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HOME BIRTH WHANAUTANGA



NEWSLETTER▲ No. 47▲ WINTER '90

TEE-SHIRTS

The Auckland Home Birth Association has recently had a range of T-Shirts and small size sweat shirts printed with the design below. All are 100% cotton. The baby size shirts have two buttons on the shoulder; the childrens' size T-shirts are crew necked with short sleeves.



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Pink	Blue	Lemon
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 \$6

Childrens'

	Pink	Blue	Gold	Mint	Red
20"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 \$11

SWEAT-SHIRTS

	Pink	Blue	Royal	Mint	Red
56 cm (9-18 mths)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61 cm (18-24 mths)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 \$9

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Editorial

For the past six years the Auckland Home Birth Association (AHBA) has produced the National Homebirth Newsletter. In 1984, when we agreed to take on this task, it was decided that responsibility for the National Newsletter should rotate annually among the Home Birth Associations. However, as each year came and went, no other group felt that they had the resources to cope with production of the National Newsletter. The AHBA therefore continued to produce the newsletter with ever diminishing support from other groups throughout the country.

After reviewing all aspects of production the National Newsletter during 1989, the AHBA decided to cease producing it.

At Conference this year the Wellington Home Birth Association volunteered to try to re-establish a truly "national" newsletter. To facilitate this they are applying for funding to cover the cost of producing the "Spring" edition and aim to send a copy to every member of every homebirth group throughout the country. They will invite members to subscribe and if they get sufficient response to offset the cost of production, they will go on to produce an edition every three months for the next year.

We wish Wellington well in their efforts and hope that homebirthers throughout the country will support them.

Many thanks to those people who have, over the years, contributed to the production of the Auckland based National Newsletter. (The AHBA will continue to produce a quarterly newsletter of comparable standard.)

B.H.

Conference Reports

Members of the Auckland Home Birth Association Committee made their way to Whangarei for the annual Homebirth Conference with mixed feelings about what the Conference would achieve. The Conference programme was well organized and jam-packed with interesting workshops but very little time had been allocated for homebirth "business".

The Conference is the one time in the year that we get the opportunity to effectively network with members from other groups; to coordinate lobbying and formulate policy and position statements; to brainstorm solutions to problems which individual groups may be experiencing; and to share successes. This year, in addition, there were the proposed changes in the status, contracts and training of midwives; the upcoming election, changes in the provision of health care services via the fledgling Area Health Boards and the expenditure cuts being imposed on these. Changes which could see the maternity services

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In the News.....

pneumonia and endocarditis (inflammation of the lining membrane of the heart).

The researchers found a total of 205 cases of hemophilus influenza type b in Auckland between 1981 and 1987 — an incidence of 14 a 100,000 a year in children under 15 and 41 in 100,000 in children under five — but said it is probable the true incidence in Auckland was higher. This compared with figures of 67-131 a 100,000 a year in the United States and 33 a 100,000 a year in Scandinavia. In both regions, the disease was regarded as the most serious bacterial pathogen of childhood, they said.

Risk factors included age, race, attendance at a daycare centre and household crowding.

Breast feeding has been found to be a protective factor and the peak incidence of the disease was in those aged six months to 24 months.

“COT DEATHS MARGINALLY UP FOR YEARS 1987 AND 1988”

by Rob Drent

THE DOMINION SUNDAY TIMES
APRIL 8, 1990

COT DEATHS in 1987 and 1988 were marginally up on the two previous years and experts say it remains New Zealand's most devastating child health problem.

Latest Health Department provisional figures show 237 cot deaths in 1987 at a rate of 4.3 deaths per 1000 live births and 248 in 1988, at the same death rate. A breakdown of cot deaths by region was unavailable pending a full Health Department report.

The number of cot deaths peaked at five per 1000 live births in 1984, but dropped to 4.2 in 1985 and then to four per 1000 births in 1986.

Child health research cot death division co-ordinator Shirley Tonkin said: “The latest figures still highlight this (cot death) as the most pressing problem of children's medicine — it's still a very high rate. “We had hoped the latest figures may have been a bit better — though the 1989 figures may be.”

New Zealand's cot death rate per 1000 births is far higher than in many other developed countries. Sweden and Finland, for example, have fewer than one cot death per 1000 births.

Dr. Tonkin said the cot death problem was so serious Health Minister Helen Clark should have made lowering the rate one of the goals she set for Area Health Boards.

New Zealand's tendency to have non-centrally heated houses was one cot death theory Dr Tonkin and Commissioner for Children Ian Hassall were working on.

“When it's cold people tend to wrap babies up in blankets and if the baby is put on its stomach the bedding holds the baby down making it more difficult for the baby to breathe,” Dr Tonkin said. Research in conjunction with Dr Hassall had shown babies who were put to sleep on their stomachs were more susceptible to cot death, she said. Dr Tonkin wants New Zealand's cot death rate to drop to nothing. “It should at least be as low as England which is about 3.4 per 1000 births,” she said.

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REMITTS PASSED AT THE CONFERENCE

1. That the Home Birth Groups of Aotearoa congratulated the Minister of Health for introducing the Nurses Amendment Bill. We urge the Members of Parliament to pass this amendment to provide an independent, autonomous midwifery profession responsive to the choices of the birthing women of Aotearoa. We recognise autonomous midwifery as a step towards enabling Maori women their birthing options as guaranteed under the Treaty of Waitangi.

2. That the Home Birth Groups of Aotearoa oppose the routine use of ultrasound scanning in pregnancy on the basis that:

a) The use of ultrasound has not been proven to be safe. The National Council on Radiation Protection and Measurements states “the safety of ultrasound under any circumstances should not be assumed”.

b) Studies in Scandinavia show that routine ultrasound scanning does not make a difference to the outcome of a pregnancy. (Reference: Department of Community Medicine, University of Trondheim, Norway.)

c) Full information about the risks and benefits of ultrasound scanning is not being given prior to women giving informed consent for the procedure.

d) National standards for the use of ultrasound are not being enforced.

e) The standards of safety of ultrasound machines is not regularly monitored in Aotearoa.

f) Users of ultrasound have not necessarily been adequately trained in its use.

3. That the Home Birth Groups of Aotearoa support and encourage direct entry midwifery training throughout Aotearoa.

4. When the Nurses Act is revised, the Home Birth Groups of Aotearoa urge the Government to decriminalise birth in order to enable all women to birth in the way we choose.

5. We demand urgent action to be taken to appoint a patient advocate, responsible to the Director-General of Health, for every hospital in Aotearoa.

6. We endorse the existing Domiciliary Midwives Standards Review Committee as effective monitoring bodies and urge all groups to ensure a Domiciliary Midwives Standards Review Committee is set up in each Health Development Unit.

7. The Conference is concerned that the National Survey on cot deaths as carried out by the Cot Death Society does not differentiate between unplanned out-of-hospital births and planned homebirths. The Home Birth Groups of Aotearoa believed this deliberately misleads the New Zealand public as to the safety of planned home births.

8. The Home Birth Groups of Aotearoa call on all Area Health Boards to provide funds for paid home help to support women choosing home births and planned early discharge from hospital.

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for what I wanted between contractions. It was absolutely the only way I was able to deal with the labour. Pethidine and gas had no effect in my aggressive state, I was paranoid that the nurses were just giving me a placebo.

Since Jane had advised me to let go as much as possible, I was wondering how I would do it. It was not worth worrying about. The Resident finally arrived. An internal showed that I was 7cm dilated. It didn't penetrate my consciousness. I was just waiting for the anaesthetist to come and prepare me for surgery. I could not understand what all the delay was about.

The Resident conceded that an obstetrician should come and have a look. Another hour and the obstetrician arrived. She examined me, pushed back a thick anterior lip and pronounced me fully dilated.

Erima Jade was born 8 lbs. 8 oz.. She was dark and husky looking, with lots of dark hair. The placenta was born without syntocin — about 20 minutes later. I had no tears and no forceps had been necessary. I felt really blessed.

Although both my children were born in hospital, I feel very much a part of the Home Birth Association because of the positive support and assistance I was given to go ahead with my plan to have a vaginal birth after a caesarian. There are some wonderful resources both written and human that helped me achieve my goal. Any attempt on my part to have my baby in hospital under supervision would undeniably have ended in another caesarian.

Why did I put myself through such a lot just to have a baby? Some people said it was madness. But how can I explain? I had to face the thing I feared or I would never progress as a human being. The view from Mt Everest is so much better when you have climbed there yourself. I did it myself and along the way I discovered that I wouldn't have wanted it any other way.

I think Robyn Brodie-Reed in the Home Birth Association should be especially thanked for being so supportive, knowledgeable and selfless as she proved to be for my particular birth experience. I have no doubt that had I needed her in those last few hours in hospital, she would have come willingly to assist. The Association is richer for having her in the group.

Coralie Daniels



Childbirth was treated as a medical event, when really it had nothing to do with medicine, she said.

Anu Sparx, the Whangarei woman who was at the centre of controversy recently because she chose to deliver her baby at home on her own, claimed there was little use for doctors in birthing.

Statistics which showed 15% of women needed some type of help from a doctor were derived from a system where medical help was automatically a part of birth, and in many cases probably caused the problem in the first place.

"We need to throw away those statistics and get some new ones, based on births with midwives."

Most women who had had children could tell horror stories about the way they were treated during their pregnancy and childbirth, Ms Sparx said.

Doctors needed to learn that women knew what their bodies were doing, and to listen to them. Many women found their doctor disputed how advanced their pregnancy was, when they knew they were right all along.

Often they were given drugs they didn't want or need during birth, and worst of all, the doctors did not give the woman the space she needed to birth her child.

Whangarei obstetrician Dr Graham Parry said he knew it was only a matter of time before midwives claimed their rightful role in childbirth, and doctors were only called in in an emergency.

Already, it was getting difficult to find young doctors who wanted to be trained as obstetricians, and many general practitioners would find the number of births they attended would drastically decrease.

It was the reaction of GPs which worried Kaitaia Hospital midwife Donna Mayes. Many GPs in Kaitaia had said they would not continue to practice obstetrics if the number of births they attended dropped so low that they were not getting enough experience to maintain their skills.

Many midwives were also worried about the change to their lifestyles, she said. At the moment a midwife working in a hospital was rostered on in shifts and could earn \$35,000 a year.

As a domiciliary midwife, taking care of women in their own environment right through and beyond the pregnancy and birth, she would have to perform 50 births a year to earn as much money and would be on call.

The conference began yesterday at the Whangarei Girls' High School with 130 women from all over New Zealand taking part. Another 250 Maori women were expected to arrive by bus today and the conference finishes tomorrow.

Reprinted from Northern Advocate 11 May 1990

obviously building. My expected due date had been on the 11th so I had been waiting for a few days. The next evening, Peter took a photograph of me doing the dishes at 1:00 am. I realised that we may be having more than just strong Braxton Hicks. I went back to bed resolving not to exhaust myself if it was just a false alarm. At 6.00am on Friday morning, I woke fresh and enthused. The contractions had been mild but regular all night. I was quite certain that the labour had begun.

The day was spent wearing tracks in the carpet. I had planned it this way. Peter was at work, Skylen was at the child minding centre, and although I had alerted my helpers that they may be needed soon, I had wanted enough time at home alone to enjoy the beginning of my labour. We had planned not to call any helpers until we felt they were really needed. Peter came home about 3 pm. Cheryl and Robyn arrived at 6 pm. We were all working on hot nappies and when Leesa arrived at 10pm, we changed shifts, each trying to get some sleep.

Cheryl did her first internal examination at 2am. I had asked if this could be delayed as long as possible but by now it had been 18 hours since the onset of labour and I needed to know. Cheryl remained positive and diplomatic. My cervix was thin, effaced and the head was in a good position. Everything looked good, but there was no dilatation. I felt a little deflated by the news, but we all resolved to persevere. I made an effort to sleep even though I woke up with each contraction.

When the decision to transfer to hospital had been made for Skylen's birth, I had been desperately trying to sleep. Four or five powerful contractions in a state of sleepiness sent me into a panic. It felt like one long nightmare and I awoke frightened and defeated. It was 5am on a freezing Sunday morning in July. We had no more reserves and no calming influence.

With this labour, I woke on Saturday morning about 5 am with images of hospital going through my head. Again, I felt that same sense of rising panic. Everything I had been told had assured me that the labour would be very different and here was history repeating itself. There had been no progress. I rang my best friend, a home birth educator, mother of two and a rare and intuitive human being. She understood me more than anyone else.

Later, I came to see that phone call as the first turning point in my labour. Her advice was simple and sensible. My breathing sounded shallow and tense. It needed to be more connected with my uterus. She suggested I try to slow it down and visualise the breath energising and activating my uterus. Most of all, I needed to be totally free — to do whatever I needed to do to feel relaxed. Be animal, articulate my feelings, be selfish, just let go. She also gave me an invaluable escape hatch. If I couldn't relax during a contraction — relax between them. She gave me the energy to carry on and the faith that everything was still okay. I had passed that first critical moment of fear.

I decided to change the environment so I woke my sister Leesa and told her what I was going to do. I needed a more intimate atmosphere and someone who didn't

KEYNOTE ADDRESS — REPORT OF A TALK BY LYNDA WILLIAMS, PATIENT ADVOCATE AT NATIONAL WOMEN'S HOSPITAL

One bright spot in the otherwise disappointing conference in Whangarei was the keynote speech given by Lynda Williams.

She began by explaining that the position of "Patient Advocate" was created in response to a recommendation in the "Cartwright Report", following the inquiry into the treatment of women who were referred to National Womens' with cervical abnormalities. The patient advocate is not accountable to the hospital administration, but she is required to report to the Director General of Health once a month. This means that her job cannot be threatened by anything she may report about the hospital.

The greatest proportion of her work is liaising with patients. About 50% of the patient inquiries she has dealt with to date have been from people wanting access to their medical records. Many people do not know that they have a right to have copies made of all their medical records and that they do not have to pay for either the photocopying or the time spent by staff doing this.

Many inquiries come from people who have long since been discharged from the hospital. Lynda related the story of a woman (with her permission) who wanted information about treatment she had received 43 years ago! Lynda was able to track down the desired information.

One requirement of her job, which Lynda has found very challenging, is that she sit on the Ethics Committee. This committee reviews all research proposals. Being a layperson without any medical background, she has struggled to understand the medical terms and procedures with which this committee deals.

Initially Lynda was worried that being in the hospital all the time might desensitise her and allow her to accept things which she used to feel indignant and angry about. However, she says, "I'm still as angry at what I see happening, so I guess that's good."

After spending 17 hours as a support person for a woman in labour one night recently, (not part of her job as Patient Advocate), she concluded that "hospital is a downright dangerous place for a woman to give birth. A woman cannot remain autonomous once she sets foot across the threshold. There is no empowerment in hospital."

When asked how to avoid the problems that beset some of the women she has helped in her job, she said, "Don't go it alone. Take someone with you who can write fast, and get them to write down everything that anyone says to you, their name, and their title. Take a list of questions you want answered, and keep asking them, and writing down the answers. Say that you don't want a house surgeon to do any procedure, get a 3rd or 4th year registrar, or better still, the consultant himself."

Someone asked, "How does a house surgeon ever get enough experience to become a registrar if no one lets them do anything?" and she answered, "I'm not against them doing things, I just think that they must be supervised."

She concluded, after a few more rather horrific anecdotes about what has happened to

Birth of Erima Jade 19/11/89

This birth story was sent to us by Erima Jade's grandmother who lives in Whitaia. She writes "I think it is an excellent account of her experience as she and Peter overcame opposition to their decision to have a natural birth at home by many Canberra medics (and even some home birthers in Canberra)..... After 48 hours of labour at home with her chosen attendants..... she decided she should get to hospital just in case though deep in her heart, mind and soul she wanted to go for a natural birth ..." — Carol Daniels

Each year many women in New Zealand, who have previously give birth by caesarian-section, try to find doctors and midwives who will agree to assist them with a homebirth. The reasons these women want to avoid giving birth in hospital are as numerous and different as the reasons which they were given for the need for their caesarian births. What these women have in common is a belief in their bodies' ability to give birth. They know that if they don't actually end up giving birth at home it won't be because of uterine rupture—the reason most medical professionals give for refusing to attend a woman who wants a VBAC (vaginal birth after caesarian) at home. Increasing number of women in New Zealand have VBACs at home with the support of a handful of doctors and midwives who are willing to trust that a woman probably knows herself and her body best. — Editor



"Sit up Coralie! You are going to have this baby vaginally. You've got sixty minutes to push this baby out. There's already been too much strain on the scar. If there's been no progress I'll do a high forceps. If you just need a bit of help at the end, the Resident will do a low forceps." The voice of the obstetrician penetrated.

I could not believe what I was hearing. My affirmation: "I am going to have this baby vaginally," echoed like a church bell in my ears. I sat half propped on the hospital bed, half dazed from exhaustion, still reeling from the last internal examination surrounded by my birth team and the hospital staff. I asked for clarification. Peter was right beside me. A tone of elation in his voice. "You can push! You know, have a baby!"

Cheryl guided me through unknown territory. "Just push into your bottom, that's right, into your bottom." It was so wonderful to be able to hold my breath. I'd get this baby out quickly, I knew I could do that. Peter helped raise me up into a squat each time a contraction came. The baby was coming at good speed. The head was on show with the next contraction. Another contraction, push slowly, slowly, breathe

Reports to Conference from Home Birth Groups

AUCKLAND HOME BIRTH ASSOCIATION

The Auckland Home Birth Association continues to be run by a handful of dedicated volunteers, who seem to be able to juggle pregnancy, new babies, growing toddlers and pre-schoolers, part-time jobs and still get quite a lot done. Of course we are always keen to see more volunteers and new committee members. With more help, we could accomplish much more.

Meanwhile we have had quite a few achievements of note. There a number of new items for sale: key rings, badges, and fridge magnets with artwork by Sue Matthew; T-shirts, from infant to adult sizes in several colours, with artwork by Margaret Hartley; and now sweatshirts, size 51cm (infant 3-6 months) with artwork by Margaret Hartley as well.

We have new posters to put up advertising Home Birth, designed by Zo Hartley, and new letterhead and recycling labels by Kerry Robertson. The yellow information pamphlets have been revised, and the purple booklet, "*Your Home Birth Information*" has been updated.

The major work has been the complete revision of the book "A Guide to Healthy Pregnancy and Childbirth", which after some months in progress was available in time to sell on our stall at the Alternative Medicine and Complementary Lifestyle Exhibition at Auckland University in March. The new Guide is twice the size it was, is available for \$12.00 and is supplied following payment of the Registration fee.

We were able to purchase several new books for each of the support group libraries. Titles include "*Sensitive Midwifery*", "*Active Birth*", "*The Womanly Art of Breastfeeding*", "*The Experience of Childbirth*", and "*Breastfeeding Your Baby*".

There are now 7 local Support Groups in Auckland. South Auckland, North Shore, West Auckland and Central continue to give regular antenatal classes; Franklin, East Auckland and Waiheke hold monthly coffee mornings. Franklin and East Auckland are holding informal information evenings for couples to learn more about Home Birth.

In September we bought a Brother AX 45 typewriter/word processor, which has been very useful for secretarial work, in the preparation of various submissions and revision of booklets, etc. Submissions produced during the year include ones to the Auckland Area Health Board Maternity Services Task Force, Revision of the Nurses Act and The Nurses Amendment Bill.

The pilot Domiciliary Midwives Standards Review Committee was set up and nearly all of the midwives currently in practice in Auckland have been reviewed. Because of the increase in numbers of DMWs (Domiciliary Midwives), these review meetings will be held every month.

We continue to hold regular doctors and midwives meetings to discuss problems and give support to practitioners doing home births. At the most recent one an obstetrician/

mothering role. This method of payment also allows the domiciliary midwife to get on with practising midwifery rather than debating fees with every woman she attends. More importantly, it means that homebirth can be an option for all women regardless of financial status.

The issues of lay midwifery and standards of practice which led to the non-publication of your birth story are among the many we would have liked to discuss at Conference, had time been allowed. The Home Birth Associations of Aotearoa, have always recognised the rights of women to choose where they give birth and who attends them. We have, however, always recommended that women be attended by a qualified midwife and that women whose babies are in other than a vertex (headfirst) presentation, give birth in hospital because of the increased risk of complications. We therefore felt that it was politically unwise to publish your birth story, lest it be used to illustrate that we promote “unsafe” birthing practices. We acknowledge the time and effort you put into writing the story and had you requested, would gladly have returned it to you.

Finally, the Auckland based National Newsletter Collective consists of a handful of women from the AHBA who give their time voluntarily to produce a newsletter which we hope our readers find interesting and informative. As with any publication, the editors/collective decide what is to be published and in what form. In fact, during the six years we have been producing the National Newsletter, we have received very few contributions, letters or feedback of any kind about the content of the newsletters (yours notwithstanding — thank you). Like you, we are all mothers of several young children and so do not put the newsletter together in our “spare time”. For these reasons together with the financial burden producing the National Newsletter has placed upon the Auckland Home Birth Association, we are no longer going to be responsible for producing the National Home Birth Newsletter.

**AUCKLAND HOME BIRTH ASSOCIATION NEWS-
LETTER SUBSCRIPTION FORM**

Please post to AHBA, P.O. Box 7093 Wellesley St, Auckland

Name _____

Address _____

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Annual sub (Your choice) \$10 ☐ \$15 ☐ \$20 ☐

Please tick appropriate box

Thank you for your support

up Waihi Hospital as a birthing unit similar to the Turangi model.

Third meeting - Homebirthers initiating change — based on the Listener articles

The hospital staff are keen to keep these meetings going as it has given them a different view of us “Lunatic Fringe — Hippies from the Hills Radicals”.

ROTORUA HOME BIRTH ASSOCIATION

Rotorua’s Home Birth Association has recently celebrated its first birthday. It has been a great year of setting up and spreading the word.

We have two midwives, Jan Klausen and Anne Hopkirk. There are four doctors in Rotorua, and one in Taupo, willing to attend home births.

Jan attended six home births last year and Anne has attended her first one recently. They have done several dominos, but the Health Department has started to query payment, and we are currently lobbying the Bay of Plenty Area Health Board, to set up a scheme similar to Northland’s.

Unfortunately, due to cuts in the Rotorua health budget, which was way overspent, we have lost our nappy service, and home aid service. This was possibly also a political move by the Community Health Service, as they have felt almost a rivalry for early discharge women.

We have about 15 paid-up members. At our latest meeting we decided to have two monthly meetings. One in the evening, especially for women and their partners who are planning home birth, where they can talk and share with others who have had a home birth. Also at this meeting we plan to have a prepared talk on an intereting subject. We will also have a daytime play group for mothers and babies to keep in touch.

We have decided to ask for a voluntary booking fee of \$40, and this will include \$15 for the first year’s membership of the Association.

We are about to begin fund-raising for a sonicaid which our midwives suggest would be a valuable asset to their equipment as there are times during an active labour when they feel using a sonicaid is advantageous.

Anne and Jan have kept a high profile attending doctor’s meetings at the hospital, and have managed to maintain a reasonable working relationship with the obstetricians.

Jan attended the Domiciliary Midwives Review Committee in December and we had one consumer representative from Rotorua, and three from Tauranga.

We have made contact with Whakatane, who are setting up a home birth group. Taupo also are setting up their own sub-branch. We have good liaison with Tauranga, and have attended their seminars.

Jan will no longer be booking in women, and will attend her last regular home birth in July. However she will be filling in for Anne, as the need arises. We have two other midwives possibly interested in domiciliary midwifery, who are presently practising in the hospital, and waiting to see whether the Act is passed.

KANGAROO MOTHERS

Since 1980, doctors at the Institute Materno-Infantil at San Juan de Dios Hospital in Bogota, Colombia have been developing a way of caring for premature babies based on observations of kangaroos. All kangaroo babies are born prematurely, and the baby, just an inch long, grasps the mother's hair and climbs until it reaches the mother's marsupium or "pouch". The standard practice in hospitals, following World Health Organisation (WHO) guidelines, is to incubate premature babies if they weigh under 1.500 g (3.31 lbs.). But to Dr Edgar Sanabria Rey, co-ordinator and founding "father" of the kangaroo mother's project, separating the babies from their mothers in this way seemed a drastic step. He reasoned that if a kangaroo's baby benefitted from closeness to its mother, so would a human baby. With this in mind, he developed a special pouch that allowed the mothers to keep their babies upright so they wouldn't choke, and in skin to skin contact next to their mother's breast 24 hours a day. In this way, the mother becomes a natural incubator that maintains the baby's normal body temperature 37 to 38 degrees (96F) and the baby can feed on demand. The mother keeps the baby close until it is able to maintain its own body temperature.

Before the kangaroo mothering project began, many premature babies arriving at the hospital each month were abandoned by their low-income mothers. But now abandonment has almost stopped because of the close bonding that carrying a baby in a pouch creates. And care costs are reduced from an average of US\$79 a day in an incubator, to US\$2 a day with a kangaroo mother.

However, Dr Rey is quick to deny that the program eliminates the need for incubators. All of the premature babies are placed in incubators and closely observed for the first 48 hours after birth. They are screened for any complications that may need treatment. During this period, the mother is encouraged to visit her baby and learn how to be a kangaroo mother. If the baby is underweight, but otherwise in good health, it goes home with its kangaroo mother who is free to return to the hospital whenever she needs to. Close supervision of the baby's development and frequent checkups are part of the program.

Ninety-four out of every 100 babies selected for the program (about one third of all premature births) survive. Before the program started, six out of ten premature babies born in Bogota died.

The United Nations Children's Fund (UNICEF) has followed the project closely and four years ago, they began to publicise it and recommend that specialists from other countries make study visits. The Bolivian Ministry of Health has already adopted "kangaroo mother" as one of its official programs and several other countries, Britain, Ecuador, El Salvador, Haiti, Italy, Norway and Peru are also considering adopting the project.

Reprinted from Latin America Women's Health 1989 . Originally reported in PANASCOPE, USA. Reprinted from NZ College of Midwives Newsletter June 1990.

WAIKATO HOME BIRTH ASSOCIATION

The Waikato HBA has had a busy year responding to continual changes in the health service provision with submissions and generally monitoring both regional and national issues relating to women, pregnancy and childbirth. We have become increasingly involved in women's health issues, thus raising our public profile.

Our work has become increasingly demanding and, I guess as in other regions, whilst the numbers of women who want a homebirth is increasing, the work of the HBA is maintained by such a few that our resources and time are extremely stretched. Does anyone have an answer?

Great news though! We have had two midwives, Liz Carlaw and Maggie Banks, join forces and take up domiciliary contracts. They are providing a complimentary back up service for each other. After having only one domiciliary midwife working in the region for a long time, we are delighted that there is now a choice of midwife for the women of the Waikato. The Waikato HBA will endeavour to support Liz and Maggie in anyway possible as midwives move into an era of "independent practice". (The third midwife who has been providing a domiciliary service in the area continues to work independently of the HBA).

Waikato HBA, in conjunction with Thames HBA, has been working on setting up a Domiciliary Midwives Standards Review Committee. This has been supported and welcomed by the local domiciliary midwives as well as the NZ College of Midwives. There have been a few hitches which need to be resolved before we can proceed with the final formation of this Committee and go on to review. We thank Auckland and Tauranga HBAs for their support and information regarding this.

We look forward to an increasing demand for homebirths during the coming year; supporting women and their families in obtaining the personalized services they require for their health care; and supporting and encouraging health professionals to provide such service.

My regret is that we may not have a delegate at Conference this year, but will entrust it to the midwives attending from this region, to bring back all the sharing, news and energy that one gains from gathering together.

Glenys Parton
Waikato HBA Co-ordinator

HOKIANGA HOMEBIRTH NETWORK

We'd like to welcome Annette and Babe Kapa, and their three children back to Kaikohe from Tauranga.

Our group has done two of our three Project Waitangi workshops so far — the third will be completed before the conference.

We are also planning two further workshops in the near future — one on sexism and one on homophobia."

In May 1989 Tina and Phil Holmes had Phillippa in Rawene Hospital ... Ruth did

** We have reprinted the following letter from the Wellington HBA newsletter June 1990. Over the years several HBAs have had representatives attend NCW meetings and participate in the work of the NCW. Because much of the work of the NCW is worthwhile and because they are so well established, the voice of the NCW is "heard" in Parlimentary circles. Unfortunately what they have to say is not always representative of the views of the women of this country or even their own membership!*

20/4/90

Dear Wellington Home Birth Association,

I am writing to put on record my reasons for resigning from the Wellington NCW in December 1989.

I had been the HBA representative at the Wellington NCW for four years and had been elected one of two VPs in 1988. I had always found the NCW to be an interesting collection of women which definitely had political power, but I was aware of the conservative nature of the organisation.

In Sept/Oct 1989, the NCW Health Subcommittees (of which I was a member of the Wellington one) were asked to review the Bill relating to midwife autonomy. The subcommittee included midwives such as Liz Brunton and Mary Clare O'Reilly; we had no problems recommending that the ability of midwives to work independently from doctors was of paramount importance. We also knew that the subcommittees from the three other main centres were composed of like-minded women. It was with some shock, but not too much surprise that we learnt that the NCW Head Office submission to groups such as the Safe Options for Low Risk Birthing Working Party recommended that midwife autonomy be opposed for reasons of "safety to mother and baby". Mary Clare's inquiries to Head Office as to how this point of view emerged as a consensus of all the Health subcommittees' submissions was never satisfactorily answered. I lost all faith in NCW as a national political body and resigned from the Wellington branch. I did this officially because I was the HBA representative, but my motives were also personal, as I could no longer work with the NCW leadership and yet was being "groomed" for the future Presidency of Wellington Branch.

I apologise to any HBA members who feel I acted too independently in this matter. Representing the HBA on NCW can be a demanding, stimulating and illuminating occupation. Hopefully a new member will be willing to take it on. I am therefore handing over the past year's National circulars and the Handbook of Rules for future game players. Good luck!

Yours in Motherhood !
Jean Flemming

CHRISTCHURCH HOME BIRTH ASSOCIATION

MIDWIVES

In the past year — 1 April 1989 to 31 March 1990 — Maria Ware has attended 43 homebirths and Ursula Helem 44 (including two hospital transfers). The midwives have continued to work a system whereby usually only one of them is working at any one time. Maria had an extended visit to America in November to visit the Farm but Ursula's trips to Bali are not quite as frequent since the death of her husband there in June.

Backup for Maria and Ursula is provided by the four midwives in the Independent Midwives Practice who do mainly early discharge work.

The other DM working locally, Celeste McCoy officially stopped attending births at the end of January although she is apparently still attending the occasional birth in the North Canterbury area. The women in the Canterbury Home Birth Support Group therefore disbanded in October and donated \$100 to the Christchurch HBA, giving us their support for the continued existence of the home birth option in Canterbury.

COMMITTEE

Although several long term committee members left last year our committee is very strong with a good number of members. Responsibilities include monthly support meetings for those interested in having a home birth, antenatal classes (6 series during the year) and two-monthly newsletters. The fee for the antenatal classes (six sessions) has recently increased to \$30 while the annual newsletter subscription remains at \$10.

Our latest news is that we have received at \$4,600 COGs grant to pay a co-ordinator for the coming year. Rea Daellenbach, who has worked tirelessly organising the antenatal classes for several years will now be paid for her 8 hours work a week.

PROMOTIONS, SEMINARS AND FUNDRAISING

Home Birth Week — We organised a Friday afternoon seminar in the Canterbury Public Library focusing on ultrasound (very popular), osteopathy, naturopathy and of course, home birth! We had a book display and sold slings, baby tripillows and ultrasound and immunisation information. We also had an enjoyable meal for 30 members and children on the Saturday night.

Market Day — We again had a successful stall in the annual Riccarton Market Day in November. New display boards which are easily transported and erected are currently being made and the display materials are being laminated so they won't get so tatty.

Project Waitangi — Following a talk at our 1989 AGM from two members of Project Waitangi, five of us attended a 5 week Project Waitangi course which was of great personal benefit.

Reunion — Our major project for October 1990 is organising a huge Home Birth reunion for all those associated with home birth in Canterbury over the last 18 years since Ursula became a domiciliary midwife.

Garage Sale — We organised a very successful garage sale recently which raised \$860.

Amway — As an ongoing method of fundraising, Ursula and two of our members have become Amway distributors with 10 — 30% of their sales being donated to the Association.

This was not acceptable to the Opposition. In reply to Keall's Report, McKinnon moved an amendment to send the "two-clause, 12-line" Bill back to the S.C. to go through the whole process again and come back with a 24-clause Bill which would incorporate the amendments proposed for the SOP — so the Professionals could "have their say".

Hon Helen Clark (Mt Albert) Minister of Health stated that the S.C. amendments "will be discussed with the relevant professions". She accused the Opposition of attempting to delay consideration of the Bill. Returning it to the ponderous process of a S.C. would mean it could be used as an election issue and then die a natural death.

Clark pointed out there had been 99 submissions, all supportive, and asked McKinnon if he was prepared to "take on the women of New Zealand?" He replied, "Never would I take on the women of New Zealand!"

Both McKinnon's and O'Regan's presentations reflected the opinions of the doctor-oriented NCW which McKinnon said "we invariably hold out ... as being a body able to produce fairly succinct, clear comment on legislation".*

In its submission on the NCW made such comments as:

- We would be very concerned to find that it became expected that midwives always take sole responsibility, or that this was brought about by the removal of the present maternity benefit to doctors. Women on low incomes and/or with a high risk factor would be seriously disadvantaged, as would their babies.

- One of our national member societies, the Salvation Army Woman's Organisation "do not support a change to the restrictions currently on the practice of midwifery".

- Another member, a senior obstetric nurse pointed out that, "It is a doctors' training to be aware of (pathological) conditions and to make appropriate diagnosis and recommendations about treatment. A midwife's training ... does not include rare pathology, nor does it equip a midwife to make differential diagnoses".

- ".... it should be the doctor's responsibility to make that decision (which appropriate health professionals), not the midwife's"

- "....the midwife does not have the expertise to decide in every case in which category the woman should be placed.

- "Members do not object to midwives doing most of the antenatal care and looking after the delivery and the early puerperium by themselves, but consider it should be a responsibility delegated by a doctor."

- "Members question the wisdom of extending the number of people who can prescribe drugs, particularly strong analgesics".

- "Will the right of confidentiality of information currently granted to a lawyer, priest,

WHANGAREI HOME BIRTH SUPPORT GROUP

The year May 1989 to May 1990 has seen approximately 33 planned home births being attended by the two available domicillary midwives in the Whangarei area.

We have had two meetings of the newly formed Domicillary Midwives Standards Review Committee. The first was called following the death of a baby who was born at home, and the second was prior to the departure of our DMW Feliz Barnett in April 1990. The selection of consumer representatives on the panel caused difficulty for our group in terms of whether to support a lay midwife who was undergoing prosecution action at the time, and whether to have Whangarei vs. Northland wide consumer representation. In the end our group decided it would not be politically wise to support the lay midwife while the DMSRC was being established and we kept representation to our local area.

Early in the year we organised an Immunization Awareness session led by Hilary Butler which was well attended.

In August we funded two Maori women to attend the Maori Women's Home Birth Hui at Parihaka.

In September our group participated in the launching of the Domino birth option in Whangarei. It was a great party with other interested groups, lots of women and heaps of kids. The launching of the Domino birth option enabled Lynley McFarland to move out of full-time hospital midwifery to domicillary midwifery. There have been 52 Domino births in Whangarei since the option became available. Lynley also attends home births.

We are currently awaiting the registration of another domicillary midwife. When that happens, women in Whangarei will have a choice of two DMW's to attend their births.

We had a successful Home Birth Week in October. We revamped our posters and display and had a banner-making workshop. We held a mother/baby exercise class and an information/cake stall and raffle which boosted our finances. We also sent out a few press releases.

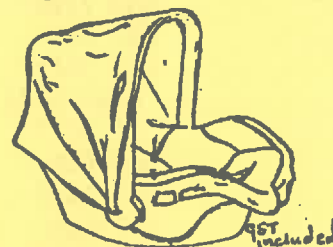
The shift of one of our core group members to Dargaville resulted in the establishment of Home Birth Support Group there. This group is affiliated to Whangarei.

Planning the 1990 Home Birth Conference unfortunately absorbed all our groups available time and energy, and thus resulted in normal support activities (apart from the monthly newsletter, which is being abandoned) being seriously impaired for the past six months. Our monthly coffee mornings were turned into conference planning meetings, and our post-natal support scheme was abandoned. However after Conference (and a bit of a rest), we look forward to some long-neglected group activity getting going again, and being able to give women support and encouragement in their plans for a home birth.



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The Auckland Home Birth Association Newsletter

Auckland Home Birth Association Committee Meetings

The committee of the Auckland Home Birth Association meets on the
third Tuesday of each month at 7.30 pm. Our committee is an open
committee — any member can attend meetings and/or join the
committee. We welcome new ideas and energy! Venues for the next few
meetings are as follows; — 21 August Margie Kudds

38 Wairiki Rd

Mt Eden Ph. 686 242

— 18 September Rennies Illustrations

8 Farnham St

Parnell Ph. Marjet 688 872

SITUATION VACANT

Membership File

We need a person with an IBM compatible computer to
update our membership file. This job involves inputting
members names etc as they join/ renew, printing out
membership lists for committee members and support
groups and printing out labels for the newsletter once
every three months. These tasks currently take a maximum
of one hour per month. For further information please
phone Marjet Pot 688 872

TRANSFERS

Of the 94 births recorded above 14 resulted in transfer to hospital for the following reasons:-

1. Delay in progress in late 1st stage - ND & discharge DS.
2. Prolonged labour - epidural - ND & discharge from DS.
3. Long labour - no fetal heart heard - epidural - ND of stillborn baby boy - Sam.
4. Prolonged 1st stage - epidural & syntocinon aug. - forceps del - ED.
5. Persistent OP - prolonged labour - syntocinon aug. & epidural - ND - ED.
6. Slow progress in 1st stage - acupuncture in hosp to help dilatation - ND - ED.
7. Slow progress in 1st stage & Meconium liquor. IV fluids in hosp. - forceps del. under pudendal block - ED.
8. Slow progress in 2nd stage - persistent OP - epidural & forceps del. - ED.
9. Slow progress 1st stage - entonox only - ND & discharge from DS.
10. Thick meconium liquor - ND - baby suctioned on perineum - discharge DS.
11. Prolonged 1st stage - epidural - forceps del. - ED.
12. Prolonged labour - persistent OP - LSCS - home day 6.
13. Prolonged labour - persistent OP despite acupuncture, homoeopathy etc - head high - LSCS - ED.
14. ND at home - PN transf. baby rapid respiratory rate & difficulty feeding - IV antibiotics - discharge day 5.

ABBREVIATIONS

NWH - National Womens' Hospital
POP - Persistent occiput posterior(Posterior presentation)
ND - Normal Delivery
PROM - Premature rupture of membranes
E.D.- Early discharge
LSCS - Lower segment caesarean section
A/N - Antenatal
VBAC - Vaginal birth after previous caesarean section
D/S - Delivery Suite
P/N - Postnatal
NNU - Neonatal Unit
M/more - Middlemore Hospital
pph - postpartum haemorrhage
BP - Blood Pressure

Benseman who has agreed to take over.)

GENERAL BUSINESS

1. The pros and cons of raising the registration were discussed next. Although the financial statement for the year ending 31 March showed a healthy bank balance, by the date of the AGM, as a result of the publishing costs of the blue book "A Guide to Healthy Pregnancy and Childbirth"(which is posted to all those who pay their registration fee), we were in overdraft and had used the funds set aside to pay for the making of the new video.

The costs of maintaining the work of the Association have risen eg. Alex Gillanders who has been recording the homebirth statistics free of charge for many years has been made redundant and will now have to charge for the time he spends on homebirth work. He estimated that the cost of entering stats for each birth are \$3. In addition it was discovered on going through our records that only 33% of women having homebirths are actually paying their registration fee. There seems to be a feeling that the registration fee is payment for the antenatal classes and if they are not going to attend there is no need to pay.

It was agreed that we would write to the "non-payers" explaining the work of the Association in maintaining the ongoing availability of the fully subsidised homebirth option and the need for funds to support this work. In addition we would raise the registration fee from \$40 to \$50 to cover the cost of this work. People who were not able to afford this fee would be offered the option of paying what they felt they could afford. The minimum annual subscription would be held at \$10 in order to encourage as many members as possible to renew their memberships because it is important for us to have an accurate indication of the numbers of people who support the homebirth option for lobbying purposes.

2. Carolyn Young (DM) next reported that the Maternity Benefit paid to Domiciliary Midwives has failed to keep up with inflation and DMs are once again finding it difficult to live on their incomes. She proposed that the AHBA support the DMs requests for changes/increases to this Benefit when the Bill proposing Midwifery Autonomy is passed in Parliament. There would then be a case for equity with GPs because both would be taking the same responsibility and doing the same work during the pregnancy cycle. At present DMs are paid much lesser rates than doctors for antenatal and postnatal visits, and the fee they are paid for attending labour and delivery is a fraction of what GPs get. Carolyn proposed that midwives should now collect the delivery fee paid to doctors and that doctors should negotiate a consultants fee if they also attend. In addition there is no provision for payment of DMs for telephone counselling or travel time and the mileage rate paid to them is considerably less than that paid to doctors!

The meeting agreed to support the domiciliary midwives in whatever ways possible in achieving their claims.

3. It had been suggested by Katherine O'Regan (MP Waipa) that the

MIDWIFE: CAROLYN YOUNG

Date	Parents' Names	Sex	Baby's Name	Weight	Baby No.	Doctor
07.03	Jennifer & Peni Asiata	M	William	3900	3	S.McGarry
08.03	Annie Manning & Mike Rose	M	Jack	3840	1	J.Hilton
14.03	Robyn & Gary Chester	M	Nicholas	3360	3	P.Railton
15.03	Jo Stanton & Ian Swinton	F		3100	2	A.Copland
18.03	Cheryl & Andrew Brown	M	Dylan	2880	1	J.Hilton
25.03	Sonia & Paul Ranlun	F	Rebekah	3320	1	P.Railton
07.04	Jeanette Williams & Allen Bennett	F	Dylan	3000	2	S.McGarry
10.04	Sheryn McGowan & Michael Miltiades	F	Renee	3060	1	J.Nealie
12.04	Joanna & Don Murray	M	Mathew	3900	2	D.Nash
12.04	Sally & Paul Price	M	Robert	3660	4	A.Copland
14.04	Jenny Kennedy & Danny McIntyre	F		3180	2	C.vanDorp
14.04	Elizabeth & Paul Stevens	M	Kent	3020	3	C.vanDorp
23.05	Pat & John Thiel	M	Jonathan	3140	7	A.Denyer
02.06	Wendy & Ross Melles	F	Yanna	3640	3	J.Hilton
<u>Postnatal Care Only</u>						
06.03	Pat & Clinton Kahi	F	Stephanie			
14.03	Shirley & Chris Campbell	M	Gerrard			
13.03	Anne & Greg Leighton	F	Natasha			
19.04	Sophie & Jen Hartigan	F	Cheri			
24.06	Christine Tennent	M				

MIDWIFE: MARGARET FALCONER

22.01	Ruth Boaz Jefferies	M		3300	5	Mathieson
05.03	Sandi Wendt & Patrick Corfe	F	Holly	3600	2	W.Fergusson
08.03	Michelle & Peter Brunton	F	Rachael	4000	5	J.Nealie
<u>Helensville Birthing Unit</u>						
21.01	Donna & Mike O'Grady	M	Lance	3870	3	Hallibrand
07.03	Marama Dawson	M		3670	1	A.Gane
23.03	Avei Elis ai a	F	Kieni	3320	2	A.Gane
	(Came home from AUstralia especially to deliver at H'ville.)					
	Jody & Malcolm Neeley	F	Emma	3230	1	J.Nealie
10.04	Ruby Herewini	M		3370	1	A.Gane
14.04	Anne-Marie & Cohen Blanchette	M	Ricky	3520	2	J.Nealie
23.04	Elaine Hemona	M		2340	4	A.Gane
18.05	Angela & Les Lamen	F		3505	2	A.Gane

Auckland Domiciliary Midwives' Report Jan 1 - Dec 31 1989

J Donley
April 1990

During this period there have been 16 Domiciliary Midwives (DMs) actively practising. In addition, there are a number of midwives who are still working within the AAHB (Auckland Area Health Board) who have applied for and obtained contracts as a security blanket, so that they have a ready alternative in the event they are made redundant during the current 'scorched earth' restructuring. On the other hand, some DMs are working limited part-time in hospitals — mainly Middlemore.

We attended 361 labours at home — an increase of 53 over 1988 when the number was 308. There were 64 transfers (18%) which seems pretty high. These figures were collated from the Auckland HB newsletter. There were 122 early discharge and labour support. In addition, there were 22 births at Helensville credited to DMs. Using the AAHB stat. of 16,916 births for the year ended 31 March 1989 (while our stats are for the calendar year) our 361 births is 2.1% of the births in the AAHB area.

The DMs have continued to have meetings with the PPHN (Principal Public Health Nurse), now called Nurse Managers, HDU (Human Development Unit). These are always conducive to open discussion of problems. I would like to move a vote of thanks from this AGM to Carol Petersen who has been so supportive of DMs and their numerous problems.

Recently Takapuna PPHN, Freda Moffat was made redundant. The North Shore (North Harbour) DMs have been placed under the supervision of Sam Denny, Acting Manager of Maternity Services, North Shore Hospital. West Auckland (West Harbour) DMs still send their records/claims to Takapuna, but have not been notified of any change.

While we do not oppose Sam Denny on a personal level — in fact, we have great admiration for her — we do oppose this move in principle. Neither the DMs nor the DM Society Inc. were consulted although our contract with the Minister of Health stipulates that any changes in terms and conditions are to be in consultation with the DMS Inc.. This is a major change as the Nurses Amendment Act 1983 says DMs are under the supervision of the Medical Officer of Health and the PPHNs centralisation which weakens the primary health care aims of Area Health Boards. As we've pointed out previously the DOH (District Offices of Health)/HDUs have developed a clearer focus on primary/community health needs; they also have a more flexible and innovative approach to problem solving than hospitals which are medically oriented and subject to greater political, social and economic pressures. We have written a letter to the

Date	Parents' Names	Sex	Baby's Name	Weight	Baby No.	Doctor
16.05	Jenny & Ross Fournier	M	Jake	3940	2	J.Hilton
18.05	Trudy & Kevin Hooper	F	Karina	4080	4	J.Hilton

MIDWIFE: RHONDA JACKSON

10.03	Debbie & Ian Burrowes	M	Liam	3690	2	M.Yusak
27.03	Fiona & Graeme Landon	M	Christopher	3230	2	D.Nash
27.03	Debbie & Fletcher Tetlow	F	Gretel	4250	2	G.Whittaker
23.03	Debbie Harwood & Rikci Morris	M	Marlon Jack	4080	1	M.Eason
25.03	Jenny & Phil Cottingham	F	Prema Jyothi Sai	3010	2	C.vanDorp
29.03	Joce & Chris Williams	F	Tessa	3840	2	C.vanDorp
11.04	Janet Moir & Rob Burdon	F	Aneka	4080	1	A.Copland
19.04	Lorrie Smyth	F	Rosarin	2890	1	C.vanDorp
24.04	Diane & Mark Burgoyne	F	Kate Renee	3540	2	D.Nash
04.05	Lindy & Peter Alderton	F	Claire	3970	2	P.Railton
10.05	Karen & John Olsen	M	Daniel Duke	4300	1	M.Eason
04.05	Kim Johnston & Graeme Cleary	F	Jericho	3970	1	M.Yusak
12.05	Caroline Bree & Bob Trett	M	Liam Robert	4370	1	A.Copland
30.05	Sharon Cuzens & John Page	M	Daniel Edward	3760	1	G.Gulbransen
14.05	Claire Ramaka	F	Erana	3620	1	M.Yusak
17.05	Sandra White	M	Julian	3690	3	M.Eason
<u>Postnatal Care Only</u>						
06.03	Janeen Kinney & James Green	M	Elliot James			
02.04	Karen Schwenke & Norman	F	Eden Nicole			
11.04	Janaki & Norman Kozeluh	M	Abraham			
02.03	Sian & Michael Gaunt	M	Benjamin Samuel			
19.05	Kerry O Connor & Sean Pettigrew	F	Jamie Kaitlin			

MIDWIFE: JENNY WOODLEY

06.02	Robyn & Joseph De Masi	M	Stephen James	3900	3	D.Browning
28.02	Caroline & Dennis	M	Gibson Jerard	3520	1	G.Judkins
02.05	Carol & John	M	Timothy	3700	2	G.Judkins
07.05	Beth & Mark Williams	F	Tessa	3900	2	E.Lauder
15.05	Laura & Rob Keller	M	Robert	3600	1	G.Judkins
30.05	Mary Witehere	M		3500	4	G.Judkins

Auckland Branch HBA Newsletter Report

Joan Donley
April 1990

Since 1983 Auckland has produced a quarterly National newsletter. This has been a heavy drain on our time, energy and finances. Currently we have approximately 600 subscribers. However, only 80 of these are to subscribers living outside Auckland. As these include the exchange complementary copy to each branch and library copies etc., the actual number of paid subs is approximately 60.

At one time we had 150 ex-Auckland subscribers, but when we adopted the system of individual subs the numbers dropped, partly because branches did not advertise the national newsletter in their branch newsletters as agreed.

There are 10 overseas subscribers. These also are mainly exchange subscriptions.

Further there has been poor response from branches for the Branch Round-Up. Yes, the Newsletter Collective receives copies of all branch newsletters (the same as all branches receive complementary copies of the Auckland/National newsletter as part of networking). Only a few of the smaller branches have ever sent in a report, even though at Conference a couple of years ago a standardised form was developed so branches could provide basic information. Therefore practically all the information in the Branch Round-Up has to be gleaned from the branch newsletters.

Most branches are now producing very good and interesting newsletters covering a wide range of issues. Obviously the national newsletter as such has reached the end of its usefulness.

Therefore, due to the financial constraints, lack of interest and support we are proposing to discontinue the National Newsletter as such.

We will continue to produce a HOMEBIRTH NEWSLETTER as our Auckland newsletter because we feel it is important politically and in the interests of newtworking, especially for the smaller branches.

We will continue to exchange newsletters with other branches as formerly and branches are free to reproduce any material from our newsletter which will continue to be of the same high standard — there is never any dearth of material!

We will continue to include a branch Round-Up and any reports will be appreciated.

Subscription is by payment of an annual sub or on receipt of your registration fee (subscribers names are on computer so it is impossible to send out one or two selected issues.)

Between April 1989 to April 1990 we produced four newsletters.

room. At this stage, Kathleen, a student midwife, who I had agreed to have at the birth, arrived in the nick of time. Mum was amusing our 2 year old and my other support person had not yet arrived (she was a half hour late!) So Kathleen was a godsend, supporting me on the opposite side to Llew, in a semi-squatting position.

The second stage lasted about 3/4 of an hour, but finally at 7:13am on April 18, Ashley Llewellyn was born and delivered into my waiting arms, where he lay calmly gazing up at me.

After having a hospital birth with my first son, I was amazed at the difference between that and a home birth. Ashley and I received absolutely no medication or intervention and we both recovered wonderfully. The labour was only five hours, and relaxed and manageable compared with the previous 30 hour labour with analgesics in hospital. He is a very peaceful baby and he seems to accept everything that comes his way — especially in the form of an over-enthusiastic older brother who insists on multiple kisses and cuddles and sharing toys and food!

My home birth was definitely a wonderful, fulfilling experience and I hope to repeat it in a couple of years.

Gail and Llew Bennallick



*Many thanks to Petronella and Gail for sharing their birth experiences with us. Birth stories (and photos) are very welcome. Please send yours to —
P.O. Box 7093 Wellesley St Auckland.*



each year. Volunteers to help with organising and running these classes would be appreciated. The next series of classes will be in November.

The two North Shore midwives are being kept with bookings. (Midwifery autonomy should make it easier for midwives from other health districts to attend homebirths on the Shore.

Our "Coffee Mornings" are being held every 4-6 weeks. People considering homebirth find it very worthwhile to have the opportunity to meet with others who have had a homebirth.

For further information about classes etc on the Shore contact:-

Barbara Glass - 478 5906

Christine Tyler - 454 073

Jennie Mills (Coffee Groups) - 434 160

SOUTH AUCKLAND

The dates, topics and venues for meetings for the remainder of the year are as follows:-

Daytime Support Group Meetings

Tuesday 7 August 10.00am Breastfeeding Matters 25 Hurstmere Priors
Manukau Heights

Tuesday 11 September 10.00am Coffee Morning 10 Trentham Road
Papakura

Wednesday 3 October 10.00am Immunisation Weymouth Playcentre

Tuesday 30 October Coffee Morning 92 Paark Avenue Papatoetoe

Evening Sessions - All will be held at the Papakura Resource Centre (PRC)

Tuesday 12 June 7.30pm Information Evening PRC Rm 1

Monday 9 July 7.30pm Active Birth PRC Rm 2&3

Monday 23 July Massage for you & baby PRC Rm 1

Monday 17 September 7.30pm Information Evening PRC Rm3

Monday 15 October 7.30pm Explore your birth experience PRC Rm3

Monday 19 November 7.30pm Ultrasound Scans - Pros & Cons PRC Rm3

Monday 3 December 7.30pm Active Birth PRC Rm 2&3

Come along for a chat and a cuppa to meet others who are interested in similar things to you. Please bring a plate or \$1 donation.

Children and friends most welcome!

For more information phone Maree 299 9538

EAST AUCKLAND

East Auckland continues to hold "Coffee mornings" each month at 10 am. Meetings for those living west of the Tamaki River (Ellerslie, Mt Wellington, Glen Innes, Pt England etc) are held on the first Friday of the month. Please

Birth in the Bath

It was 12 days before my due date. At 9am, I had a "show", but thought perhaps it was a discharge as a result of not resting as I should have been. When my husband Rob phoned me at lunch time, I mentioned it to him and he reassured me that sometimes false labours occur, even 3 weeks before due date. Finally, at about 9pm, I thought I should ring my midwife. She was out and I didn't think it necessary to page her. I went to bed at 10pm and at 10:30 I told Rob that I was sure I was in labour. Once again I was "reassured" about false labours. (I'm sure he just wanted some sleep.) I was pleased that I had actually rested that afternoon.

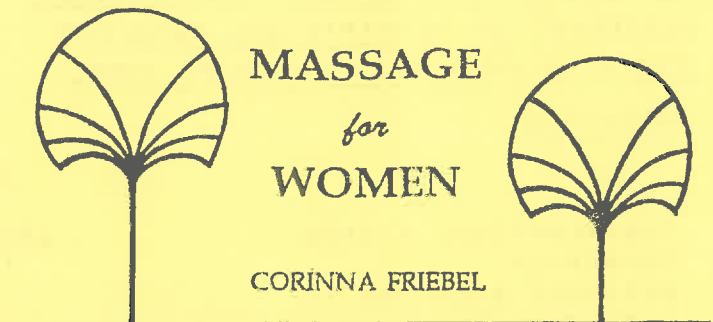
My contractions were about 5 minutes apart from the word go. I was walking around our bedroom making noises. Rob was afraid the neighbours might be alarmed so quietly went about closing windows. I remember smiling to myself as I realised what he was doing.

By about 3am, I decided I would sit in our bath after hearing so many accounts of how wonderful water is during labour. I can only affirm this — I think somehow it dulls the pain. With this birth, I worked with Rob. During my previous birth experience I had tried to cope alone — what a difference it made allowing Rob to share it with me. He helped so much with my breathing. At times I nearly lost control but then I focused on Rob and was able to continue.

Rob phoned our midwife at 5:15am and she was due to arrive at 6am, but as she was about to leave home, she was called to visit a first time mother in early labour.

I was still in the bath and at approximately 6am my waters must have broken as things sped up with virtually no breaks in between contractions. I began to push and tried to hold back so that I wouldn't tear, but only managed to resist pushing for a few contractions — I just wanted this baby out. (I finished up with a medium tear requiring stitches, but this was nothing compared to the episiotomy from my first birth.) Then we saw our baby's head and the rest of her body just "oozed" out. Rob pulled out the bath plug (he had already checked that the cord was not around the baby's neck — no problem there) and I picked up our son and laid him on me. Rob then opened the door for our midwife who had arrived during the birth. (Next time we will make sure we leave the door unlocked!) Our second son weighed in at 7lbs. — 11 days early — after an eight hour labour.

I remained in the bath while Carolyn delivered the placenta. Rob phoned our support people, and one came over and spent the day with us



Suite 11, 53 Davis Crescent, Newmarket,
(next to Swensons), Auckland ph: 5202-261

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• Massage is a wonderful way of preparing a woman for childbirth!

• Antenatal massage will help you to combat tension and fatigue and to deal with hormonal change. Besides the feeling of heightened energy and wellbeing, a regular massage will relieve aches and muscle-tension, which are a common feature of pregnancy.

• The muscle-groups of the back, buttocks and inner thighs not only need strength, but also flexibility as preparation for labour.

• Let me illustrate this a bit further:

• In pregnancy the body carries about 25-30 pounds of extra weight in the lower abdomen. As a result of this strain the back muscles will all contract to help counterbalance the weight pulled forward, thus causing back-aches. The muscles of the inner thigh also help to support the weight during pregnancy, but have to be relaxed during labour — so the inner thighs must be kept soft and flexible.

• During pregnancy it is very soothing to rub oil on the abdomen, using gentle, stroking movements, which will also help to tone the abdominal muscles. Not to forget, this is a wonderful way to communicate with the baby in the womb!

• In my antenatal massages I use alternative positions and massage techniques to adjust to the individual needs of each woman.

• Give yourself the benefits of an antenatal massage in a very caring environment.

• For further information and making appointments please ring
Corinna ph. 5202-261

AUCKLAND HOME BIRTH ASSOCIATION INC.
STATEMENT OF RECEIPTS AND PAYMENTS
FOR YEAR ENDING 31ST MARCH, 1990.

<u>RECEIPTS</u>		
<u>1989</u>		<u>1990</u>
11216	Registrations & Subs	12253.50
40	Donations	144.00
1139	National N/Letter	
	Sales/Advertising	180.00
1119	Fund Raising	2960.84
3595	Books & Video Sales	559.70
573	Photocopying Recoveries	1006.00
-	Video Grant - McKenzie Trust	5000.00
35	Sundry Receipts	-
366	Interest	577.62
-	Excess Exp. over Inc.	1873.08
<u>18083</u>		<u>24554.74</u>

BALANCE SHEET AS AT 31ST MARCH 1990

<u>1989</u>	<u>ACCUMULATED FUNDS</u>	<u>1990</u>
1929	Balance 1.4.89	8508.83
-	Less Exc. Exp.	
6580	over Income	1873.08
8509		6635.75
<u>Special Funds</u>		
(131)	Midwives Negotiating Fund	43.76
8378		6679.51

<u>PAYMENTS</u>		
<u>1989</u>		<u>1990</u>
5687	N/letters (Print & Post)	7870.36
738	Postage & Stationery	2085.99
1686	Photocopying	1654.77
858	Support & Antenatal Exp.	1384.47
207	Fund Raising Exp.	6739.91
774	Printing Books etc.	396.25
520	Meetings & Conference	119.43
590	Advtg. & Publicity	1464.55
240	Subscriptions & Books	676.06
-	Video - Production	800.00
-	Office Equipment	1148.95
200	Donations	20.00
3	Sundry Payments (Bank Fees etc.)	194.00
6580	Excess Inc. over Exp.	-
<u>18083</u>		<u>24554.74</u>

<u>1989</u>	<u>CURRENT ASSETS</u>	<u>1990</u>
5878	Bank	6679.51
2500	Term Deposits	-
8378		6679.51

Meetings for those living east of the Tamaki River (Howick, Cockle Bay, Bucklands Beach etc) are held on the third Friday of the month. Please phone Jacqui (563 851) for details of venue if you are interested.

CENTRAL AUCKLAND

WEST AUCKLAND

FRANKLIN

For details of meetings etc in the Franklin district please phone Sonia Hart (085 20333).

ACCOMODATION AVAILABLE

Please phone — Heather 5240 424.

When I think about it from time to time, giving birth at home is such a natural, normal, everyday experience that I don't know why more people aren't doing it. I appreciate however, that hospitals are necessary. My first planned home birth resulted in a transfer to hospital as I had "failed to progress" after being fully dilated. This resulted in a forceps delivery and all the "trimmings" that go with it. After that experience I wasn't sure I would have any more children. This time I am talking about the 4 children I always wanted but Rob is decidedly quiet on the matter. Time will tell as giving birth is only the beginning of rearing children.

Petronella Noad

Home Birth Story

I felt uncomfortable and exposed on the bed, which is where I had planned to deliver, so I moved onto a bean-bag in a dark corner of the

These cost:	Printing	\$7,942.42
	Typing	160.00
	Mailing	600.00
		\$8,702.42
Subs (Auckland) approx	\$5,000.00	
Ex-Auckland	600.00	
	\$5,600.00	leaving us \$3,000 down the drain.

Support Group News

WAIHEKE ISLAND HOME BIRTH GROUP.

Winter 1990 sees the re-activated Waiheke group ending its first year — which has been very rewarding. We now have two contracted DMs who have attended 17 planned home births and 2 unplanned — with only one transfer to town.

They have started the first set of home birth antenatal classes with approval and payment from the Health Board. These are extremely well attended and seem to appeal to women booked for hospital births as well. We are fortunate to have these classes supplemented by a physiotherapist, Helen Adean, and our team doctor Gerald Maclaurin who will take a session for partners.

Our library is growing slowly — we have 18 books which are constantly used and we hope to double this soon. We have grant applications out to several organisations for books, videos and the still elusive emergency equipment. In the meantime we've started asking clients for a \$50 birthing fee; \$10 for Auckland Home Birth Association membership, \$12 for the Auck. HBA booklet, A Guide to Healthy Pregnancy and Childbirth, — leaving \$28 for general use. Clients seem reasonably happy with this and our bank balance is finally starting to look better.

So, we start out 2nd year in a positive frame of mind — with nearly 20 bookings — four times more than last year. We expect that these will increase as families realise they can avoid the disruption caused by moving off- island to give birth, and that home birth on Waiheke is a safe, rewarding alternative.

Linda Hodson
Co-ordinator
Waiheke Island

NORTH SHORE

Antenatal classes are extremely well booked for the August series. If attendance continues at this number we may have to slot in another antenatal series

BIRTH NOTICES

MIDWIFE: JOYCE COWAN

Date	Parents' Names	Sex	Baby's Name	Weight	Baby No.	Doctor
14.03	Sue & Erin Shanks	F	Zoe Caitlin	3800	5	G.Kidd
01.04	Helen & Barry Young	M	Adam Alexander	3100	1	G.Judkins
28.04	Leana & William Toia	M	Levi Samuel	3360	1	S.McGarry
21.05	Cheree Dean & Rick Simon	F	Dannii Rose	2870	1	G.Kidd
<u>Labour support at Middlemore Hospital</u>						
17.04	Debra & Paul Grey	M	Andrew Joseph	3620	1	D.Ansell
<u>Postnatal Care Only</u>						
08.03	Juliet & Neil Campbell	F	Emma Juliet			
02.04	Nicola & Darren Earl	M	Christopher Darryn			
30.03	Mairi & Wayne Campbell-Rawson	M	Brook			
19.04	Gwendoline & Hoani Taare	F	Georgia			
22.04	Judith & Malcolm Taylor	F	Adele			
17.04	Leanne & Rob Storm	F	Kaela Marie			
07.05	Karen & Alan O'Sullivan	M	Daniel			
22.05	Susan & Ken Turner	F	Rebecca			

MIDWIFE: SIAN BURGESS

04.03	Lorraine Hansen & Michael Knight	M	Finnbar	3230	1	D.Nash
17.03	Carita & Chris Evatt	F	Maria	3300	1	D.Nash
21.03	Barbara & Maurice Keiley	M	Liam	3720	3	D.Nash
21.03	Fiona Patterson & Alan Bell	M	Flynn	3650	2	S.McGarry
30.03	Kaysha de Goey	F	Alexandria	3240	3	C.vanDorp
30.03	Sue Cook & Phil van der Wal	F	Robyn	3850	2	W.Fergusson
01.05	Phil Cotton-Barker & Bill Barker	M	Simon	4160	1	P.Railton
06.05	Chanel McNamara & Tony Gilbert	F	Gwen	3740	1	D.Nash
01.05	Julia & John Timmins	F	Claire	3240	4	A.Broom
13.05	Helen Briggs & Jeff Fisher	M	Gai-an Adam	3080	1	J.Hilton
15.05	Jan Marie & Jan Thomas	M	Sam	3500	1	A.Broom

Sam had a beautiful birth and sadly was stillborn. Our love and sympathy are extended to Jan Marie and Jan.

Manager, Nth. Harbour Public Health Office (Rod Perkins) with copies to Helen Clark, Bronwen Pelvin, Ray Naden, Ak HBA, NZ College of Midwives both Auckland Region and National Committee.

There have also been problems in South Auckland. Lil Dunn who held a contract in South Auckland several years ago has now been asked to do a six months orientation in a hospital in order to renew her contract. In between times she has had two babies at home. This seems to be a general trend to require this orientation in hospital and is a matter which will have to be addressed at Conference.

Our quarterly meetings with home birth doctors have continued but are not as relaxed as they were before the Amendment to the Nurses Act raised it's ugly head. Now we have these doctors telling us about the dangers of home births, to the point where one wonders if it is so dangerous why they have been involved.

We DMs sent a submission to the Select Committee considering the M.A.B. collated by Mary Hammonds.

We are awaiting the outcome of this Amendment before proceeding with a contract with the AAHB which will enable us to conduct DOMINO births and give us access to the community antenatal clinics which are being established.

The Domiciliary Midwives Standards Review Committee-DMSRC (the Auckland pilot committee) reviewed 12 DMs with the last two being reviewed on 4 April. The AHBA will be preparing a report on these, and is also in the process of preparing a questionnaire for parents as well as a basic guideline for DMs to use in preparing their written reports. There have been a number of administrative problems to deal with. Homebirth doctors are not that anxious to give up surgery time to attend, so not every review has had a doctor present. However, Dr. Alison Copland has attended most meetings. Lynda Williams started out as chairperson but resigned from the committee when she became Patient Advocate at NWH. Thankfully, Marjet Pot has taken over the job of organising. NZ COM representative is Glenda Stimpson.

Consumers have put a lot of effort into organising the DMSRC (as well as into other areas such as organising the antenatal classes). Six consumers have been selected so that there will always be four who are available. This year we need to look at the Area Health Board Act 1983 which provides remuneration for consumer reps on committees. Also, at the Select Committee oral hearings on the Amendment, K. O'Regan suggested that consumers on the DMSRC should not necessarily all be home birth mothers. Something else to debate at Conference.

DM Veronika Muller gave birth to her daughter Connie in December. She is taking a break from attending homebirths but is involved in the restructuring of the maternity services in West Auckland (Waitakere) and the arguments over ultrasound equipment.

MIDWIFE: MARY HAMMONDS

Date	Parents' Names	Sex	Baby's Name	Weight	Baby No.	Doctor
07.03	Delwyn & Bryce Barnett	M	Callum Bryce	4250	4	L.Nixon
09.03	Amanda Tollemache & Willy McGhie	F	Elizabeth	4050	1	L.Nixon
19.03	Carroll Muir & Chris Turney	M	Dylan Elliot	3600	1	G.G for M.Eason
19.03	Kathryn Darby & Leonard Matthews	F	Jessica Rose	3650	3	M.Yusak
20.03	Elizabeth & John O'Donnell	M	Callum	3650	2	G.Gulbransen
21.03	Karen & Chris O'Brien	F	Kelsey Marie	3340	1	D.Nash
07.04	Evelyn & Jeff Chung	M	Mark	3440	1	B.Brooks
23.04	Grace Kuchar & Paul Gutch	F	Kelsey Evan	3350	1	D.Nash
27.04	Hazel & Russell Thornton	M	Jake	3750	2	L.Nixon
03.05	Anna Osborne & Glen Border	M	Matthew	3980	1	L.Nixon
06.05	Gail & Robert Ross	F	Georgia	3500	5	L.Nixon
07.05	Joanna & Mac McEntegart M	M	George	4700!	3	A.Copland
14.05	Jose & Walling Kakebeeke	M	Jelle Peman	3350	1	G.Desborough
20.05	Bronwyn Sullivan & Paul Phillips	F	Maxine	3560	1	M.Yusak
26.05	Doris & Mark McLay	F	Madeleine	3250	2	P.R. for D.Nash
31.05	Mary Brassen & Warwick Lamb	F	Erika	3320	2	D.Nash

MIDWIFE: JANET THOMAS

10.04	Lisa Jarvis	M	Adam	4000	1	A.Copland
12.04	Catherine & Murray Findlay	M	Rowan	3300	2	Gulbransen
17.05	Sharon & Fili Launea	M	Mana	3600	2	A.Copland
22.05	Julie & Graydon Shepherd	F	Laurie	3200	3	A.Copland
<u>Postnatal Care Only</u>						
21.02	Sue & Rob Poupouare	F	Racheal			
24.03	Paula & Adrian Bain	M	Adam			
	Sue Johnston	F	Karlene			
29.04	Maggie Flynn & Wayne	M	David			

MIDWIFE: FIONA CLEMENTS

19.05	Cynthia & Dennis Daly	M	Aien Daniel	3750	3	E.Lauder
27.05	Jan Neilson & Elliot Clayton	F	Amise Maia	3460	1	Ballantyne

Domiciliary Midwives Standards Review Committees would have more credibility if half the consumer representatives on this committee were non-homebirths. The meeting felt, that at this point in time, it was not the consumers who gave any committee credibility, in fact the inclusion of 50% consumers on this committee had been criticised as undermining the credibility of peer review by representatives from several professional organisations. It was also felt that non-homebirth consumers would have no means of assessing what constitutes acceptable/desirable standards of care for homebirths and that this was surely the point of having consumers on the committee at all. The meeting agreed that the AHBA would not support this proposal.

4. Diane McAllister has agreed to seek funding for a pilot Home Help Scheme for homebirths. The meeting agreed to support in whatever ways possible. Anyone with a special interest in helping Diane with this project can contact her at 2/22 Millais Street Grey Lynn - Phone 787 113.

5. The meeting next formally discussed Alex Gillanders request for payment for recording and collating the homebirth statistics. It was agreed that we would pay this fee and that rather than billing homebirth parents individually for this, the increase in the HB registration fee would enable us to pay it from general funds.

This discussion completed the business and closed the 1990 AGM.

Antenatal Exercise Classes

Gentle stretching and yoga type exercises. Suitable for women at any stage of pregnancy.

Cost — \$5 per class.

Classes held in Grey Lynn.

Please phone Brenda 787 614.

MIDWIFE: HEATHER WAUGH

10.03	Bridgid Lloyd-Rice & Malcolm Lloyd	M Joseph	3850	3	A.Copland
16.03	Joanne & Laurie Lark	F Caitlin	3760	1	G.Gulbransen
18.03	Jude & Richard Potton	F Holly	4230	2	A.Copland
07.05	Suzanne Johnson & Ben Harly	F Alison	3900	2	A.Copland
11.05	Jane Foreman & Chris Brown	M Declan	3850	1	A.Copland
17.05	Jo Taylor & John Brockie	F Georgia	3400	2	A.Copland
28.05	Stephanie & John Miskell	F Tessa	3630	3	A.Copland
26.03	Kim McIntyre & David Regal	M Miles	4100		G.Gulbransen
<u>Postnatal Care Only</u>					
14.03	Rita McClutchie	M Zion			
17.03	Corita & Christopher Evatt	F Maria (Thanks Sian)			
26.03	Penny & Ian Lillie	F Ashley			
04.04	Lynley & Dan Watson	M Samuel			
27.05	Julie & Bill Collis	M Jessie			

MIDWIFE: JENNY McDONALD (WAIHEKE ISLAND)

25.03	Belle & Steve Miles	F Rebecca	4000	2	J.Peters
18.05	Kate Osborne	M Reuben	4000	1	MacLaurin

MIDWIFE: LIBBY GROOM (WAIHEKE ISLAND)

18.03	Margo Huege de Serville & Paul Galligan	M LeRoy Jordan	5000	2	I.Scott
03.05	Sue Atkins & Jeff Kelly	M Sean	3200	3	J.Peters
22.05	Suzanne Kearney (Unplanned HB)	F Trinity	3900	3	I.Scott

MIDWIFE: JOAN SKINNER

18.04	Gail & Llew Bennellick	M Ashley	4050	2	P.Railton
29.04	Tess Dellagiacoma & Mark Christison	F Madeleine	3700	2	P.Railton
17.05	Sally & Russell Wood	F Christina	3140	1	M.Yusak/ Railton

APOLOGIES FOR ANY ERRORS OR MISSPELT NAMES.

Auckland Home Birth Association AGM 1990

A near record 24 women attended the Auckland Home Birth Association AGM which was held on Sunday 22 April. Thank you to all those women who gave up their Sunday afternoon to discuss the state of homebirth in Auckland.

REPORTS

The meeting opened with reports about the various areas of the work of the Association. The secretarial report and the newsletter report are published in this edition of the National Newsletter with the Conference reports. The domiciliary midwives' report and the treasurers report are published below.

There was some discussion as to whether the newsletter should be published 3 or 4 times annually. The cost of postage has doubled since NZ Post removed the subsidy for registered publications and the small number of women on the newsletter collective have found it difficult to make and meet deadlines for each edition. The meeting agreed that it was worth the extra cost and effort to continue with four editions annually.

Representatives from the various Support Groups gave brief reports about what was happening in their areas. The major area of activity are the antenatal classes and meetings. A few groups also have informal postnatal get-togethers. A recurring problem for the organisers of the antenatal classes was contacting women booked for homebirths to let them know about the classes. In Central Auckland the organisers had up to 80 people to contact, this amounted to hours and hours on the telephone even if most people were able to be contacted on the first call. The meeting decided that the organisers of the antenatal classes should submit a list of starting dates and contact phone numbers for their courses to the secretary. These would be collated and copied and given to the midwives to hand-out to their clients with the purple information booklet. The onus would then be on women to ring the organisers of the classes in their areas and book in if they wish to attend.

ELECTION OF OFFICERS

Each of the office holders offered to vacate their posts however, as there were no nominations for replacements, they agreed to stand for another year. The following people therefore retained their offices by unanimous vote:

Spokesperson Brenda Hinton

Secretary Linda McKay

Recording Secretary Kate Jaunay

Treasurer Sarah McLeod (Sarah has since resigned due to the imminent arrival of her second child and to the fact that she has moved out of the city. Thank you to Sarah for her work during the past year and welcome to Stephen

DOMICILIARY MIDWIVES CURRENTLY ACCEPTING HOMEBIRTH BOOKINGS

Sian Burgess	861 801
Fiona Clements	299 8847
Karen Conolly	416 6026
Joyce Cowan	534 9163
Maggie Cropper	833 7199
Joan Donley	887 759
Amanda Greenwood	479 3019
Margaret Falconer	(0880)5321
Sarah Hodgetts	534 5075
Rhonda Jackson	764 860
Veronika Muller	817 4880
Joan Skinner	457 124
Heather Waugh	524 0424
Jenny Woodley	292 8404
Carolyn Young	836 2770



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BRANCH CONTACTS

AUCKLAND	Brenda Hinton	787 614	
	Linda McKay	780 557	
CHRISTCHURCH	Maria Ware	669 374	
	Jeanette King	792 253	
DUNEDIN	Sally Pairman DM	775 046	
	Marilyn Stephenson	822 400	
EASTERN BAY	Robyn Easton DM	076 57900	
	Elsbeth Young	076 57895	
GISBORNE	Kathie Ufton-Roberts	74394	
HOKIANGA	Kali Judd	(Rwn)855	
KAPITI	Deidre Jones	(058) 37184	
	Mary Garner DM	(058)71355	
MANAWATU	Carey Aburn	89 258	
	Ruth Martis	62 354	
NELSON	Bronwyn Pelvin DM	Lwr. Moutere 807	
	Barbara Felber	68815	
NORTHLAND	Micky Harrower	Peria 542 (0889) 72 542	
ROTORUA	Jan Klausen DM	(073)74263	
	Marcia Drennan	82903	
STH CANTERBURY	Jan Drummond	Temuka 59 177	
	Patsy Sorenson	Timaru 86 584	
SOUTHLAND	Terryl Muir	(0228)7429	
	Marianne Monteath DM	(021)77858	
TARANAKI	Shelley Watts	78782	
	Jasmin Hales	86539	
TAURANGA	Anne Sharplin DM	(075)420 200	
	Val Edge	410 873	
TE AROHA	Sue van Dam	(0819)48889	
THAMES	Linda Gilmore	8820	Waihi
WAIKATO	Glenys Parton	551 842	
WANGANUI	Jan Harrison	44418	
WELLINGTON	Susan Moustafa	764 897	
	Madeleine Gooda	842 628	
WHANGAREI	Taya Van Roon	486 887	
	Agnes Herman	62 145	

If your group is not listed, or if you have had a change in contact persons, please send an update to:

Newsletter Collective, P.O. Box 7093, Wellesley St, Auckland.

STATUS OF THE NURSES AMENDMENT BILL 6.6.1990

The Nurses Amendment Bill was reported back to Parliament from the Select Committee (SC) on 29 May.

In introducing the Report, Judy Keall (Glenfield), chairperson of the Social Services Select Committee pointed out that during the hearing of evidence it became clear that if registered midwives were "to provide" comprehensive service and ensure the safety of mother and child that their role would have to be extended to include administration of medicines commonly used in low risk pregnancy and childbirth, routine diagnostic laboratory tests with ability to claim for the associated benefits and ability to refer women to hospital on the same basis as medical practitioners.

In other words, the Bill as originally presented would give midwives autonomy in principle only. In order to provide autonomy in practice and accountability, it would be necessary to amend six Acts and four Regulations.

Therefore, the Committee recommended that these amendments to the relevant Act & Regulations be drawn up by means of a Supplementary Order Paper (SOP) for consideration of the Committee of the whole House.

These would include further amendments to the Nurses Act 1977 concerning membership of the Nursing Council and Functions of the Nursing Council in relation to complaints under the Social Security Act 1964; to the Social Security Act, 1964 so midwives could claim maternity and pharmaceutical payments and refunds normally claimed by medical practitioners in relation to maternity care; to the Misuse of Drugs Act 1975 to enable midwives to prescribe, supply and administer pethidine, with accompanying Ministerial restrictions; to the Medicines Act 1981 to enable registered midwives to prescribe and administer prescription medicine; and to the Area Health Board Act 1983 to provide for registered midwives to have access to any area health board maternity hospital or annexe on the same basis as medical practitioners.

The Opposition — D. McKinnon (Albany), Kathleen O'Regan (Waipa) & M. McCully (East Coast Bays) — all approved autonomy for midwives — in principle, but definitely not in practice. All masked their opposition as concern over the S.C. practice and procedure which they claimed compromised the "integrity" of the House and the Select Committee; on the issues of "safety" and that "professional groups" would not get an opportunity to "have their say" on the SOP amendments.

Judy Keall acknowledged that concerns about knowledge and safety in practice had been raised by the College of N.Z. Medical Association, NZ College of Obstetrics and Gynecology, various hospital boards and the National Council of Women (NCW). These concerns, she said had been addressed by the S.C. and in order to guarantee the safety of mother and baby the present de facto functions of the midwife had to be identified in statute so that midwives would be legally accountable.

DARGAVILLE HOME BIRTH SUPPORT GROUP

The Dargaville Homebirth Support Group came into being when Elaine Hill (Whangarei Core group member) moved to Dargaville in October 1989.

The formation was deliberately timed to coincide with Home Birth Week, and we marked it with the first meeting of a Core Group, posters around town, and an interview with the local press.

Since then we have had a letter to the Editor, a press release, and a further article published. In April we had a display at a “Kids Expo”.

Although we have no domicillary midwife in Dargaville, Feliz and Lynley are able to attend from Whangarei.

We had one homebirth in January, and another due in July.

Our Core Group meets on a regular monthly basis.

MANAWATU HOME BIRTH ASSOCIATION

Greetings,

A big thank-you once again to our hard working domicillary midwives from all the 51 families who benefited from their services in 1989. Already this year we have had 15 home births.

- Our monthly meetings have an average of 40 people attending — we have a guest speaker every 2nd month from various organisations — Cot Death Society, Baby massage, New Mothers Support Group, LLL etc.

- Business meetings are held separately, with a whole influx of new women helping out.

- Preparation for natural child birth classes are now up and running — thans to Ruth Martis for holding these.

- Video evenings are held every 2 months at Glenda van de Vens home.

- Stretching for preganancy classes were held last year (thanks to a whole group of us) with displays at various spots around town and newspaper articles. This generated a lot of interest from the public.

- A home birth display was set up at the Health Fair run by Polytech. Nursing students, which also was well attended.

Our midwife situation fluctuates and declines as usual. We have 2 domicillary midwives working, Ellen Salmons and Carol Collins. Priscilla Baken has registered as a domicillary midwife. She is a Polytech Tutor and attends births only in the school holidays to help ease the load.

Ruth Martis worked till June as domicillary midwife, then gave birth at home to Annie. Since then she has worked actively with the Association and as a back-up for the other midwives.

Fiona Barnett gave birth to Tim in April last year. Sadly Tim died a cot death in June. Fiona returned to attending births shortly after, but now (since December) has decided to have a well-earned break from home birth.

We have decided to advertise for another domicillary midwife to work in our team. Carey Aburn

minister or doctor be extended to a midwife?”

- “The legal liability of midwives must be clearly understood by the midwives themselves and by the women for whom they are responsible”.

Both McKinnon and O’Regan waved the shroud on this legal liability which McKinnon called the “question of ACC”, saying that the midwife was being left “up in the air”, subject to personal liability in the courts. O’Regan maintained that the midwives were covered through their membership in NZNA, but the mother “may not be” covered for medical misadventure.

Jenny Kirk (Birkenhead) reassured the House that safety aspects had been carefully assessed by the S.C.. She adroitly turned the tables by recounting an incident told to the S.C. of a midwife in a small maternity unit who ‘talked’ an inexperienced doctor through the correct method of delivering an undiagnosed breech.

While the NCW questioned the adequacy of midwifery training, they do not question the initial and continuing education of doctors in the area of childbirth. This was brought to their attention by Lynda Williams in a letter (23.5.90) to Mrs. Jocelyn Fish, President NCW. She wrote, “As GP obstetricians have been responsible for the care of the majority of pregnant and birthing women in this country, their ongoing education must surely have been of considerable concern to NCW members. It has certainly been one of my concerns, and those of many other women who know from first-hand experience of the mismanagment and unwarranted intrusion in the pregnancy and birth of large numbers of healthy women in this country”.

McKinnon’s amendment was finally put and lost!

The House divided to consider the Report and this time ‘the ayes had it’.

On 31 May the Bill passed a second reading with no further debate.

The Royal College of GPs and RCO&G are getting together (according to National Radio news 6.6.90) to frame a submission to the S.C. on amendments to the Misuse of Drugs Act and the Medicines Act. They are opposed to midwives prescribing drugs, i.e. being autonomous in practice. Said the GP representative on IYA, “doctors are reluctant to give up something they’ve done for years”.

Karen Guilliland, President NZCOM said on the same programme that the “hospital system has woven an aura of mystique around childbirth”, and now, after 20 years in limbo, midwives with the support of women were about to assume their proper role in maternity care.

Many thanks to Helen Clark, Judy Keall and Jenny Kirk for their consistent and determined support in shepherding this Bill through the House. The midwives — and the mothers — of New Zealand will be forever indebted these three women for bringing about this revolutionary change in the status of midwives in this country.

Joan Donley

postnatal care for her.

August 1989 Karen and Bruno Watkins had James in Rawene Hospital. They organised with Ruth to come with them as midwife for their birth because she was a friend. Karen and baby stayed in hospital as they live a long way away in an isolated area.

December 19899 Raewyn had Mahana at home in Motukaraka with Hiraina and Huhana.

February 1990 Jo and Hori had Hereora in Rawene Hospital with Hiraina

April 1990 Adelle and Richard Clark had Aysha at home in Omanaia with Kali and Mandy.

April 1990 Anna and Dennis Muriwai had Ester at home in Kaikohe with Sue Bree, Mandy, Kali and Suzanne.

TAURANGA HOME BIRTH ASSOCIATION

This last year has been one of growth and change. The number of women in the Tauranga region having home births has increased from 25 last year to 36 this year.

Unfortunately, Anne Sharplin has stopped attending births due to family commitments but she continues to work hard behind the scenes not only keeping in touch with national issues, but also contributing to media articles, taking workshops, co-ordinating with Pauline Scott for a Direct Entry Midwifery Course at Waiariki Polytech Rotorua, and generally being a tower of strength for the Tauranga HBA.

Helen Parsons, who succeeded Anne, has also given up recently due to financial and other work commitments, but she too continues to offer her valuable support for home births. At present Joyce Simpson has agreed to book women in and we are delighted and grateful to have her services.

On the financial side, our local Community Organisation Grants Scheme (COGS) allocated funds for 2 of our members to be paid for postnatal support, promoting home birth, public relations work, newsletter writing and applying for extra funding. One of the many excellent jobs Maddie Maxwelll and Val Elgie did was to canvass the (then) Hospital Board to provide a linen pack, disposable equipment an oxygen cylinder and flow merer to the midwives. There is presently a request in for a nappy and/or Home Help Service. However, future funding from COGS is in doubt.

We have also been fortunate in receiving grants from other organisations, which has enabled us to cover promotional expenses for posters and pamphlets and to purchase a bleeper and foetal heart monitor for our midwives use.

To publicise Home Birth Week, a Family Health Seminar was held on October 28. Lynda Williams was an excellent guest speaker and we were very fotunate to have her attend. A variety of informative workshops were held in the afternoon.

Following last year's National Conference recommendation, six of our members attended a Project Waitangi course and found it really worthwhile.

1990 is shaping up to be as busy and fulfilling as 1989.

In peace and friendship, Wendy Conn, Secretary

MIDWIFERY PRACTICE: An Urgent Need

by Marsden Wagner

In every European country, there is a large group of practicing midwives. They far outnumber obsteticians. In no European country do obstetricians provide the primary health care for most women with normal pregnancy and birth. This pattern of having the midwives provide the majority of pre- and post-natal care, as well as being the principal birth attendants at uncomplicated births, is fundamental to the entire perinatal care system in the European region.

The implications of midwifery practice in Europe for the situation in the United States are profound. Every single country in the European region with perinatal and infant mortality rates lower than the United States uses midwives as the principal and only birth attendants for at least 70 percent of all births; that is, there is no physician in the room at the birth. This fact alone should dispel any notions that obstetricians are safer than midwives as birth attendants at uncomplicated births. There is also evidence that a strong independent midwifery profession is an important counterbalance to the obstetrical profession in preventing excessive interventions in the normal birth process.

Consequently, it is perhaps not surprising that in the United States one finds the highest obstetrical intervention rates as well as a serious problem with malpractice suits. The European experience and our data strongly support the urgent need for the introduction of widespread independent midwifery practice in the United States as a most important counterbalance to the present situation.

(Reprinted from Marsden Wagner's testimony before the US Commission to Prevent Infant Mortality, delivered February 2, 1988, at the United Nations in New York.)

Marsden Wagner, MD, (59) is a pediatrician, neonatologist, perinatal epidemiologist, and father of four. A native Californian, he has been living in Copenhagen, Denmark, and working for 12 years with the Maternal and Child Health Division of the World Health Organization, as regional officer for 32 European countries. His current work focuses on the demedicalization of human reproduction, pregnancy, childbirth and childhood.

WELLINGTON HOME BIRTH ASSOCIATION

MIDWIVES: Judy Skinner joined Mary Garner and Jenny Johnston as a full time Home Birth Midwife for the Wellington region. Beryl Davies and Sue Lennox are part time. The demand is growing.

SPONSORING: Weleda is donating money as members purchase their products.

PUBLICITY WEEK: Newspaper articles, Placenta Planting Picnic, Coffee mornings, Community Cafe helped spread the word. Kapiti group, as always, excelled. Wellington was low key as energy was being directed in to presenting the National Submission to the "Safe Options for Low Risk Birthing".

SAFE OPTIONS FOR LOW RISK BIRTHING: Madeleine Gooda represented Home Birth on this Health Department Committee. This was an excellent way of emphasising Home Birth philosophy and setting guidelines for future birthing women.

The lack of response from the HBAs when asked for input into this submission, was extremely disappointing.

NATIONAL COUNCIL OF WOMEN: Jean Fleming has resigned from this organisation, due to their unsupportive submission presented to Low Risk Birthing Committee and their lack of support for Autonomy of Midwives.

WELLINGTON WOMEN'S HEALTH COUNCIL: Established August 1990. Madeleine and Mary job share us representing us on this council.

NURSES AMENDMENT BILL: The views of Home Birthers were reinforced by sending each member of the Social Services Review Committee, a red rose, urging them to support this bill. Madeleine delivered these.

CHRISTMAS PARTY: Attended by many members. The annual event of filling baskets for midwives was again enjoyed by all.

CORE GROUP: We were all saddened in January by the death of Helen Dascent, who had contributed strongly to the Direct Entry Midwifery Training Group. Susan, moved to Melbourne in August, after many years of commitment. Other members moving on are Heather (Finance), Joan and Nancy (Library), Patries and Avis (Newsletter). To all these women and their supporters. THANK YOU.

TREATY OF WAITANGI: It was decided that individuals would seek out their own workshops/education, as there were many of these being offered within communities.

DOMICILIARY MIDWIVES STANDARD REVIEW: A questionnaire was formulated in consultation with consumers and midwives. This system is successful.

ANTENATAL CLASSES: These have been re-vamped by Vicki Wall and Cushla Maher with a new format, book and presentation.

WATERBIRTHS: Popular. Janet Nixon (the chef at Wellington Conference) had a positive experience. She recorded this in a monthly newsletter.

FUTURE??? Avenues we need to examine — EDUCATION; FUNDING; ENERGY LEVELS; SUPPORT FOR CORE GROUP; COMMUNICATION BETWEEN AREAS; LIAISON; WATCHDOG EG. FOR AREA HEALTH BOARDS AND HAVING FUN.

Letter to the Editor

To the national newsletter collective —

I have just read national newsletter no. 46 Autumn 90, and was most interested to read the "Excerpts from a letter from Alice Scholes" page 14.

Why were only small excerpts of her letter published - there are other articles in the newsletter that are longer than 3 pages.

I would have preferred to read half of her actual letter (or however much you could 'find room' for) than over a page of the little bits you chose to publish, along with your view of what she had written — it was very difficult to tell how she felt about the issues. Do you regularly write "about" peoples letters, rather than publishing them?

It's important to give readers all the information, not just the bits you want them to have.

Can you please send me a copy of Alice Scholes letter in full?

Later in the newsletter, the collective asks for birth stories — I sent you my birth story two years ago and it has never been published — do you only publish the birth stories you think are suitable for homebirthers to read? Neither was my story returned with any reason for not publishing — with a newborn babe and 2 other small kids, I hadn't written that birth story in my spare time — I wrote it for the newsletter because its important that women can read home birth stories about breech births. Who is the newsletter collective?

Sincerely,

Kali Judd

I look forward to hearing from you.

Reply

Financial constraints were the main reason that Alice Scholes' letter was not published in full. Alice does not subscribe to our newsletter nor does she contribute in any way to, or have an accurate understanding of, homebirth in NZ. We therefore felt no obligation to reprint her letter in full. She did however, raise the issue of user-pays vs. fully subsidised maternity care. From time to time it has been suggested (often by politicians) that the financial woes of our domiciliary midwives (DMs) would be solved if they charged independently. Alice is the first to suggest that women would value midwives more if they had to pay directly for their services. We acknowledge that home birth has always been subsidised by our DMs, who, by choosing to accept payment via the Maternity Benefit, are working for substantially less than their hospital based counterparts. However, the Home Birth Associations of Aotearoa have always maintained that women are entitled to fully subsidised Maternity Services. We have therefore put hours of voluntary work in to lobbying the Government to acknowledge their responsibility to women by regularly reviewing and upgrading the fee paid to DMs. Rather than seeing this method of payment as degrading the relationship between mother and midwife, we see it as an essential acknowledgement by the state of the value of women's contribution to society through their

gynaecologist was full of praise for the methods used and courtesy shown in resolving some differences of opinion about a case.

We are at present drafting a questionnaire to be used by the DMSRC to assess client satisfaction with the services provided by the midwives.

We applied for and received a grant from the McKenzie Foundation to fund the production of a new Home Birth video. We have a keen film-maker who has done a lot of the groundwork and is hoping to film two more births before editing begins.

We are also in the process of drafting a pilot scheme to get home help for home birth and early discharge mothers for two weeks post-partum as of right. As the scheme develops we will try to interest the Area Health Board to liase with us on this.

To conclude, we feel that we have accomplished quite a bit this year, especially in proportion to the number of active committee members. In the future we are looking forward to more participation from other members of the Auckland Home Birth Association.

Kate Jaunay

THAMES VALLEY HOME BIRTH ASSOCIATION

There have been 25 homebirths in the area during the past year thanks to the support of doctors Grant Jackson, Christine Rushton and Dave Colquhoun.

Grant Jackson, from Tairua, has been travelling to Waihi and Paeroa to attend homebirths. Thames Hospital Obstetric Standards Review Committee (namely Mr Harison) had Grant's contract with Waihi Hospital cancelled last year, which means that all those women from Tairua and Whangamata who would normally have given birth at Waihi Hospital now have no choice but to go to Thames if they want Grant to be the attending doctor. Harison asked Thames Hospital in November 1989 to cancel Grant's obstetric contact with them. The hospital administration has not actioned this request but it has been handed over to the Waikato Area Health Board's new Obstetric Review Committee (ORC). Many women from this area have sent letters of support to Grant to forward to the ORC. There has been no consumer complaint against Grant that we know of, only from some staff members at Thames Hospital! We all feel that it is to Grant's advantage that the ORC is now based in Hamilton and that Harison's control over obstetric practices in this area has finally been dissipated.

We organised a weekend workshop on Birthing in Thames last July which was well attended. Pauline Scott, childbirth educator from Tauranga, ran the majority of the sessions. Two midwives from Thames Hospital attended.

We have been having monthly meetings with the Thames Obstetric Manager, Chief Nurse of the Thames Annexe, a paediatrician and the General Manager of the Northern Zone of the Waikato AHB. So far meetings have covered:

- | | |
|------------------|---|
| First meeting - | Homebirth and GP attendance at homebirths |
| | Minimum standards |
| | Postnatal care |
| | Autonomy of midwives |
| Second meeting - | Homebirth as part of total maternity care. We discussed setting |

HIGH TECHNOLOGY: THE CASE OF OBSTETRICS

by Brigitte Jordan

Obstetric high technology is eagerly received in developing countries, where hospitals in which it is enthroned assume a disproportionate amount of the health care budget. In Senegal and Tanzania, for example, high-tech hospitals absorb more than half of the total money available for health care, while serving only five percent of the population.

The benefits of the new technology need to be weighted against the hazards of obstetric interventions and invasive procedures which may prove harmful for mothers and babies. In Yucatan the traditional method of treating the newborn baby's umbilical cord is to cut it with a fresh slice of bamboo and then to slowly and carefully cauterise the stump in a candle flame. Now indigenous midwives are instructed to cut it with scissors and to use alcohol and thiomersal. But in a hut without any boiling water it is impossible to sterilise scissors properly and dabbing on alcohol is less effective than burning the stump.

An important characteristic of low technology is that it is simple and easily obtained, interchanged and replaced. It is enmeshed in the cultural matrix. Yet it is much easier to transport the high technology, and the procedures that go with it, than this low technology that is anchored in culture. In Africa, for example, a woman may hold a rope slung from the rafters during labour, but no one is going to transport ropes from Africa so that women in the West can do the same. There is no fortune to be made out of selling them.

The introduction of high technology has profound effects on the social system. In agriculture, development projects have benefitted men, but have led to reduction in women's status and narrowing of the range of options open to women. In childbirth, high technology is associated with a hierarchical system of power and decision-making, since the information necessary to make decisions is embedded in the technology itself, and only experts control it. When low technology is available, decisions about the right course of action are made by everyone involved in the process of childbirth.

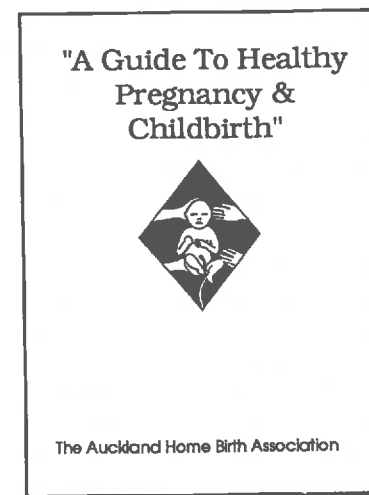
Appropriate technology — though central to the theory and practice of primary health care — has never been clearly defined. There is a need to question the effects of all new technology on the social systems into which they are introduced.

Abstracted from World Health Forum, vol. 3 1987 pp. 312 - 33.

some patients, by suggesting that people write to the general manager of the Area Health Board demanding that a Patient Code of Rights be put into place as soon as possible.

Lynda Williams has a disarming way of saying, "No one knows how much power I'm supposed to have, so when I ask for something, they hesitate to say no." I can only hope that when all the other hospitals in NZ get a patient advocate, they get one as accessible and efficient as she is.

Kate Jaunay



The revised and enlarged edition of the booklet "A Guide to Healthy Pregnancy and Childbirth" is now available from the Auckland Home Birth Association.

Topics covered in the booklet include: — a comprehensive chapter on nutrition; a chapter on natural remedies for common ailments of pregnancy; information about the risks of smoking, alcohol, drugs, STDs, ultrasound and other sources of low level radiation during pregnancy; preparation for labour including techniques for turning a breech baby; recovery after childbirth; breastfeeding; and contraception.

Booklets cost \$12 each — please add \$1 p&p.
Orders to — Auckland Home Birth Assoc. P.O. Box 7093

don't push, a tight stretching sensation and the head is out. I can't see they have taken the mirror away. The mirror is back: A FACE! A REAL BABY FACE! All squashed and blue and warm and soft like a horse's muzzle.

A connection suddenly hits me between purpose and product. All that, for this one moment, this one special exhilarating moment of discovery. She's real! She's my baby!

She's a baby not quite born with her right hand beside her ear. The midwives rotate her and draw her out gently by hand. She's on my tummy, in my arms, turning pink before my eyes. I stare in amazement. A moment to savour for the rest of my life. Second stage had taken 49 minutes. First stage had taken nearly 49 hours. Erima Jade had been born at 3.15 am on Sunday 19/11/90.

My previous daughter had been born by caesarian 36 hours after a painful posterior labour that failed to progress. The decision to transfer was made when, after an internal found me 2 cm dilated, my partner and I found ourselves exhausted and lost for answers. I accepted an epidural, sleep, and when a further 10 hours had made no difference, a caesarian. I recovered quickly in one sense and although I felt at the time that we had done everything we could, I became increasingly aware of my disappointment. I was depressed, often sick, over tired and I felt my body had failed me. Over the next few years I became increasingly less confident of my body's abilities in all sorts of ways.

Four years later, I began the process of overcoming my own fears and doubts whilst trying to convince others that I did not automatically deserve theirs. The doctors I saw believed that a caesared uterus was a weak uterus. I was labelled high risk. Some doctors conceded to trial of labour. Four to eight hours of supervised labour. I was not interested in the word "try" or "trial"! It implied a lot of doubt. I was going to do it, not try to do it.

I believed I was strong. I knew that by the time the baby was born I could deal with my fears and I just really wanted to do it. I realised however, in the process of working through my doubts that this was not a time to prove anything. Nor was it a time to reclaim my physical integrity or try to prove I wasn't the failure I had made myself out to be. This was a time when I simply had to let go of all my expectations and just have faith that the outcome would be a good one.

Despite these understandings, I went into labour with some unresolved fears and another birth (my first) to relive before I could orient my focus to the baby inside me now.

At midnight on November 16, I awoke with stronger Braxton Hicks contractions than I had had in this pregnancy so far. I should have realised the night before that Erima had begun sending messages that her birth was imminent. The night before the whole family had woken up in the early hours of the morning. Skylen has always been a good sleeper and this was highly irregular behaviour on her part. We all went for a walk in the dark to get rid of some of the nervous energy that was

RESTORING MANA HER VISION

By Janet Hetaraka

Stephanie Palmer has a vision she hopes can be reached within the next 10 years when rape and incest will no longer exist because respect for women and the mana they carry as the child bearers of humanity will be properly understood.

Her interest, as a psychology lecturer and mother of two sons, is in restoring mana, particularly of Maori women.

Ms Palmer has just received funding from the Social Sciences Research Funding Committee to do her doctorate thesis on Maori birth issues.

The first phase will be an evaluation of Maori women's feelings and experiences of hospital births, the second will be to implement an antenatal system for Maori women, and the third phase and main purpose of her research will be to show how such an antenatal system can empower Maori women in the birth process and enhance their cultural identity.

Ms Palmer, together with Toni Silva, formerly of Whangarei and now a Waikato University student, led a workshop on these issues at the National Home Birth Conference in Whangarei on Saturday.

While this was the first home birth conference the women had addressed together, they are trying to spearhead a true Maori homebirth movement based in Hamilton.

"Our mana has been lost through colonisation and oppression," Ms Palmer said.

In Coromandel, where Ms Palmer comes from, women now face journeys of up to 100km to the nearest hospital. Living now near Waikato Hospital she sees women being regularly flown in by helicopter from all over the country.

"We have to empower Maori women to take birth back and keep it away from the professionals as much as possible and put it where it really belongs," she said.

Ms Palmer plans to return to her people in Hauraki and call a hui on the well-being of Maori women in birth, to bring together all and any women involved with the birth process.

"We have to find what we can do to get it back and recognise the role of the kuia and the whanau," she said.

Reprinted from Northern Advocate 14 May 1990

mind what I said and did. I explained to her that I needed her to help me through this step by step because it was no easy matter to try to totally relax during the kind of contractions I was having. We practiced breathing very slowly to a count. She massaged my tense shoulders and we tried imagining the breath as white light coming in, activating my cervix.

Cheryl did another internal at about 10am but she gave up the idea when it proved a bit difficult. I succeeded in relaxing and the contractions began to slow down and become less intense. Saturday became a time of retraining, going beyond my previous birth experience, relaxing and restoring a bit of energy and righting the baby who kept slipping into a posterior position each time I lay down for an internal. In the afternoon, the contractions were so far apart and slight that I decided to go for a walk. I had started labour, the last thing I wanted to do was have the labour give up the ghost.

I came home and after yet another shower, I found all the others relaxing in the backyard. Peter was weeding, Cheryl was knitting and Leesa and Skylen were stocking up on chocolate. I walked slowly around the backyard chatting and joking and suddenly the contractions began again. They were stronger, longer and more intense than any I had had previously. I was certain that this time something was really happening. We all felt very positive and energised by the power of these contractions. I kept on drinking and eating barley sugar and taking large quantities of calcium. (I'd read somewhere that it was a way to help cows who were having a hard time trying to give birth.) More hot nappies, I tried moving from place to place to find a more comfortable location. Nothing much helped. I just had to get through it. Peter guided me. I felt his presence strong and sure. He helped me focus on my breathing and reassured me. I began to feel like I was reaching the outer limits of my known self.

Hot nappies were no longer helpful. It was 10pm on Saturday night. I agreed to another internal examination, thinking I must really be close to full dilatation. I was 2cm dilated. It had been 6 hours of really strong labour and 35 hours of contractions. I felt that this was the limit of what I was prepared to endure for my desired vaginal birth. Under a hot shower, I digested my feelings of the caesarian I would face at the hospital. I wanted it all to be over very quickly now. What I most wanted to avoid — was happening, and I had to let go of my fear of another operation. I had to face surgery again.

What I also knew was that there would be delays at the hospital and I wasn't keen to put up with any more of these powerful contractions which seemed to be going nowhere. I emerged from the bathroom in a fighting mood. I would not stand for any contradictions or anyone doing anything more than obeying my demands. Peter wasn't even able to sip his coffee before we were in the car heading for the hospital.

My personality, normally so controlled and patient, had undergone some sort of transformation in just a few hours. I screamed through the contractions and yelled

9. The Home Birth Groups of Aotearoa oppose the transfer of domiciliary midwives to the supervision of secondary care services, i.e. hospital managers of maternity services, within Area Health Boards. Domiciliary midwives are primary health care workers and should remain under the supervision of the primary health care division of the Area Health Boards. Any change to the conditions of employment without the consultation with the Domiciliary Midwives Society contravenes their contract.

RECOMMENDATIONS OF THE 1990 CONFERENCE

1. That the Home Birth Associations of N.Z. agree to contract Alex Gillanders to continue to process (at \$3.00 per form) Home Birth Statistics for the initial period of one year.
2. That we propose Auckland and Wellington H.B. Associations liase to put a funding proposal together to continue this service.
3. That the conference send letters in support of Midwife Autonomy to Judy Keall, Don McKinnon, Helen Clark, and George Salmond, (P.O. Box 5013 Wellington). That Madeleine Gooda give copies of all remits to all M.P.s. That all the associations send the above letters as well.
4. That each association appoint a person responsible to liaise with Wellington H.B.A. and contribute to the national newsletter. That each association encourage all members and appropriate institutes to subscribe to the national newsletter. That the National Newsletter be reviewed in twelve months.
5. That in recognition of the Treaty of Waitangi individuals within the Home Birth



MIDWIVES CLAIM "RIGHTFUL ROLE"

By Adlia Ferguson

A demand for women to have the right to say how their babies are born came through loud and clear at the national home birth conference in Whangarei yesterday.

Both speakers and audience in a debate on the autonomy of midwives applauded imminent law changes which will give midwives the right to attend births without a doctor, and called for the education of the medical profession and public on the role of midwives.

Domiciliary Midwives Society secretary Bronwen Pelvin of Nelson said international definitions of midwives said they were trained practioners, whose job was to support the birthing mother.

In New Zealand, midwives were prevented from doing this by a law which said they were not allowed to attend births on their own.

"In New Zealand we have women who are trained and qualified as midwives but are not able to fulfill this role. Most of them are hidden away in hospitals and invisible to women in the community."

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In the News...

"TOXIC FOOD HAZARD FOR AILING BABIES"

..by Donna Chisholm

Reprinted from the SUNDAY STAR

April 8 1990

Bottle-fed babies are drinking formulas contaminated with aluminium — but medical authorities and pharmaceutical importers say healthy children are not at risk.

A study published in Australia's Journal of Paediatrics and Child Health analysed 25 formulas, most of which are sold here. All contained aluminium, and one formula had 35 times more aluminium than a similar sample of breast milk. The highest levels were found in soy-based formulae.

Babies born prematurely or with kidney, stomach or bowel disease, absorb aluminium more readily and are at greater risk of toxicity. There were cases of aluminium poisoning in babies on intravenous feeding or having renal dialysis.

A senior food technologist at the Health Department, Judy Barker, says the department has advised health and hospital boards that soy-based products are not suitable for premature infants or children with kidney problems.

A department survey about three years ago had found all formulas on sale in New Zealand well within World Health Organisation intake guidelines, but confirmed soy-based products had higher aluminium levels. Another survey may be launched if resources permit, she says.

Eric Giles, managing director of John Wyeth and Brother which imports the popular Isomil soy-based formula, says research showed the aluminium content in the product was five times lower than WHO guidelines.

The Australian study found breast milk contains the least aluminium with an average concentration of 49mcg a litre of milk.

The cow's milk formula Nana, made by Nestle, had the highest level with 1463mgc/l but the researchers say the company has worked hard to reduce the contamination and the latest readings are acceptable.

"FLU VACCINE SUGGESTED"

Reprinted from the NZ HERALD APRIL 18, 1989

A team of Auckland researches say consideration should be give to introducing a vaccine in New Zealand against hemophilus influenza type B—a common cause of disease in children under five.

Writing in the latest Medical Journal, the researchers said a new vaccine has been licensed in the United States for children over 18 months and because of the disease's significant associated illness and death rate, its use should be considered in New Zealand.

They said the disease was a common cause of illness in children, especially those under five, and was associated with a variety of other diseases including meningitis, septic arthritis, cellulitis (inflammation of the hinged-lid type structure above the larynx),

HOMEBIRTH WINTER '90 33

become more client centred but could, as easily, result in services being cut to such an extent that they satisfy only the bureaucrats and the ledger books. In these upheavals the needs of those parents and professionals choosing homebirth could be forgotten altogether unless the Home Birth Groups of Aotearoa are vigilant and can clearly present the benefits of a comprehensive homebirth service to the decision makers.

All these issues and concerns could have filled hours at Conference, as it happened the time available for homebirth business at Conference was further diminished by a misunderstanding which threatened to foreclose the Conference altogether. The mandate from the 1989 Home Birth Conference (which had been the first bicultural Home Birth Conference) was that the 1990 Conference should also be bicultural. The Whangarei committee which organised the Conference was, however, totally pakeha and they had unwittingly overlooked an essential element of biculturalism - equal partnership - in this case in the planning of the Conference. The Whangarei group had allowed for Maori input into the Conference but it seemed that this structure had not been discussed and worked out with representatives of the local tangata whenua. As a result the Conference was not able to commence when scheduled and once it did get underway the programme ran several hours behind the allocated times.

Any gaps that appeared in the programme on day one were promptly filled with reports from the various Home Birth groups throughout the country. By Friday evening we had heard from most groups and had noted down many topics which needed further discussion. Late Saturday afternoon we persuaded representatives from as many groups as possible to forgo workshops and meet to formulate remits and resolutions. A few stalwarts who had been able to come to Conference without children worked on till late into the night to fine-tune the wording, type up and copy these so that they would be ready to present to the final general meeting on Sunday morning. This meeting hurriedly worked through the remits etc incorporating changes and additions from the floor as they were suggested. There was no time left to discuss these new clauses/remits, consequently several ended up being, at least in part, incomprehensible and ungrammatical.

The Auckland delegates came home feeling that a huge amount of unfinished, indeed unstarted, business had been left undone. Whilst the Conference had provided some insights into biculturalism for many pakeha present, it had done little to unify and strengthen the directions of the homebirth movement in New Zealand.

Brenda Hinton



In the News....

"VACCINE FIGHTS THREE AT ONCE"

Reprinted from NZ HERALD 24 April 1990

The Health Department is stepping up its fight against measles, mumps and rubella with the introductions in November of a new combined vaccine.

The Minister of Health, Helen Clark, said the department would also extend its national immunisation programme to give children aged from 12 months to 15 months protection from the diseases in a single injection. The existing programme covers 11-year old girls and susceptible women of childbearing age.

Helen Clark said the new vaccine would reduce the incidence of rubella and virtually eliminate measles and mumps if delivered to 90 to 95 per cent of all children of 12 to 15 months.

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