consumers will boycott those services. We can only advise our members to ask very clearly whether their health worker is going to use a metal speculum which has been autoclaved or whether speculum is plastic and has not been used before.

Edited slightly and reprinted from **Auckland Women's Health Council** Minutes, 21/1/89

Pill Cancer Study

(New Zealand Herald, 12/12/88)

Women aged 30-34 who have taken the pill are three times more like to develop breast cancer than those who have never used it, according to a 20-year study by the Royal College of General Practitioners.

Immunisation Papers

Homebirth Association no longer sells Hilary Butler's papers on immunisation. They are now available from:

Immunisation Awareness Society
20A Shoreham St
Blockhouse Bay
Auckland

Titles Available:

1. *Immunisation: A Dissenting View* ($7.00)
   Covers measles, rubella, polio, B.C.G., nature of normal immune system.

2. *Do they know what they're doing?* ($9.00)
   More about immune system - especially in first year of life. Breastfeeding and immunity.

3. *Text of talk given at NZHBA Conference 1987* ($10.00)
   Covers hepatitis, meningitis, polio, tetanus, diet and immune system.

4. *Meningitis* ($8.00)
   Text of talk given at Chiropractors Associations

5. *Hepatitis B (and swine flue vaccine)* ($10.00)

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