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NEWSLETTER ▲ No. 51 ▲ WINTER /SPRING '91

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Dunedin Home Birth Assn.
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c54 Earnslaw St.
INVERCARGILL

Christchurch Home Birth Assn.
BOX 2806
CHRISTCHURCH

Canterbury Home Birth Support Group
P.O.Box 35064
CHRISTCHURCH

South Canterbury Home Birth Assn.
c/ Mrs C Burke
Hilton R.D. 25
TEMUKA

Nelson Home Birth Assn.
Box 59
NELSON

West Coast Home Birth Assn.
c/- Steve and Chris Johnston
Cromton Rd,
NGAHERE, WEST COAST

Hokitika Home Birth Assn.
c/ Jill Stewart
P.O. Box 290
HOKITIKA

Far North Home Birth Assn.
c/-Colleen Olsen
25A Kitchener St
Kaitaia

Whangarei Home Birth Support Group
P.O. Box 3199
Onerahi, WHANGAREI

Hokianga Home Birth Support Network
c/- Kali Judd
Ohuri Road, RD3
KAIKOHE

Auckland Home Birth Assn.
Box 7093
Wellesley Street
AUCKLAND

Thames Valley Home Birth Assn.
c/- L. Gilmore
Boundary Road
WAIHI

Waikato Home Birth Assn.
Box 12099
HAMILTON

Tauranga Home Birth Assn.
Box 9001,
TAURANGA

Eastern Bayof Plenty Home Birth Assn.
c/. Michelle Ingle
10A Strathmore Pl
WHAKATANE

Taranaki Home Birth Assn.
P.O.Box 5063
NEW PLYMOUTH

Gisborne Home Birth Assn.
c/- Kathie Ufton - Roberts
10 Riverside
GISBORNE

Manawatu Home Birth Assn.
Box 733
PALMERSTON NORTH

Wellington Home Birth Assn.
P.O.Box 9130
WELLINGTON

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Thank you for your support

Editorial

Here at last is the newsletter. It's become so large and has taken so long to put together that we've decided to make it a double Winter & Spring edition.

You can catch up with what your AHBA committee has been doing by reading our AGM & Conference reports. Since these annual meetings, the "transfer" issue and the draft contracts to give midwives, as well as doctors, access to Area Health Board facilities, have consumed much time and energy.

Provision of maternity services was one of the few areas of our daily lives left untouched by the July budget. It's a relief to know that Maternity Services will continue to be fully subsidised for a few more months. It's anyone's guess what may happen in 1992. It seems certain that whatever remains of the Maternity Benefit will be administered by the new Regional Health Authorities. Let's hope the structure of this is set nationally so that we don't have a situation where homebirth practitioners are paid differing amounts for their services depending on where they live.

It is important that all those who support homebirth are vociferous in their support — write to the Minister of Health, your local MP, your newspaper etc at any opportunity & encourage your friends & relations to consider the homebirth option. In these days of macro-economics the less than 2% of us who give birth at home could be easily overlooked.

The AHBA will be doing its best to promote homebirth during the next year, with information & publicity events for homebirth week at the end of October and again in May 1992 during the national homebirth conference, which we are hosting. If you can help with energy and ideas for these events please contact us soon.

B.H.

FUNDRAISING FUNDRAISING FUNDRAISING

The Auckland home Birth Association needs to organise events to raise funds for the 1992 HOMEBIRTH CONFERENCE which is being hosted by Auckland.

Events which have so far been suggested include —

(1) hiring a movie theatre for a private showing of a selected movie,

(2) organising a games evening eg Pictionary, Trivial Pursuit.

If you can help organise either of these or have suggestions and/or energy to put into other fundraising ventures please contact the AHBA as soon as possible Phone 780 557.

AUCKLAND HOME BIRTH ASSN A.G.M. REPORT

The AHBA AGM was held on 13 May 1991 and was attended by 10 members with apologies from a further five. Minutes Secretary Kate Jaunay gave a report of the year's work done by the committee. Excerpts follow:

The first project up was the drafting of a Home Birth Evaluation Form. This will provide consumer input into the annual midwives review process. Thanks to Rhonda Weeks, Geoff Bridgeman & Jackie Tyrrell for their help with this form. (Although it was still in draft form at the 1991 AGM it is now complete and is being sent out to women who have recently given birth at home.)

1989-90 saw the Nurses Amendment Bill moving through the Parliamentary process. We sent several submissions and letter of support at each stage of this process. When the National Party threatened to withdraw its support for this Bill we made numerous phone calls to National M.P.s reminding them that this Bill had the support of the women of N.Z. The Nurses Amendment Act, giving midwives' autonomous practitioner status finally passed into legislation in October 1990.

The revised version of "A Guide to Healthy Pregnancy and Childbirth", which is given to all prospective homebirthers who register with the AHBA, was printed. This book has sold extraordinarily well to individuals & organisations outside the HBAs. We estimate that we have enough copies left from the print run to last until early 1992.

The AHBA has kept up a steady stream of funding applications during the year. The ASB assisted with the cost of producing "A Guide to Healthy Pregnancy". COGS rejected our application for funding to pay a coordinator and/or to cover the costs of printing & posting the Home Birth Evaluation Form. The North Shore Presbyterian Trust granted money towards the cost of a computer. We have bought a Mac Classic which will enable us to collate and analyse statistics, and info recorded on Domiciliary Midwives Standards Review Committee review forms, the Home Birth Evaluation form etc. A further grant from AMAT has enabled us to buy a printer & software for the computer and to pay expenses for some of our workers. We finally finished the new Home Birth video, with the assistance of a grant from the J.R McKenzie Trust.

Our other major fundraising success for 1990 was a joint effort with the Ak. Branch of N.Z. College of Midwives. We organised a public performance of the women's comedy collective, "A Girl's Gotta Eat". After all the bills were paid we shared the $2,000 profit.

During the past year or so the Auckland Area Health Board (AAHB) has been reviewing the whole Maternity Service. We have sent submissions a t every stage of this process but have become a little cynical about the outcome. Submissions are invariably requested within days of the draft proposals etc. becoming available. The process which started with a huge drive for consumer consultation seems to be coming increasingly dominated by the

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SOUTH AUCKLAND

Topics and venues for the last meetings of the year areas follows:-

Wed 18 Sept	Postnatal Depression	Weymouth Playcentre
Wed 9 Oct	Immunisation	Weymouth Playcentre
Wed 6 Nov	Shared Lunch	Waihoehoe Rd, Drury
Mon 2 Dec	Active Birth	Papakura Resource Centre

For further information about these meetings please phone Karen 294 7294.

FRANKLIN

The Franklin Homebirth Support Group has organised the following meetings for the remainder of the year:

Sat 14 September —Workshop on Pregnancy Bodywork at Karioatahi Community Hall, 9am - 4pm with Wintergreen — a midwife and naturopath from America. Learn to work with your pelvic bones and muscles, practise positions for birth. Easy to learn and a great aid for labour. $40 for the day. Bring food for a shared lunch. Breastfed children welcome— bring your own toys.

Saturday 5 October— A day long workshop on Herbs for Pregnancy, Birth,and Babies with Rixt Zenhorst— medical herbalist and aromatherapist. Learn how herbs, aromatherapy & Bach Flowers can help you deal with common pregnancy discomforts, eg nausea, and herbs to assist with labour and common childhood ailments eg colic, teething, minor illnesses etc. A fun day with some practical work eg making of oils, creams. Cost $40 plus expenses for oils etc. Bring food for a shared lunch. Breastfed babies only please — bring your own cots.

To book for any of these workshops please phone Rixt Zenhorst (09)235 7057 evenings or daytimes leave a message on the answer phone.

RAPE STUDY PROJECT 1991

June Young and Robin Mariane are doing a Rape Study Project for Auckland Rape Crisis.

We would like to hear from any woman who is interested in telling her story of her experience of going through court, the contacts she had with various organisations and officials and how she feels about what she experienced.

We are interested in covering cases from 1987 onwards.

The information gathered will be used to put together a booklet to help women who will go through the same procedures in the future.

Any information supplied will be treated with absolute confidentiality.

Our contact numbers are: June 72 6969, Robin 72 7431

Robin Mariane has been involved with Rape Crisis for 8 years and June Young is a private counsellor.

professional hierarchy & administrators.

This process of consultation has, however, resulted in the formation of the Maternity Services Consumer Council (MSCC). This is an umbrella organisation of many groups in the Ak. area dealing with maternal /infant health & welfare. The AHBA has a representative on this council which enables us to network with other groups and keep an eye on what is happening in the Maternity Services.

Apart from submissions & letters of support mentioned, we also wrote in support of Direct Entry Midwifery,contracts for midwives to use Area Health Board facilities, the ban on tobacco advertising & Smoke free Environment Bill, the Health Commissioner Bill and the Health Research Bill.

Towards the end of 1990 we began to discuss the possibility of renting office space. We had hoped that the passing of the Nurses Amendment Act would render the Association redundant, in fact our workload has increased. We also have more office equipment, boxes of books & promotional materials, files of archives etc which can no longer be stashed under committee members beds & on the end of kitchen tables. After the passing of the Nurses Amendment Act midwives Rhonda Jackson, Heather Waugh & Sian Burgess asked if we would like to share premises with them, so in January we moved into rooms at 40A Sussex Street. We now have a permanent venue for meetings, display & promotional material and room to house the past & present work of the AHBA.

The Auckland Domiciliary Midwives Standards Review Committee which is administered by the AHBA is operating more effectively & efficiently each year. All midwives reviewed in 1990 used the standard form so with the help of our computer we will now be able to collate & analyse information presented at these reviews.

The restructuring of the Health Services announced in the budget will ensure that any members who wish to join the AHBA committee will not be bored. If you're interested you're welcome to attend our monthly meetings.

This report was followed by the Treasurer's Statement which is reproduced below::

STATEMENT OF RECEIPTS & PAYMENTS FOR THE YEAR ENDED 31 MARCH 1991 (TREASURER'S REPORT)

RECEIPTS		PAYMENTS	
Registrations	14490.00	Newsletter (print & postage)	9265.71
Subscriptions	4837.50	Postage/tolls/stationery	1831.69
Donations	225.00	Photocopying	1057.41
National newsletter	55.00	Support & antenatal exp..	1888.63
Sales/Advertising	661.00	Fund raising exp...	2506.17
Fund raising income	4 410.50	Printing/Books etc...	116.71
Books & video sales	49.00	Meetings & conferences	(271.90)
Photocopying	51.00	Advertising & Publicity	13.00

Bk... Grant-ASB Trust	1000.00	Subscriptions and Books	115.08
Computer Grant (Pres. Trust.)	2000.00	Video Production	797.63
Interest	552.25	Office Equipment	592.85
Booklet	5261.30	Rent Paid	975.00
		Power/Insurance	312.70
		Booklets - costs	6941.26
		Withholding Tax Paid	89.99
		Sundry Payments	141.58
Excess Expenditure over Income	0.00	Excess Income over Expenditure	7219.04
	$33592.55		$33592.55

Next Joan Donley gave the Domiciliary Midwives' Annual report. Extracts follow:

Auckland Domiciliary Midwives Report 1990

Twenty-five Domiciliary midwives (DMs') attended 487 home births in the Auckland Health Board area in 1990. In round numbers there were 18,000 births in this area, which extends as far north as Warkworth. Therefore 2.7% of births were planned home births.

The case load of individual DMs' ranged from 1 to 66 with 12 DMs attending 404 of these births. Transfers (A/N, intrapartum & neonatal) were >60 = 12%. (These stats. were collated from Ak. HBA newsletters so I don't have exact figures for transfers).

There was one intrapartum stillbirth.

DMs' also cared for 111 women opting for early discharge despite a certain amount of opposition from National Women's Hospital to this option in preference to the community midwives who often have a case load of 15 to 18 postnatal visits a day.

There were 31 labour supports, with one DM attending 17.

In addition, there were 47 births at Helensville Birth Centre with 4 transfers plus one antenatal transfer. DM Margaret Falconer attends these births, she also did 11 home births. DM Janet Thomas had a daughter, Kelly last December and I caught a grand-daughter, Vanessa in March.

Mary Hammonds left us for Dunedin and is expecting a baby in September. We miss you Mary for both your DM and political input. Joan Skinner has returned to Wellington — our loss and Wellington's gain.

We owe Helen Clark an eternal debt of gratitude. She not only affirmed her confidence in the role and competence of midwives, she also stood up to strong opposition from medical interests. Midwives can now assume total care for the normal pregnancy cycle. I have been surprised at how quickly women have demonstrated their preference for total midwife care. An ATI midwifery student told me that Family Planning have many enquires from women for midwifery care

AUCKLAND

Twenty-five DMs attended 487 home births, 2.7% of the births in the Auckland AHB area. Twelve DMs attended 404 of these births. Transfer rate - 12%, one intrapartum neonatal death. Auckland DMs are not able to attend DOMINO births as we still do not have a contract with the AHB. These are being delayed by the same managerial mind set as exists in Waikato. However, some midwives who work part time for the Board at NWH are able to get managerial permission to offer DOMINO births using NWH facilities. Most of these MW's would not consider attending a home birth!

Relationships which were good at NWH have deteriorated since the amalgamation with St Helens. DMSRC reports comment that,"attitudes are reminiscent of a decade ago", "continuity of care and consumer choice seem now to be empty words" and lament a "return to 'increasing bureaucracy" and the fact that "lip service is being paid to natural birth" "Power is with the staff, not with the woman".

The DMSRC is functioning well, thanks to the 'consumers' who put in many hours of unpaid time and effort to make reviews the success that they are.

J.D.

ANTENATAL MEETINGS

NORTH SHORE

The third series of antenatal information evenings to be held on the North Shore is currently underway. The nex t 5 week series will begin on the first Thursday in November. These meetings are held in Takapuna. If you are interested in attending, please phone Barbara Glass 478 5906.

P.S. Barbara would like some people to help organise these meetings — if you can spare some time later this year or in 1992 please phone her to offer your assistance.

CENTRAL AUCKLAND

The next series of antenatal information evenings for central Auckland will begin on Wednesday 9 October. This 6 week course will be held at Carrington Technical Institute in Mt Albert. If you are interested in attending these meetings please phone Claire 524 6836 or Debbie 864 794

WEST AUCKLAND

A series of antenatal information evening is currently underway in West Auckland. The final series for the year will commence on 26 October. This 5 - 6 week evening course will be held in the antenatal education rooms at Waitakere Hospital. If you are interested in attending these evenings please phone Trish - 837 0484 or Cathy - 833 64296.

EAST AUCKLAND

Eas t Auckland support group continues to hold monthly "coffee mornings" on the first Friday of the month at 10am in the Mt Wellington Plunket Rooms (behind Big Fresh). Homebirth information evenings are held once a month at various venues. For further

THAMES

With the support of GP Grant Jackson (and now DM Robyne Bryant who completed her midwifery training at ATI last year), home births are increasing in the Thames area—despite Harison's (Obstetrician Thames Hosp.) continued determined "opposition" which he claims "remains unaltered".

In a "resume of relevant events" (17 April 1991) Harison self-righteously outlines his interpretation of the events "leading to the perceived obstetric difficulties" in Thames. He puts these down to "fundamental clashes in ideology". He mentions "opposition from people living on communes" (Coromandel) and problems with GPs "who were being unwittingly involved (in home births) against their better judgement". (Poor witless boys/scheming women!)

"As the law was being ignored I maintained my stance", the resume says, supported by "my Colleagues" at National Women's & Waikato Women's hospitals and the Medical Officers of Health at the time. (Interesting, eh?)

In the early 1980's he "became aware of the Home Birth Association" which was not only supporting home births but initiated a "letter writing campaign to the Board" which resulted in the Board inviting Professor Bonham to visit Thames hospital to review the obstetric policy. He was accompanied by a senior NWH midwife (Jan Lyman). After publication of Bonham's report "relative peace reigned for a while" but, says Harison "the National Executive of the Home Birth Association appeared to reside locally" (news to us) and Thames "and me in particular were to be a target of national agitation".

The amalgamation of Thames into the Waikato Area Health Board apparently changed the power relations for, says Harison "from this stage onwards I have been kept very much in the dark... I was instructed to improve my relationship with Dr Jackson and the Home Birth Association". Grant Jackson was given a three-month contract with the Thames hospital, and later, following a 'review' (Drs Ru Pirrit & Marcia Barnes) Grant was given a three year contract and a further review was scheduled. Professor Colin Mantell was invited to chair this review which was attended by the dreaded HBA consumer representatives - Gay Tye & Glynette Mathews. At this review Mantell opined that when the Maternity Benefit is removed home births would cease t o exist. Harison maintains that "we have been somewhat unfairly treated by management.....our policies are up-to-date and flexible".

Today Gay reports that there is now an effective consumer/professional forum with positive communication. A recent meeting adopted the Wellington AHB "standards of practice' plus a couple of additions to 'counteract the Thames hospital protocols'. Nice work and congratulations to all you Thames home-birthers for your diligence, intelligence and political savvy.

—we should supply Family Planning with a list of DM's. On the other hand another student had a confrontation with a practice nurse who was adamant that a woman still needed medical supervision—her employer works at National Women's Hospital.

As independent practitioners we can now prescribe 'drugs' commonly used during pregnancy, order the routine lab tests and are supposed to have access to area health board facilities on the same basis as doctors, i.e. have contracts. Contracts for access to AAHB facilities have been delayed and are a very controversial and political issue.

Initially, contracts for midwives were seen as a welcome means of renegotiating doctors' contracts which were formalised in 1981 on the advice of the Obstetrics Standards Review Committee(OSRC) established in 1979 "to present precise proposals for the establishment and monitoring of obstetric standards in N.Z."

The OSRC is an old boy network with no statutory power, but plenty of political power. It has not improved obstetric standards nor made doctors any more 'accountable' either in hospitals or in the community. The 1986 Government Report of Health Benefits Review was of the opinion that 'lack of accountability of (health) providers is characteristic of the whole health area...'.

Another stumbling block was the desire of Prof. Mantell & Anne Nightingale to make DM contracts contingent on their supervision of DM's in community practice! After the years we have spent resisting the medicalisation of home births!

An ad hoc working party made up entirely of health professionals was set up by the managers of maternity services. It survived for four meetings, collapsing due to "behaviour of the domiciliary midwife" who provided written reports to consumers who should have been represented on the WP. Although there were procedural terms of reference, it was decided that these meetings had been in committee. That was last November.

Numerous restrictions have been placed on DM's transferring women during labour, and GPs have been advised that women opting for home births are no longer to be booked in and at transfer are to be assessed by a consultant — which ignores a women's legal right to the doctor of her choice, an issue we are now challenging for the third time. It also raises the question of who are the maternity services supposed to serve—the women or the health professionals?

Although the Principal Public Health Nurse, (now called the District Director of Nursing) is no longer required to monitor our practice, she still sits on our Domiciliary Midwives Standards Review Committee(DMSRC) as the AAHB representative. We continue to have quarterly meetings with her and these continue to be valuable.

We also have quarterly meetings with our home birth doctors whose numbers are increasing, and relations are cordial. We get excellent support from our HBA and we must pay a tribute to these busy mothers who do so much unpaid donkey work. As well as handling the administration of the Ak. HBA, they also run five Support Groups which organise the antenatal classes in each area, and organise and sit on the DMSRC. Many, many thanks. We couldn't survive without you.

Joan Donley.

Informal reports from representatives of the Support Groups followed.

WEST AUCKLAND

The antenatal meetings in the West are continuing to to be well attended. They are now held in the antenatal education rooms at Waitakere Hospital. Numbers have had to be limited to fifteen couples to fit the space. A physiotherapist is now taking one evening in each series of five meetings. Thanks to Cathy and Trish for the energy they put into organising these meetings.

CENTRAL AUCKLAND

Antenatal meetings for central Auckland are now held at Carrington Polytechnic, an arrangement designed to give students on the proposed direct-entry midwifery course access to pregnant women to follow through pregnancy, childbirth and the early postpartum period. This space works best if there is a maximum of 12 couples in each class. People who attend each series are given an evaluation form to complete and changes are made to accommodate suggestions made on these. Three series of meetings are held each year. Thanks to Claire and Debbie for the energy they put into organising these meetings.

SOUTH AUCKLAND

Meetings are not arranged into a series in the south. An annual programme of meetings is arranged and posted in advance so that interested people can pick and choose which ones they want to attend. Homebirth information evenings are held four times each year. The loss of Dr Erica Lauder who has moved from Papakura to the North Shore will be felt by homebirthers in the south. Thanks to Maree Parr and the other women who organise support group activities in the south.

EAST AUCKLAND

East Auckland does not hold formal antenatal meetings but does hold monthly "coffee" meetings on the first Friday of each month at the Mt. Wellington Plunket Rooms. This meeting is advertised locally and is open to any interested members of the public. Homebirth mothers as well as at least one domiciliary midwife attend these meetings. In addition, homebirth information evenings for couples are held each term where a midwife talks and the role of support persons is discussed.

NORTH SHORE

Unfortunately no one from this support group was present.

FRANKLIN

Unfortunately no representatives from the Franklin Support Group were present.

ELECTION OF OFFICERS

There were no new nominees for the officeholders positions so all present office holders were unanimously re-elected.

Secretary.....Linda McKay.....Phone 780 557
Spokesperson..... Brenda Hinton..... Phone 787 614
Treasurer.....Stephen Benseman.....Phone 781 966Wk
Recording Secretary.....Kate Jaunay.....Phone 579 8573

newsletter) says that Maori are 12% of the population but Maori women account for only 7% of home births. Margaret felt that the powhiri opening the Conference without further Maori participation was 'tokenism'.

THE FAR NORTH

The far North reported 10 planned home births in 1990 which included DM Chrissie Sygrove's daughter. Chrissie is leaving the area and there are five women seeking home births. Micky Harrower has also left the area— temporarily, she is hanging out in Auckland impatiently waiting for the DE midwifery course to get started at Carrington Polytech!

At Rawene DM Ruth Pouley who also works at Rawene Hospital on a casual basis meets with resentment when she does a DOMINO due to differences in pay scale & the fact that the on duty MW's may be sitting around with nothing to do.

WHANGAREI

Whangarei which had the pilot DOMINO contract (Northland AHB) continues to provide a satisfactory DOMINO option. DM Lynley MacFarland offers DOMINO option and also attended 37 home births in 1990.

Lynley featured on the TV3 documentary - "60 Minutes" - on 19 May as did Whangarei GP Andrew Cox. Also featured were Ak. DMs — Rhonda Jackson, Heather Waugh & Sian Burgess. Entitled 'Birth Control' it gave an overview of the 'power struggle' engendered between midwives & GPs as a result of the Amendment. It completely missed the point - the 'power' belongs to the woman. Dr Philip Rushmer, Chairman of the Auckland Obstetric Standards Review Committee & Department of Health Maternity Benefits Negotiating Committee, looking uncomfortable, stressed the need for 'team' (of doctor & midwife) in the interest of 'safety' - an inference that DMs are not prepared to be accountable. 'Teams' are not necessarily a guarantee of safety. An 1989 DOH document claims "...too often the team approach becomes a cover for mediocrity and buck passing". (Caird, Ray, A Guide to Getting Involved, p34) As presently constituted, 'teams' maintain the doctor as the 'gatekeeper'.

The following week "60 Minutes" read a letter in response to the programme about the unpredictable nature of normal birth. The writer felt that it was irresponsible of TV3 to promote home birth as a baby could suffer brain damage like cerebral palsy, if specialized help isn't immediately available. In response, the Auckland Women's Health Council sent a letter to Keith Slater, TV3 Production Manager enclosing a copy of a British Medical Jnl (29 July 1989) Review: 'Birth Asphyxia is hard to define and measure but is rarely the cause of cerebral palsy'. This review points out that "there is little evidence of any recent decline in the incidence of either cerebral palsy or mental retardation despite improved obstetric standards". This letter suggested that TV3 should do an in-depth investigation into cerebral palsy.

the administration of the Domiciliary Midwifery Benefits Scheme".

The duties/responsibilities of this 'Advisor' extend to assessment of all applications for DMs contract with the Minister of Health based on Waikato's Guidelines for Suitability of Home Births'. She will also scrutinise all the DMs' obstetric records before recommending payment; and within four months of appointment she will "establish and monitor a system of collection of statistical information relating to the practice of independent midwives"!!!

It boggles the mind that a manager pulling down a salary of between $80,000 to $120,000 p.a., supposedly for her competence, should be so totally out of touch with reality that she would set up an Advisor to actually contravene the legal rights of midwives under the present legislation.

In 'The New Naked Manager' Robert Heller says: "Management is an arena for human behaviour at its most naked — under stress, bu t freed from many restraints of civilisation" and "One day, events will surely expose any executive, in all his (her) nakedness for what (s)he is: a fallible human being, trying with the help of others, who are equally fallible, to cope with circumstances that are constantly changing", and I might add, out of their control.

In the area of maternity care, under the present legislation, midwives have equal status & responsibilities with medical practitioners - they no longer NEED a contract with the Minister & they can apply for Maternity Benefits on the prescribed form direct to the Health Benefits Office.

Waikato has good consumer representation on the Board's Maternity Services Review Committee. These consumers should be able to enlighten the Chief Nurse about the present legal status of midwives; and that since 1980, NZHBA's have collected and collated home birth stats and these are proudly published annually; and the DMSRC's are well established in all centres, and accepted as a practical application of primary health care, which is the current 'flavour of the month'.

For years Waikato has tried to 'monitor' (control) the practice of the 'relatively independent' DM. Now, independence is no longer 'relative', but minds set in concrete cling to old patterns of practice.

Glenys Parton & DM Maggie Banks prepared a Literature Review on Vitamin K which they made available at Conference for 50c a copy.

TARANAKI

Taranaki reported 14 home/DOMINO births for 1990 and have a satisfactory AHB contract applicable to both GPs & midwives. DM Tricia Thompson is supported by DMs Jan Gargan & Maire Glendall Baker who do occasional home births. There are already 18 births booked for 1991. Their DMSRC is in operation although the doctor didn't show up.

It was good to see Margaret Hales at Conference, still fit and explaining 'parallel development' which has replaced the term 'biculturalism' which is now seen as pakeha domination with Maori input. Margaret maintains that Maori women are becoming independent, getting out of the pakeha circle and pakehas have to release them. The pakeha home birth process does not empower Maori women. Jeanette King (Chch

REMITS FOR CONFERENCE

That the 1992 Annual Home Birth Associations' Conference be hosted by the Auckland Home Birth Association.

That the Home Birth Associations of Aotearoa urge the Govt to retain the universal maternity benefit; and that the Maternity Benefit structure makes provision for the principal caregiver at a homebirth to call in another practitioner, who will receive payment via the benefit.

That the Home Birth Associations of Aotearoa formulate policy statements re breastfeeding, DOMINO births and lay midwifery.

That the Auckland HBA offer to collect, collate and analyse the national homebirth statistics.

That domiciliary midwives (DM's) who are members of, or are affiliated to HBAs do not accept contracts with any Area Health Board which propose that the service DMs' provide in the community be reviewed by a secondary level review cttee (eg. OSRC) and that any review body which is established to review the services DMs' provide in hospitals has a balanced membership of primary and secondary health care providers and consumers.

PROPOSAL

That the AHBA committee explores ways of retaining the services of some of the volunteers who work for the AHBA.

in the news....

VITAMIN A FOR MEASLES

High doses of Vitamin A have been found to reduce the risk of death or of major complications in acute measles cases by half. According to The New England Journal of Medicine (Vol. 323. No. 3) medical researchers Gregory D. Hussey and Max Klein conducted a double blind, randomised trial involving 189 children who were hospitalised in Cape Town, South Africa, because of measles complicated by pneumonia, diarrhoea, or croup. They found that a 400,000-IU (120 mg) oral dose of Vitamin A reduced the death rate by more than half and the duration of co-occurring pneumonia, diarrhoea, and hospitalisation by one third. Half the dose was given to the patient on admission and the remainder the following day. Patients also were treated with oxygen, intravenous fluids, and/or antibiotics as appropriate, but no additional vitamin supplements.

The idea that Vitamin A may have a protective effect in measles cases was first suggested more than 50 years ago, say the researcher. The information was largely ignored until recent research indicated that measles depressed serum levels of Vitamin A. Additional studies have also shown that in almost every infectious disease, Vitamin A deficiency results in greater frequency, severity, or mortality, the researchers noted.

THE ONGOING TRANSFER SAGA

In the last edition of the newsletter (no. 50), we reproduced an in-hospital memorandum re Transfer in Labour from Home Birth bookings. On the 19 April all doctors who have access contracts with National Women's Hospital received the following letter:-

Dear Doctor

I regret to inform you that with immediate effect we will no longer be able to accept a booking at National Women's Hospital for women whom you have also booked for home confinement, i.e. the practise(sic) of dual booking will cease.

Whenever you need to arrange an acute transfer in labour the mother and family and their choice of support persons, will of course be welcomed here; contact the hospital and speak to the 'On Call' Registrar or Consultant. The mother and baby will be assessed by a Specialist Obstetrician on admission; either by the Team Consultant of the day or by one of your patient's choice which you arrange at the time of arranging the transfer. The Specialist will subsequently supervise the labour care and continue to involve you as far as possible.

There have been significant difficulties with the previous practise(sic) and significant perinatal mortality which has led to a review by the Board and the changes to practice.

Yours sincerely
A.T. Nightingale
Manager
Maternity/Neonatal Services.

A number of doctors who attend homebirths immediately handed a copy of this letter to the Auckland Home Birth Association and we responded to Anne Nightingale on 26 April. A summary of our response follows:-

"We find the policies as outlined in your letter of 19 April, discriminatory, unsafe and a blatant contradiction of the principles outlined in the Auckland Maternity and Neonatal Services Strategic Plan 1991 - 2001; and the Service Statement for Area Health Boards: Pregnancy & Childbirth. ...

...attempts to implement these same policies had been made in 1986. With the support of "Maternity Action"...we laid a complaint with the Hospital Board about the discriminatory and unsafe nature of these polices. Our complaint was supported by a legal opinion which stated that, "the result of the legislation, (s106 Social Security Act 1964 & s61 Hospitals Act), is that the primary right to choose one's own doctor/specialist is qualified. The Board must first consent, and may also require the practitioner to comply with its own policy. However this does not confer absolute powers upon the Board. The right to select is enshrined in statute, and confers a corresponding duty upon the Board to respect it. The Board is not entitled to act unreasonably so as to nullify the "right to select"." We also presented the Chairman of the Board with statistics which showed that fewer than 20% of women who transferred subsequently needed specialist care. We subsequently received a reply from the Superintendent-in-Chief of the

TAURANGA

Here home births have declined from 39 in 1989 to 23 in 1990. This is seen to be due to (1) the DOMINO option - 12 midwives have contracts but only two of these are pro-home birth; and (2) there has been a periodic unavailability of a DM. At present there are two DMs, Joy McIntyre & Louise Chapman.

There is considerable opposition to home births from a local obstetrician — so much so that long time home birth GP, Ted Walford, has resorted to asking parents to sign a 'risk form'.

The Bay of Plenty (BOP) DMSRC has been in operation for 18 months. As well as reviewing DMs it has helped consumers to understand the problems and politics of home births/DMs. They are anxious to adopt the postnatal questionnaire which Auckland HBA has finally completed.

In response to National Council of Women's(NCW) opposition to direct entry midwifery(DE) training & midwifery autonomy, THBA joined NCW. Jean Sutton (from Matamata) is their delegate. After a long illness Jean is easing back into Dmry. The BOP AHB supports DE although the Area Health Boards of N.Z. oppose this. BOP AHB gave $2000 to THBA for emergency equipment. For home birth week THBA held a successful Family Health Seminar.

ROTORUA

Rotorua has two DMs — Ann Hopkirk & Olwyn Green who both do home & DOMINO births. Rotorua has a birthing room complete with spa bath furnished by Parents Centre. RHBA received $1000 from COGS to provide home help for home birth mothers for 3 - 5 days post partum. Their AHB has given $500 to help establish a library & fund a monthly newsletter.

TAUPO

Taupo HBA which has been established fo r one year has had four home births, attended by the midwives from the Turangi birthing unit - Val Fleming & Edna Davies. More women are booked for home births but pressure from Waikato AHB has caused these midwives not to accept further Taupo bookings!

Taupo received a $500 grant from the Ministry of Women's Affairs to purchase books for a lending library and to print an information booklet for local use. They also received $900 through Waiora Community Trust which will be spent on antenatal classes & equipment — they contributed $100 towards Rotorua's sonicaid.

WAIKATO

The provocative news from Waikato was a copy of the job description for a Midwifery Advisor responsible to the Chief Nurse. This Advisor will "assess & evaluate the qualifications & experience of independent midwives; make recommendations to the Chief Medical Officer & General Manager re granting of contracts for use of AHB facilities and provide professional midwifery advice to the Medical Officer of Health in

CHRISTCHURCH

Christchurch had 119 home births in 1990 compared to 87 in 1989. DOMINOs are not an option - DM contracts are "stuck in the pipeline" and this is reflected in the number of home births! DMs Ursula Helem & Maria Ware were joined by Julie Hasson in October. They find that about half their women are opting for midwife only care. More would do so but don't want "to hurt their doctors' feelings". They work from the Midwifery Resource Centre, 192c Manchester Street which they share with Chch HBA & Chch Branch of N.Z. College of Midwives. A COGS grant of $4600 enables a worker to spend 8 hours p.w. organising antenatal classes and clinic days etc.

Chch HBA member Jeanette King did an analysis of the 1989 home birth stats . This showed that 99% of labours were spontaneous, transfer rate was 11%, c/section rate 3 3%, fetal distress rate 3%, episiotomy rate 3%, sutured tears 22%, PPH 4.3%, PNMR 4.4/1000 compared to the national 9.3/1000. In Chch April/May Newsletter Jeanette suggests that N.Z. should carry out a "birth weight specific comparison" of home & hospital births as Australia has done. This suggestion was rejected by both DM Society & Conference— why should we spend valuable time & energy to try and land ourselves in the quagmire that the Aussie HBA is bogged down in?

There is a suggestion that Chch Women's hospital will be closed. High tech births will go to Princess Margaret public hospital while suburban birthing centres will be established for low risk births. Chch HBA sees this as a positive move which will undermine the O&G power base. It is opposed by the O&Gs and also by The Health Alternative for Women.

Chch HBA is critical of 'Ready, Steady, Grow' - two locally made videos on parenting, sponsored by National Council of Women and given recent publicity in N.Z. Women's Weekly. Chch HBA claims that these videos contravene the WHO Code for Breastmilk Substitutes as they give a detailed demonstration of preparing an artificial feed. The segment on bottle feeding is given double the time allowed for information on breast feeding. The segment on Breastfeeding begins "while breast feeding has some advantages..."(!)

Chch event of the year was a reunion held during Home Birth Week in October. A history of home birth since the 1920's was prepared for the occasion.

Congratulations to Ursula Helem awarded a Queen's Service Medal QSM) in the Queen's Birthday Honours.

MANAWATU

Manawat u now lists only two DM s— Ellen Salmons & Elizabeth Walker (Dannevirke). Their Domiciliary Midwives Standards Review Committee is established with all those participating finding the exercise 'exciting', 'helpful' and 'truly worthwhile'. The names of the consumers on DMSRC are listed in their newsletter.

Relationship with their AHB is good and the DOMINO option is being investigated. Manawatu also has a labour homoeopathic kit for hire.

Auckland Hospital Board which informed us that our complaint had been sustained and the hospitals had been instructed "that the responsibility for the medical care of women booked for homebirth remains with their general practitioner until he or she refers the woman to a specialist."

We therefore ask you to supply us with copies of the information on which the Area Health Board based its review of this policy. We are particularly interested in the statistics which show "significant perinatal mortality".

The Auckland Home Birth Association and the midwives and doctors who attend homebirths have always exercised a policy of early transfer when there are indications that a labour may not continue to progress normally to an optimum outcome. As a result most women who are transferred have fairly normal births and with their babies are discharged home into the care of their domiciliary midwives within hours of giving birth.

We believe that these booking and transfer policies are retrograde and will result in a lower standard of care and less favourable outcomes for mother and baby. We ask you to supply evidence to support your apparent belief that it is safer for a woman to arrive, unbooked in hospital and to be assessed by someone who has no knowledge of her medical background, her labour up to the point of transfer or her personal needs and desires...

GPs who have contracts with the Area Health Board are deemed competent to decide, in the case of a woman who is booked for a hospital birth, when a specialist obstetrician needs to be consulted. Why are they now considered to be incapable of making that decision regarding their homebirth clients?

Policies such as these lead us to despair about the proposed contracts between the Area Health Board and domiciliary midwives. These policies clearly show that there is no intention of allowing domiciliary midwives to provide continuity of care for the women they transfer from home to hospital and also signal an ominous change in the terms of GP contracts. The option allowing women to consult with the obstetrician of their choice following transfer to hospital smacks of elitism and is small comfort to the increasing numbers of women who cannot afford "private" care. It also augurs a dangerous trend toward specialist assessment of all women during pregnancy and childbirth. A practice which has no place in a service which claims as its first principle that, "Pregnancy and childbirth are natural life processes".

...Most of our members will be anxious, angry and unhappy to discover that their right to continuity of care from the practitioner of their choice is being denied — a right which is still available to women booked for a hospital birth.

Because these policies have been shown to be unsafe and unlawful in the past, we trust that you will reconsider their implementation. We ask that you reply promptly detailing the policies regarding the booking and transfer and how you consider these will improve outcomes for mother and baby as these uncertainties are causing considerable distress to women who expect to give birth during the coming weeks.

In fact we waited over a month, till 4 June, for a reply from Anne Nightingale. As you can see her reply did not address any of the concerns we raised in our letter.

Dear Ms Hinton,
The Practice of Double Booking at National Women's Hospital

The letter to General Practitioners followed a recommendation of the Auckland Area Health Board's Complaints Review Committee, 4 April 1991.

The change in practice does not appear to infringe upon the mother's right to choose her care-giver, but requests that the mother and her GP/Midwife arrange consultation with either a private Specialist or the Team Specialist of the day, at the mother's choice, at the time they make the decision to transfer. Decisions regarding responsibility for continuing management will depend on the requirements of mother and baby and will be made with the mother and her GP/Midwife. The change is in accordance, with the Working Party Report on 'Roles, Responsibilities and Relationships' of the Maternity Service Task Force Strategic Directions, April 1990.

The issues involved relate to the Area Health Board's responsibility for patients in its institutions arising from the requirements of the Social Security Act and Area Health Board's Act, scope of practice and informed consent issues.

I trust that the Agreements for Access soon to be circulated for comment will assuage your concern. We have recently received from the College of Midwives their excellent document on 'Scope of Practice & Obstetric Indications List'. We have asked their authority to attach the document as an addendum to the Agreement and will also hope to attach the document prepared on behalf of the Division of O&G.

I would be pleased to meet with you to discuss the matter in more detail of you care to arrange a suitable time. Mrs Helen Nagels, Chairperson of the Complaints Review Committee has also offered to participate in a meeting.

Kind good wishes,
Yours sincerely,
A.T. Nightingale,
Manager,
Maternity/Neonatal Services

On 14 June we wrote to Helen Nagels (HN), Chairperson of the Board's Complaints Review Committee, reiterating our concerns and asking for the information on which this committee based its recommendation for the change in transfer policy, and again requested that she reply promptly. We also set up an independently facilitated meeting with Anne Nightingale to which we invited midwives and doctors who attend homebirths, midwives who work in the Delivery Suites at National Women's Hospital and Helen Nagels (confirming that we also required a written reply to our letter).

Anne Nightingale(A.N.) spoke first presenting her rationale for this decision — i.e. "concern for the safety of mothers and their babies" — if some development occurs during the course of labour that requires a change in the place of booking then there are underlying factors which demand the need for specialist consultation. (She would not accept, even when presented with transfer statistics for 1990, that this clearly

This masks power and eventually destroys the group because supporters drop out when their efforts and contributions are not recognised or appreciated. A flexible structure where roles and responsibilities are defined minimises conflict and distributes power.

WHBA now rents a central office ($1200 p.a). Madeline Gooda after 10 years of onerous work has resigned from her position of lobbying co-ordinator but will retain her membership of WHBA.

HOROWHENUA

Horowhenua has formed a support group and is a member of both Wellington & Manawatu HBAs. They have two DMs— Jane Stajanovich & Elizabeth Jull both of whom are booking more & more women independently. There are 10 GPs "who although not wildly enthusiastic about home births will support their clients' wishes and undertake their care without too many negative remarks..." After attending home births, some GPs are beginning to rethink their positions on this topic.

The DMs get support from their AHB - linen, sterilising, some drugs and disposable equipment. They have been lobbying for subsidised home help for home birth mothers. Horowhenua DMs are reviewed by Manawatu DMSRC but hope to establish their own review this year.

DUNEDIN

Dunedin had one representative at Conference plus ex-Auckland DM Mary Hammonds, who was blooming and looking forward to the birth of her baby in September.

Dunedin has 6 DMs — three of these are Otago Polytech tutors (Sally Pairman, Rhonda Davies & Margaret Gardner) who work as a collective offering pregnancy testing, pre-pregnancy counselling and antenatal classes with birth either at home or in hospital — with involvement of midwifery students. This Otago Independent Midwifery Service has a good relationship (and contracts) with Queen Mary Hospital..

DM Adrienne Mulqueen recently returned from NSW where she was practising independently "received an uncompromising reception from the hospital". She finds the competition from the collective "severe" but plans to start a women's health & screening service. DM Jenny Crawshaw has also recently returned to Dunedin from London U.K. where she did a course in tropical & infectious diseases. DM Judy Bewly has been doing mainly postnatal care.

Mary Hammonds has been working at Queen Mary. She finds the atmosphere in the GP unit relaxed - no routine ecbolic, will wait for SRMs to establish in labour. The professorial wing, however, is not as relaxed - "too many registrars etc".

Queen Mary provides a paediatric clinic three mornings per week, where home birth mothers can have their babies checked by a specialist.

Now that DMs are adequately paid, DHBA will no longer pay the rental on bleepers & oxygen cylinders, or supply a birth kit. They will loan o r rent their birth kit to DMs getting established. They also have a homoeopathic kit containing remedies for labour & birth plus information on usage. This is available at a rental fee of $5.

Branch Round - Up

June 1991 - Info gleaned from conference reports & newsletters

NELSON/MOTUEKA

Nelson/Motueka has six Domiciliary Midwives (DM) who attended 53 home births in 1990 — with 7 transfer & 1 neonatal death. They also cared for 15 early discharge women. DMs have a contract with the Area Health Board (AHB) - a "terrible" one which they ignore. (DM Bronwen Pelvin is a member of the Obstetrics Standards Review Committee (OSRC) .Although the contract is supposed to be the same for DMs & GPs, managers are trying to assess DMs on the same basis as those employed by the hospital. However there is a requirement that assessors be members of New Zealand College of Midwives Inc and since the AHB managers are not member of this organisation, assessments cannot be carried out. Nelson finally got its Domiciliary Midwives Standards Review Committee (DMSRC) in operation this year (Feb 1991).

WELLINGTON

There were only 146 home births in greater Wellington in 1990, due inpart to the retirement of DM Jenny Johnston & sabbatical leave for DM Mary Garner. The other factor is the trend to DOMINOs. Wellington has a satisfactory contract with WAHB and a number of midwives have taken these up. One midwife at Conference reported that she had attended 94 births — only 8 of which had been home births!

The DM roster comprises Rosemary Ware (Waikanae), Helen Cussins, Judy Skinner, Sue Lennox (City), Lynne Legge & Jennifer Sage in the Hutt Valley.

Disappointment was expressed at the lack of responses to the National Newsletter (which was why Auckland gave it away last year) — only 450 subscribers mainly from Wellington area. The first issue was subsidised by a $3400 Lotteries Commission grant.

The Wellington DMSRC is operating effectively, plus meeting quarterly with Wellington hospital management to specifically discuss any complaints related to hospital transfers. A separate assessment is needed for DOMINOs.

WHBA discussed the controversy existing over the structure of its organisation. There are those who want more structure i.e. more formal meeting procedures & traditional office holders i.e. president, secretary, treasurer etc. Others see such structures as patriarchal and prefer the more co-operative structure that has been in existence since incorporation.

In Leadership for Change (B.Kokopeli & G.Lakey) patriarchal leadership is defined as authoritarian with final responsibility (power) vested in one person who controls through his ability to perform the leadership role. Control flows down from the leader. Paternal leadership is more subtle, less overpowering, exercised by refusing to share skills on the assumption that nobody else can exercise them as well as he does. This makes members indebted & dependent. In informal/unstructured groups no one is directly accountable.

wasn't the case. Most women who are transferred go on to give birth normally. and in an effort to gain more support for this belief she had two weeks previously written to the Ak Region of the College of Midwives asking that the following be added to the College's Scope of Practice Statement, "decision to change booked place of birth (require) —B (Specialist consultation) This request was resolutely rejected at a General Meeting. She also stated that Area Health Board Legislation and the Auckland Area Health Board Scope of Practice, Informed Consent and the Board's responsibilities for its staff required policies such as those instituted to exist. (When later asked why, if this was the case had neither North Shore Hospital nor Middlemore Hospital seen the need to institute these policies- neither A.N. nor Helen Nagels were able to directly respond.

A.N. maintained that this decision arose out of issues concerning roles, management delays and the outcome of a particular case, which she was not prepared to discuss. Complaints about this case had been made to the Nursing Council as well as the Board. Whereas the Nursing Council's Preliminary Investigation had allowed the Dm involved to present her case, the AHB never invited the Dm to present her case. When the Dm challenged H.N. on this, H.N. said that the Board had no power to require domiciliary midwives to appear before the Review Cttee. (The Review Cttee therefore based its report purely on hearsay and did not give the Dm the opportunity to either defend herself or comment on the contents of their report!) H.N. added that this complaint had brought issues to a head and had given A.N. the opportunity to introduce a policy which she had been wanting to introduce for some time.

After A.N. had finished the facilitator asked, "What is the response of National Women's Hospital midwives to the issue of "double -booking"? One midwife said that it was much easier to deal with prebooked transfers because a chart with notes and hospital number already existed so paperwork didn't have to be dealt with at the time of transfer. A.N. replied that there was no need to duplicate charts that the client's record from home should continue to be used and that this would be facilitated when hospital's computerised system was up and running. It was pointed out that this was difficult at present as Delivery Suites had no photocopying facilities and Dms were rightly reluctant to leave their originals at the hospital. (Again it seemed that these policies had been instituted on an ad hoc basis without efficient back up services already in place.) A.N. said it was mangement's duty to support services that women want, but also to support professional in their practice. Some policies allowed professionals to be unduly pressured by clients to operate outside the limits of their practice and again she reiterated her belief that transfer implies a need for specialist consultation. She believes that consultants will continue to involve the woman's GP after consultation. A.N assured us that neither she nor hospital specialists were unsupportive of the homebirth option or of women's right to choice of caregiver. (Homebirthers remain sceptical about such claims especially when one consultant present at this meeting was heard to say at a meeting of health professionals,"Stuff women's choice!"— a statement which went unchallenged by his colleagues at that meeting.)

The GPs present stated that they felt

these policies cast some doubt on their professiona l integrity. They als o expressed concern about the issue of responsibility. If they were to continue to have some role in the care of their clients following transfer, who had ultimate legal responsibility — the GP or the consultant? Neither A.N. nor H.N. was able to answer this and H.N. undertook to find out. She agreed to supply us with this information and answer our original queries, in writing, within a fortnight.

Jenny Johnston (ex Wgtn Dm) explained the transfer procedure for Wellington Women's. Women opting for homebirth are not booked into hospital, but Dms have access contracts, the same as doctors, so in the case of transfer, the Dr or midwife phones the hospital consultant on duty to notify them that they are bringing a woman in, to inform them of the reason for transfer and to request their professional assistance if they feel this is required. Women are admitted without any problem and her doctor and midwife continue with her care unless or until they decide consultant care is required. This process was worked out in consultation with hospital staff, Dms, GPs and consumers. In Auckland, the new transfer policies were instituted by unilateral decision of NWH bureaucracy with the Board being manipulated into endorsing them on the basis of a single complaint.

The WHO emphasises the importance of women being involved in all aspects of decision making in their care and recommends increasing, "the role of women in defining their health needs, in choosing the way in which they will use their services. Each woman should have an informed choice concerning the application of the care of herself."(WHO 1985)

International authorities, in a major 10 year review of the world literature on the effects of care during pregnancy and childbirth, concluded that the failure to involve women in decisions about their care should be abandoned. (Enkin et al 1989)

Postscript

We had still not received a reply from Helen Nagelle, Chairperson of the Complaints Review Cttee by the time the budget announcements regarding the dissolution of the Area Health Boards had been made on July 30. Helen Nagelle informed us a few days later that she would therefore, not be replying to our letter of inquiry of 14 June or the issues raised by the Drs at the meeting of 3 July. On 5 August we wrote to Gary Taylor expressing our dissatisfaction with the way the Board had treated our legitimate concerns and inquiries about the transfer issue and asking him to direct them to the appropriate person for actioning. It is now the end of August and we are still awaiting a reply...

HOMEBIRTH INFORMATION AND PUBLICITY WEEK

28 OCTOBER - 3 NOVEMBER

If you can help by putting up posters or displays, organising and/or womaning information stalls in shopping malls etc, arranging a public information session, ensuring publication of press releases, or if you have any other ideas about promoting homebirth during this week, we would love to hear from you.

Please phone 780 557 SOON.

widely used," she says.

The Family Planning Association which advises British men that surgical vasectomy is irrevocable, also welcomed the technique. "Anything which helps men share the burden of contraception is very welcome and is bound to find a lot of demand," says a spokeswoman Sheila Grigg. But she stressed that once the method's trials were successfully completed it could take several years for the plugs to be produced in Britain.

Women still take responsibility for contraception most of the time in New Zealand. Only one in 100 visitors to N.Z. family planning clinics between July 1989 and June 1990 was male. Of the 181,073 visitors, 41%: took the pill, 12% used the sheath, 7% the morning after pill (post-coital contraception) and just under 1% wanted the coil. Fewer than 1% were men wanting vasectomics. In the six months between July and December 1989, 689 N.Z. men had vasectomies through a family planning clinic. In the same period last year, the figure increased to 800.

(*N.Z. Herald, 13 April 1991*)

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SILICONE AID TO VASECTOMY REVERSAL

A reversible vasectomy method likely to revolutionise male contraception has been developed by the World Health Organisation.

The new sterilisation technique, undergoing trials in China, should be ready for marketing in two to three years.

The method, hailed as a major breakthrough by family planning groups, involves injecting the two sperm ducts with liquid silicone rubber which hardens into a plug, stopping the passage of sperm. Trials have shown the plug is easily removable through a small puncture in the skin not big enough to require a stitch. It is hoped the new method will fill a huge market for men who want to take responsibility for contraception, but are reluctant to opt for permanent sterilisation in case they remarry or lose a child.

Reversals of surgical vasectomies are only possible in 40 to 50 % of cases through complicated microsurgery and with no guarantee of success. Because it does not involve surgery, it is hoped the reversible plug will also prove acceptable to men in Islamic and African countries with spiralling population levels who have cultural objections to surgical vasectomy or to using condoms.

There are 119 million sterilised women worldwide, compared with 45 million men, even though female sterilisation is a more complicated and potentially dangerous operation.

WHO's human reproduction unit in Geneva has collaborated with Chinese surgeons in developing the plug technique. Since 1986, 100,000 Chinese men have been successfully implanted with polyurethane plugs developed by Professor Xhao Shengcai in Taiyuan.

For the past year, a further 1000 men have been implanted under Chinese supervision with the silicone rubber plugs developed by the WHO. The organisation's surgeons will start their own trials in China this month. Of the first 12,000 men injected, 98% were infertile, with only 56 men suffering minor complications, mainly local infection.

Vasectomy reversals on men who had carried the plug for up to two years have been successful in every case, with fertility returning within a month. Of 865 men who have had the plug removed because of changed family circumstances, 51 so far have made their wives pregnant. Doctors at the WHO developed the silicone rubber plug because of concern that using polyurethane might cause chemical particles to leach from the plug into body fluids. Dr Geoffrey Waites, manager of the WHO task force responsible, says: "Of course we need to see whether the plugs are still easily reversible when they've been in place for five years or more, but we are positive that this method will lead to a major development in male contraception."

Dr Pramilla Senanayake, assistant secretary-general of the International Planned Parenthood Federation, believes the plug could be widely taken up in developing countries, "A simple method of reversible sterilisation like this could revolutionise contraception if it becomes

REPORT FROM THE HOME BIRTH ASSOCIATION ANNUAL CONFERENCE NELSON MAY 1991

The annual Home Birth Conference was hosted by the Nelson Home Birth Association and held in May this year. From the point of view of the Auckland delegates, this was the most successful conference we have attended for some years. The reasonably isolated venue , in a valley south of Nelson, well away from the road, meant there were few distractions and it was very safe for children. There was no ambiguity as to the function of the Conference - this was definitely a working conference, not a public showcase and the bulk of the time was devoted to facilitated meetings.

The Conference commenced on Saturday morning with a talk by Nelson domiciliary midwife, Bronwen Pelvin. In the past keynote speeches have been given by imported "experts" etc, so we all thought it was a sign of our "coming of age" that we were able to open with a speech by someone from within the organisation.

Following Bronwen's speech we divided into small groups so that we could meet each other and decide upon a list of topics/issues which needed to be discussed. These lists from each of the groups were collated and prioritised for discussion over the next 24 hours. Discussion mostly took place in one large group with someone taking the role of chairperson /facilitator. Occasionally smaller groups continued to work on issues while other delegates took a break, attended a workshop, slept or caught up with old friends. These groups then reported back to the main group.

Three or four topics took up the bulk of the time:-

1) Networking - There are 22 Home Birth Groups throughout the country, all run by mothers of small children. By the time we have dealt with the day to administration of our groups and local birthing issues we haven't much time left over for sharing information with other groups throughout the country. It was agreed by Conference that our collective "clout" would be much greater if we established and used networking processes. There was some suggestion that we now need a central administrative and information body. A suggestion that Auckland delegates and others strenuously opposed on the basis that this had proved to be inefficient and expensive in the past.

2) Biculturalism and facilitating Maori women's access to homebirth was another major topic for discussion. It was agreed that the model of parallel development is the most appropriate. That we as Homebirth Associations should make resources and money available for Maori women to use as they decide, rather than giving with a preconceived set of expectations of what should be achieved, or defining limits for the use of the resources we share. It was agreed that all groups would make an effort to contact Maori women's and health organisations etc in their areas and that whoever hosted the 1992 Conference would make an effort to facilitate the organisation of a strong bicultural element.

3) The DOMINO option was next up for the debate. Auckland delegates presented the view that DOMINO could undermine the homebirth option\ (see newsletter No.50). This view was not supported by many of the other delegates present Arguments in favour of DOMINO included—

1) For women who lived in rural areas where hb was not an option because of distance from hospital etc DOMINO would give these women the option of continuity of care.

2) Midwives could now set up in areas where there is insufficient income from hbs because they could supplement their income by offering DOMINO care as well.

3) Midwives attending HBs would also be attending DOMINO births in hospital thereby establishing relationships with hospital staff which would facilitate care when transfer from homebirths to hospital is needed.

4) Women who have one to one care from a midwife in a DOMINO birth are more likely to choose homebirth nex t time. The Auckland delegates accepted the validity of all these arguments with some reservations, (4) is not borne out by the Auckland experience) However, we felt that Home Birth Associations needed to be clear that their primary purpose was to support and promote the philosophy and reality of homebirths, not to dissipate their energies by supporting what is essentially an in-hospital birth and therefore under medical control rather than a homebirth where women are equal partners in the whole process. Whatever way the sums are done homebirth will always be a more cost effective option than a birth where the intention is to use hospital facilities regardless of whether there is an actual need for these.

The following remits, recommendation and resolutions summarise the key points of discussions held at conference. Thanks to the Nelson Home Birth Association members for the effort and energy they put into organising the successful and satisfying 1991 Conference.

REMITS PASSED AT THE CONFERENCE:

1) The Home Birth Associations of Aotearoa strongly recommend that the universal maternity benefit be retained. The cost-effective home birth option must remain fully subsidised through the maternity benefit.

2) The maternity benefit structure must be revised to establish a fee structure that reflects the services being provided by the independent practitioner.

3) The National Home Birth Conference urges the passage of the Health Commissioner Bill in its present form.

4) The National Home Birth Conference expresses its concern at the delay of establishing direct entry midwifery programmes. Home Birth Associations demand an assurance that the Nursing Council will approve acceptable programmes at its next meeting to achieve the target date of commencement in mid - 1991.

5) The National Home Birth Conference urges the New Zealand College of Midwives (Inc) to support Direct Entry Midwifery programmes as a Diploma of Midwifery. Home Birth Associations demand direct consumer consultation in the development of Direct Entry Midwifery curricula.

Another No to Amino

Amniocentesis — a needle insertion into the uterus to extract a sample of amniotic fluid - is routinely recommended to women with high levels of alpha-fetoprotein (AFP) in pregnancy. The risks associated with the procedure include respiratory distress syndrome, pneumonia, infection of the amniotic sac, amniotic fluid leakage, abdominal bleeding, vaginal bleeding, and needle injury to the baby. Fetal loss, claimed to be "not statistically significant," ranges from 0.5% (1 out of every 200 fetuses) to 1.5% (3 out of every 200 fetuses), while a Danish study shows that compared with pregnant women who do not undergo amniocentesis, those who do are 2.3 times more likely to spontaneously abort their babies. (Robin J.R. Blatt, Prenatal Tests, pp 88-90)

A new statistic places this miscarriage rate in perspective. Physician-researchers at Boston's Brigham and Women's Hospital, after studying 87,584 pregnancies, report that an elevated AFP level in conjunction with a normal ultrasound scan implies a less than 0.1% chance (or 0.2 out of 200 fetuses) that the baby will have one of the four most common birth defects. In l ight of the finding that amniocentesis itself carries, at the lower range, a 0.5% chance of terminating a pregnancy, the authors conclude that "many women may choose not to have an amniocentesis when informed that the risk of pregnancy loss may be substantially greater (by a factor of five) than the likelihood of finding an anomaly."

Although the researchers did not set out to point up the dangers of amniocentesis - the study was actually designed to assess the sensitivity of ultrasound - their calculations are revealing. For one thing, they add "little support to a strategy of routine amniocentesis in women with elevated levels of maternal serum alpha-fetoprotein." And for another, they suggest that the justification for prenatal screening rests not only on the statistical significance of a particular test, but on its relative merit. As for amniocentesis, say these physicians, "the decision to proceed with this invasive test requires that the risks of the procedure be weighed against the additional information that it provides". (The New England Journal of Medicine 323, no 9, 30 Aug 1990, pp. 557-561)

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Rabbit Control Linked With Polio Epidemic

Killer polio outbreak coincides with introduction of myxomatosis virus

Two Christchurch researchers planning to establish a $75 million dollar-a-year rabbit-meat export businesss claim to have established a link between the introduction of myxomatosis in New Zealand in the early 1950's and the arrival of a deadly form of polio at the same time.

Trevor Duston and David St Clair spent several weeks pouring through research available at Lincoln University and the Christchurch Medical School and they're convinced that the myxoma virus agricultural scientists imported was contaminated with the polio virus.

The theory might sound far-fetched but it has the tentative support of one of the country's leading virologists. This scientist doesn't want to be named yet but says he's read through the Duston/St Clair research and thinks it warrants more work. The scientist confirmed part of the theory proposed by the two Christchurch men — that the polio and myxoma virus would have been virtually impossible to separate under the sort of microscopes available in the early 1950's. Duston says investigations into their rabbit meat export proposal led them to the link between myxomatosis and polio. He says polio vaccine and the myxoma virus were both made in the same Australian laboratory. And the link doesn't stop there. The Christchurch pair say the areas of New Zealand worst hit by the polio — which claimed 80 lives and badly paralysed nearly 1,000 others — were where myxoma virus was released. They say evidence points to rabbits dying after being injected with the contaminated myxoma virus and then spreading the polio virus through rivers and into water supply systems.

It's well known that only a few parts per million of the polio virus is enough to affect people and that the virus can easily withstand water and other environmental changes.

While Duston and St Clair are well aware that polio arrived in this country well before 1953 they say there are three varieties of the disease and New Zealanders had, until myxomatosis arrived, only been exposed to Types One and Three (as they're officially known) and not the deadly Type Two. The researchers say there was a series of medical coincidences in Australia which is also a clear indication of the link between the two viruses. Trevor Duston says polio was not a major problem in Western Australia until a few weeks after myxomatosis was introduced there — a fact confirmed by medical authorities in Perth who said the disease didn't strike first amongst families connected with the city's port, but in rural areas.

RECOMMENDATIONS:

1) In recognition of Maori as the tangata whenua, that every Home Birth Association take responsibility for contacting local Maori, especially health and women's groups, to send them information and extend invitations to attend all activities.

2) That the 1991 Home Birth Conference sends a Koha to the Maori Women's Birthing Choices Network.

3) That the 1992 Conference has an Antenatal Education Workshop and a Publicity Workshop and that interested associations undertake to come prepared to share information and discuss issues at these workshops.

4) That each HBA encourages their members and appropriate institutions to subscribe to the National Newsletter.

5) That HBAs in each region contact their regional Domiciliary Midwives Society and recommend that this Society adopts a policy of consumer representation in their membership and on their committees following the example of the more recently established New Zealand College of Midwives.

6) That HBA's offer speakers to all secondary schools who would be prepared to discuss birth options as part of the health syllabus.

7) That all groups will take responsibility for networking. That there will be a contact person in each group and that the names of the contact persons be forwarded to the National Newsletter co-ordinator by June 1st. That information available or required be listed in the National Newsletter.

8) That regional networking meetings be set up and that this networking process be re-evaluated at next year's conference.

RESOLUTIONS

1) National Networking

Home Birth Associations will take responsibility for networking.

There will be a contact \person in each HBA and that that contact person's name will be forwarded for publication in the National Newsletter by 1 June 1991.

That each group notify the National Newsletter of subjects on which they which they have resource material which they are able to share with other groups on a regular basis so that a resource file can be compiled and published in the National Newsletter.

That Regional Meetings be held in between National Conferences.

That these networking processes be reviewed at the 1992 annual Conference.

2) That the 1992 Home Birth Conference will be hosted by the Auckland Home Birth Association.

3) That the Auckland Home Birth Association (AHBA) will take over the compilation and collation of national and regional home birth statistics. The AHBA has recently purchased an Macintosh computer and statistics software and has a subcommittee who is willing to be responsible for HB statistics. Nelson HBA will send a letter of thanks to Alex Gillanders to acknowledge his commitment to keeping Homebirth statistics for the past 8-10 years.

4) The National Newsletter will continue to be published by Cushla Maher and Janet

Nixon in Wellington for the next year.

5) Home Birth Awareness and Publicity Week will be the last week in October — starting on Labour Day! (28 October - 3 November). All groups will undertake to promote homebirth during this week with great enthusiasm!

MATERNITY BENEFITS UPDATE

In February representatives from the New Zealand College of Midwives (NZCOM) met with representatives of the Health Department to discuss the "restructuring" of the Maternity Benefit. The N.Z. Medical Association, representing doctors who claim this benefit, refused to attend these negotiations as they want to maintain the status quo until it is known what the Minister of Health's plans are for the Maternity Benefit. The absence of Medical Assn. reps. meant that no decisions regarding the restructuring of benefits to better suit the different services now being provided could be made. As a result, midwives in independent practice are continuing to claim within the benefit structure set up for medical practitioners. Following the passing of the Nurses Amendment Act some Domiciliary Midwives were advised that they could only claim prolonged attendance after 6 hours instead of 1 1/2 hrs as do doctors, furthermore only one practitioner would be paid for attending a birth ie either domiciliary midwife or doctor. At the February meeting, the Dept. of Health representatives agreed that the Amendments to the Act which gives registered midwives in independent practice the same rights & responsibilities as medical practitioners meant that they must be paid at the same rate, ie prolonged attendance at labour is to be paid after 1 1/2hrs.

It was agreed that midwives could claim a consultancy fee ($60) if consulted by another midwife and that attendance at a false labour could be charged as an urgent attendance. The Department also agreed that the intention of the Act was to ensure women's choice of birth options. If she opted to be attended by both a midwife and a medical practitioner, both would be paid.

There was a Cabinet directive to reduce the present $1.60/km travel allowance rate. NZCOM was agreeable to accepting the PSA rate, but no final decision could be made in the absence of NZMA.

The Department mentioned possible future systems of payment such as a 'global' fee for service or a 'voucher' system which would allow a woman to 'shop around'! The Department of Health is prepared to appoint a 'midwife adviser" but does not want someone who is too "pro midwife".

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pressure on the baby's warm moist head. Deb released a straining cry. "The pain" she gasped "it won't go away." Everything paused for a couple of seconds, then another push and a pink wrinkled face unfolded. I held the warm jelly-like head in my hand. I felt quickly for the cord around the neck. Its head turned then another contraction, one shoulder then the other, out gushed the baby like champagne from a bottle. Fletcher helped catch the slippery baby and we passed it to Deb waiting for a cry - but it didn't come.

"Is she breathing?... Is she alright?...Yes!"

I wrapped the two of them in a blanket and watched this new creature in its mothers arms...asleep!

"The time, what is it?...6am!" It seemed like it had taken forever but I had only been there 20 minutes, making her total labour one hour long!

"Didn't you do well, so composed and strong." "I was expecting more noise..." "It wasn't as bad as it sounded..." "It wasn't messy or gross..." I was expecting blood — but it never came." "To see the head.. I was so surprised..." "You didn't tear..." "No time to be apprehensive..." "Had to think practically..." "Last thing you need is bad vibes..." "You would never have made it to hospital..." "would have had her in the car — imagine!"

"What is it?..a girl!..I was hoping for a girl."

Angus my two year old nephew woke, wondering what all the commotion was about, we made a pot of tea and lit the birthday cake for "Gretel Letitia" - welcoming her to the world. Ten minutes had passed before the Doctor rushed in with the midwife hot on his tail.

Soon the new grandparents and aunties arrived, all buzzing with the thrill of Gretel's birth. Gretel's grandmother gave her her first bath, but she prefered to lie oblivious to all her admirers in the arms of her mother— asleep!

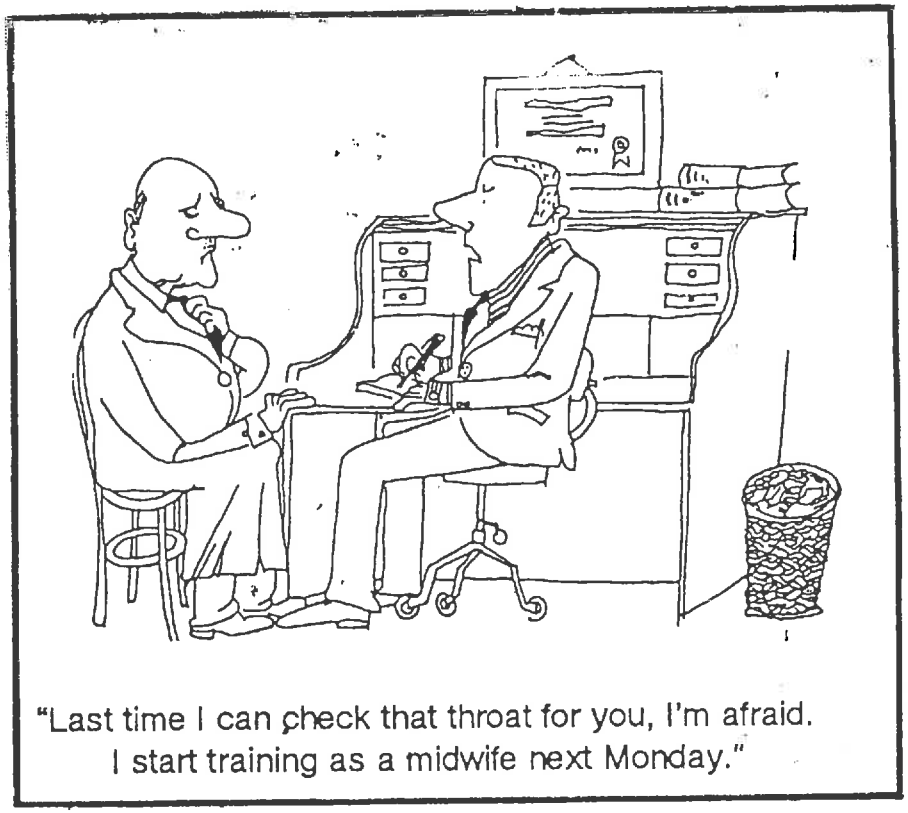
Gretel was born 26/3/90 weighing 9lb 6oz.

(Midwife Rhonda Jackson & Dr Graham Whittaker)

❖ ❖ ❖ ❖ ❖

Thanks to Vicky and Miriam for sharing these birth stories with us. Birth stories for publication are always welcome, please send them to Auckland Home Birth Association, P.O. Box 7093 Wellesley Street, Auckland.

NB - We are also interested in publishing stories that continue beyond the birth and talk about the first few weeks/months of parenting.



"Last time I can check that throat for you, I'm afraid. I start training as a midwife next Monday."

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New Zealand Home Birth Associations Statistics 1990

The 1990 year has seen the passing of a milestone - the number of home births for the year has passed a thousand. To date 1037 forms have been received, an increase of 119 over the 918 forms for 1989. It is expected some late forms will boost the increase further.

Some planned hospital births are included in the above figures for 1989 and 1990. These have been excluded from the analysis, as have 18 forms that arrived too late to be included. Unfortunately, one midwife duplicated 49 forms and these were not discovered until after the tables were run. For this reason 1046 births are shown, but the 18 late forms and 49 births counted twice only very slightly affect the results below.

Details of mothers

Marital status

married/defacto	94.35%
single/unmarried	3.99%
separated	1.22%
divorced	0.33%
widowed	0.11%

Highest education

primary	0.12%
secondary 1-2 years	3.59%
secondary 3 years	16.78%
secondary 4+ years	24.42%
undergraduate	29.75%
graduate or equival.	28.94%

The Pregnancy

Smoking

never in pregnancy	89.60%
0-5 cigarettes/day	6.97%
6-20 per day	3.32%
over 20 per day	0.11%

Procedures in pregnancy

none	46.72%
ultrasound	47.03%
amniocentesis	5.23%
other	1.02%

Labour and delivery

Place of birth

home	86.02%
hospital	13.88%
other	0.11%

Onset of labour

spontaneous	97.54%
medically induced	1.28%
surgically induced	1.18%

Presentation

vertex	96.05%
pop	2.56%
breech	1.17%
other	0.21%

Type of delivery

spontaneous cephalic	92.38%
breech	0.77%
forceps	2.43%
ventouse	0.88%
elective caesarian	0.11%
emergency caesarian	3.43%

Complications of labour

none	78.29%
foetal distress	4.73%
prolonged labour	7.92%
retained placenta	1.03%
antepartum haemorrhage	0.31%
postpartum haemorrhage	3.50%
cord prolapse	0.21%
other condition	4.01%

"A PIECE OF CAKE"

(Written By Miriam Hussey (16 yrs) Sister Of Debbie and Fletcher Tetlow)

The pounding of someone running up the stairs disturbed me.

"Miri, Deb's having her baby." said Rachel shaking my body from its drowsy state.

"Get up quick, we've got to go." I grabbed my jeans and flung on a sweatshirt. We sounded like thunder in that sleeping house as we pounded down the wooden stairs.

Coughing and spluttering we drove into the frosty, dark morning. My heart thumped. I had longed for this day for nine months.

"Why can't this car go faster?" It seemed like forever until we arrived at my sister's house. Everything seemed still, I could hear no noise...where is she?...is everything alright?...was it a false alarm?

Running through the house, searching every room, I felt dizzy, overwhelmed with anticipation.

"Deb, where are you?" A faint moan rose from the spare bedroom. "I'm in here,"she gasped. Kneeling on a mattress on the floor, her nighty hung long over her body. "I'm so glad you've arrived, I've been calling for Fletcher, but he hasn't woken, he was out fishing most of the night."

"Where's the Doctor and midwife, are they on their way?" "I've rung Rhonda, but I haven't had the chance to ring Graham, will you?" "O.K." Rachel called. "What's been happening?" "I started having some contractions, but I was uncertain about ringing, I'd only been awake ten minutes." Breathing long and slow intense with concentration, her back arched then fell. "you're doing really well, Deb. Have you had a drink of water?...So, when were you certain you were in labour?"

"Well I hesitantly rung Rhonda and Rachel, then I had a shower — that was lovely! Then it was all I could manage to get ou t and onto this mattress then you arrived."

"There is certainly no doubt now! Things are happening so quick, you must be fully dilated."

I hurried off, woke Fletcher, who was very surprised to be woken by his sister in law. Back with Deb I frantically checked through the list of the jobs that needed to done, but a long groan distracted me I could feel her pain as every contraction brought her closer to the birth. I felt so helpless, yet bubbling with excitement of the unknown. I was so proud, she was so brave.

"Have you rung Graham?

"Do you want me to?"

"Yes!" exclaimed Deb.

"You're doing so well, keep it up, you can do it, you're nearly there." I tried to sound confident though I felt so nervous. Last night I had re-read a book on childbirth, only this was better — this was real! I peered under her night dress, "The head — Deb, the Head — it's... it's appearing — you're so clever, so quick — how exciting!"

I placed my hand giving just a little

each contraction because they were so painful and lasted so long. I kept hearing Carolyn on the phone to my doctor, John Hilton, telling him how well I was doing and I remember feeling that I was only hanging on by a very thin thread. Then my waters broke and I asked Carolyn for some acupuncture for pain relief, but the minute she put the needles in my hands, I started pushing. Nine minutes later, 5 1/2 hours after labour began, my son was lying on my tummy, Mike was in tears and I was so jubilant and proud of myself. It's a moment I'll never forget.

I pushed Danny out faster than expected and caught Carolyn unaware Dr Hilton didn't make it till after the birth! With Sam's birth, I spent 4 hours pushing him out then had my placenta ripped out of me, some was retained so I went through agony. Danny's placenta came away about 10 minutes after the birth with some gentle pushing and prodding from Carolyn and John — even that was a triumph!

After a bottle of champagne and toast, Mike, Danny and I fell asleep in our bed, together, instead of being separated by a plastic cot and regulations. The whole experience was very special and wonderful and I'm very grateful to Carolyn, John and Raewyn for their support before, during and after.

Vicky Holt

❖ ❖ ❖ ❖ ❖

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New Zealand Home Birth Associations Statistics 1990

Complications of puerperium

none	90.20%
urinary infection	0.65%
genital infection	1.74%
breast infection	3.70%
venous thrombosis	0.11%
secondary pph	0.11%
postnatal depression	0.44%
other condition	3.05%

Postnatal care of mother

Baby born at home:

remained at home	83.76%
hospital treatment	1.60%
hospital for baby	1.07%

Baby born in hospital:

normal discharge	12.82%
prolonged treatment	0.75%

Details of babies

Sex of babies:

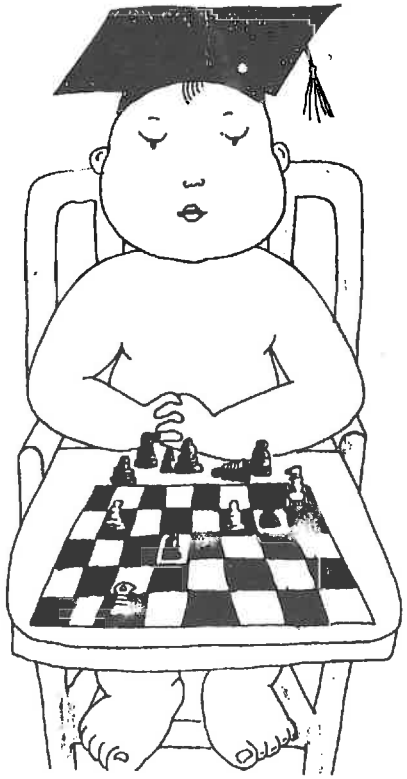
male	852	52.5%
female	491	47.5%
not known	13	

Baby born at home:

remained at home	83.8%
hospital treatment	1.9%
hospital for baby	1%

Baby born in hospital:

normal discharge	11.9%
prolonged treatment	1.4%



DOMICILIARY MIDWIVES CURRENTLY ACCEPTING HOMEBIRTH BOOKINGS

Anna Bannister	
Sian Burgess	861 801
Angela Clark	629 3453
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
Barbara Harvey	8185629
Lesley Hinson	534 1276
Sarah Hodgetts	534 5075
Rhonda Jackson	764 860
Joan Miller	833 6823
Veronika Muller	817 4880
Ruth Nicholson	604 362
Gillian Sawers	570 4681
Joan Skinner	457 124
Jan Thompson	(0942)58 795
Heather Waugh	524 0424
Jenny Woodley	292 8404
Carolyn Young	836 2770
Jenny McDonald	Waiheke 72 7530
Libby Groom	Waiheke 72 7748

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The Birth of Danny

My first labour and birth was a humiliating hospital experience with the easy access to drugs resulting in an 18 hour labour with a forceps birth.

When we planned to have our second baby I was determined that I would never go through that again. The only way I could be sure of not repeating that experience was to have my baby at home with a midwife I knew and trusted and natural pain relief only. I think that no matter how well prepared you are, your first labour is always a shock. Going into my second one, at least I knew I wasn't going to die!

I had a lousy pregnancy this time and nearly opted for hospital where I knew I would get "taken care of." I'm so thankful I didn't though as the whole experience was so wonderful and cleansing for me - all the negative emotions of Sam's birth were wiped away with the wonder of this one.

I was one week late and getting a bit worried as it was Easter and my midwife, Carolyn Young, had phoned me to say she was going away on the Saturday for 3 days. I'd been getting Braxton Hicks Contractions and backache for a couple of weeks so when I was woken at 4am on Good Friday with slight crampy pains, I willed my labour on. At 4.30 I knew I was underway and started timing the contractions. They were about 10 minutes apart. I stayed in bed until 6am when I felt the need to move around and get down on all fours for each contraction.

At 6.30 am when Sam woke we phoned Mike's Mum to come and get him and in the hour before she got here, he was wonderful. 2 1/2 years old and he was rubbing my back, bringing me his favourite toys and wiping my face with a flannel. What a little darling!

We phoned Carolyn at 7am to let her know we'd be needing her before too long. At that stage the contractions were 4-5 minutes apart and I was having to work quite hard with lots of controlled breathing and conscious relaxing. Carolyn suggested a hot bath and the relief was marvellous. My sister-in-law, Raewyn, arrived at about 8am and quietly spent the whole labour being where she was needed most.

Carolyn got here at 8.30 and made her one and only examination. I was 7cm dilated after only 4 hours— that made me feel I could cope and gave me the energy to face each contraction positively. My husband Mike, was wonderful throughout. Because I'd had an epidural for 10 hours of my first labour, he didn't know if I would be able to cope and was unsure whether he would know how to help me cope— but he did everything right. Carolyn was perfect too — she left us alone except to offer verbal encouragement and when I was in transition, she offered me homoeopathic remedies for my panicky feelings. She seemed to know instinctively when I needed her and didn't interfere with us as a couple, birthing our baby together.

Towards the end I felt I needed to be out of the bath and sitting on my mattress, propped up with pillows. Even though I still felt in control and the boss of the situation, I was starting to get scared of

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Birth Notices

MIDWIFE: RHONDA JACKSON

Date	Parents' names	Sex	Baby's name	Wt	Baby no.	Doctor
24.11	Theresa & Paul Leclerc	F	Ambrosia	3320	2	Eason
25.11	Leath Manning & Wayne Scott	F	Hannah	2970	2	Yuzak
26.11	Jo & Robert Sim	F	Michaela Rose	4150	2	Broom
10.12	Paula & Glen Holding	M	James Glen	3890	1	Railton
14.12	Tess Redgrave & Peter Walker	M	Albert		1	Yuzak
18.12	Angela & Russell Bray	M	Harrison Garry	3630	2	Railton
19.01	Gitte & Kurt Mark (with Joan Miller)	F		3900	1	Railton
26.01	Michelle Naber & Robert Ming Yew	F	Chloe Suzanne	3000	1	Eason
27.01	Ree Anderson & Barry Lett	M	Lucien	3910	2	Copland
29.01	Elizabeth Coulburn & David	M	Thomas	3160	1	Graham G
14.02	Lee & Wayne Perry	M	Leonard John	4110	3	Copland
23.02	Gail & Lawrie Abel	F	Rosemary	2750	1	Lauder
23.02	Linda & Miles McGlynn	F	Mia Lillian Haskell	4080	1	Graham G
24.02	Kathleen & Bruce Stone	F	Monica Ruth	3090	2	Copland
06.03	Barbara & Mark Dalley	M	Matthew	4170	4	Hilton
06.03	Jean McAllister & Tony McMaster	M	Rory Kenneth	3520	3	Yuzak
07.03	Wendy & Bryce Martin	F	Hannah	3740	3	Copland
21.03	Georgina Greville & Geoff Mercer	M	Louis	3430	2	Railton
23.03	Debra & John Higgins	M	Keiran	3460	1	Eason
14.04	Jody & David Page	F	Rochelle	3520	2	Graham G
19.04	Elizabeth & Jason Roberts	M		4280	1	Eason
06.04	Caroline & Brian Shelly	M	Jacob(Jake)	2720	4	Hilton & Sian
30.04	Sarah Hardman & John Miller	F	Rereata Grace	3120	1	Yuzak
03.05	Sandy Copsey & Michael Johnston	F	Tamzin Amelia	3430	2	Railton
04.05	Natasha Armstrong	F		3500	1	Graham G
06.05	Rosie Williamson & Alan Drage	F	Ella Margaret	3230	1	Copland
12.05	Karen Davis & Robert Smith	M	Thomas Stephen	3690	1	Hefford
13.05	Andrea McClean & David King	F	Camille	3830	1	Copland
23.05	Elizabeth Greatbatch	M	Liam	3130	4	With Sian
27.05	Phillipa & John Hitchcock	F	Emily	4250	2	Graham G
01.06	Linda Jamieson & Stuart Ashby	M	Samuel Frederick	3645	1	Yuzak
06.06	Adel & Mike Clayton	M	Thomas George	4480	3	Railton
06.06	Elspeth Lamb & Greg Walker	M	Finbar	3400	1	Graham G
19.06	Gulshin Rehman & Geoff Cordell	M	Hemi	3780	2	Copland
02.07	Ainslee Berking & Marvin	M	Lorenzo Marvin	3660	1	Copland

03.07	Marjan Paler Jansen & Keith Paler	F	Keely Mistral	3430	1	Copland
10.07	Tessa Hgarst & Pani	M	Evarn Tyniel	3660	3	Graham G

Rhonda also attended 2 DOMINO Births. 5 Postnatal care only & 3 Labour Support

MIDWIFE: FIONA CLEMENTS

22.05	Fiona Cram & David Wignall	M	Sebastian	3750	1	Judkins

MIDWIFE: JOAN DONLEY

22.03	Gulharam & Gulzar Dost	F	Fatima	3800	5	Midwife
28.03	Sherrie & Gerald Turnbull	F	Eleanor Hallie	3630	4	Graham G
09.04	Lyn Willis & Ralph Davies	F	Jessie	2890	2	Copland
22.04	Barbara & Keith McConnell	M	Andrew William	3970	3	Nash Yusak
21.05	Beverly & Trevor Crosby	F	Erin Katherine	3350	3	Midwife
10.06	Silei & Rex Harrison	F	Julia Aulofa	3490	3	Midwife

Joan also attended 1 Labour Support & 1 Early Discharge

MIDWIFE: VERONIKA MULLER

19.03	Juliite Leonard & Jamie Warden	F	Elizabeth Adele	3660	2	McGarry
22.04	Chaytaan Walker & Naraka	F	Misha	3880	2	Hilton
15.05	Cathy Dine & Grant Bryce	M		3860	2	Midwife

MIDWIFE: KAREN CONNOLLY

28.11	Anna & Dave Wickman	F	Kezia	3490	1	Nealie
25.01	Kylie & Grant Ashby	F	Candile	3800	1	Nealie
25.01	Brenda & Jeff Clarkson	F	Eden	3850	2	Conyingh
02.07	Helen & Owen Liese Monk	M	Joel	2850	1	Railton

Karen also attended 22 DOMINO Births & 5 Postnatal care only.

MIDWIFE: SIAN BURGESS

06.04	Taryn Neild	F	Gypsy Zairn	3290	1	Yuzak
14.04	Jody & Chris Paige (Thanks to Rhonda)	F	Rocheue	3520	2	Graham G
20.04	Marguerite Oliver (Thanks to Heather)	F	Leila	4080	1	Midwife
25.04	Christine England (Number 500 Home Birth for me.)	F	Amira Grace Thanks Chris	4320	1	Yuzak
04.05	Karen O'Kerry	M	Samuel	3550	1	Yuzak
11.05	Christine & Barry Peters	F	Jennifer	3330	4	Hilton
23.05	Elizabeth & Rowan Greatbatch (Thanks to Rhonda)	M	Liam	3130	4	Midwife
28.05	Sonia Brass & Rob Keyworth	F	Justine	3580	2	Railton
29.05	Moira Lawlor & Pat Hanley	M	Liam	4350	2	Hilton
12.06	Deb Duncan & Lindsay Mariner	F	Frace	3950	2	Yuzak

Abbreviations

NVD.....Normal Vaginal Delivery
ED.....Early Discharge
PN.....Postnatal
SCBU.....Special Care Baby Unit
LSCS.....Lower segment caesarean section
FD.....Fetal Distress
TOL.....Trial of labour
NNU.....Neonatal Unit
NSH.....North Shore Hospital
ROM.....Rupture of Membranes
IUGR.....Interuterine growth retardation
synto. inf.....Syntocinon infusion
PPH.....Postpartum haemorrhage
IVF.....Intravenous fluids
SRM.....Spontaneous rupture of membranes

MIDWIFE PROFILE:

Now that there are quite a large number of midwives available in Auckland, we have asked each of them to write a short profile about themselves to assist women in making a choice of midwife. A different midwife will feature in each newsletter. These will be kept in a folder at the Home Birth Assn.. Office (40A Sussex St, Grey Lynn) where people are welcome to come in and look through it.
This edition features Gillian Sawers.

Gillian Sawers

I am English & have been New Zealand since 1985. I am a registered nurse and a registered midwife trained in England. I qualified as a midwife in March 1983 and until 1991 I have been working in base hospitals. in New Zealand mainly in Delivery Suite.
I am a Christian and my beliefs support my midwifery practise.
I am now involved in home births as I see pregnancy and birth as a normal natural process during which the majority of women have no problems.
I believe that women are strong and are capable of giving birth without intervention or chemical forms of pain relief when given good support and encouragement. I believe that home is the more relaxing and comfortable place to be for the labouring woman.
I also believe that continuity of care from one midwife and/or doctor is important and that getting to know one another and to trust one another is essential.
I intend to give birth to my own babies at home.

MIDWIFE: JENNY WOODLEY

21.04	Fiona McDonald & Andy Van den Bogart	M	Luke	4000	2	Judkins
27.05	Vicky & Richard Pratt	F	Kayla	3970	2	Lauder
04.06	Sue & Bill Pope	F	Lauren	3900	3	Browing
02.06	Kay & Graham Hoskings	F	Jenny	3700	3	Judkins
15.06	Hannah & Peter Curran	F	Kalib	2800	3	Judkins
24.07	Charlene & David Grubb	F	Tamila	3050	4	Lauder
27.07	Janine & Kevin Dawson	M	Mathew	3500	3	Judkins
02.08	Sue & Grant Bartlett	F	Nicola	3300	3	Midwife with L.Dunn
11.08	Elen & Bruce Glover	M	Sebastian	870	2	

(Premature labour at 26 wks. NWH - now in SCBU. Best wishes for Sebastians homecoming.)

16.08	Tania August	F		3500	3	Judkins
19.08	Sue & Neville	F		3900	3	Browning

Jenny also attended one woman for postnatal care only.

TRANSFERS TO HOSPITAL

Of the 159 planned homebirths listed in this edition, 20 resulted in transfer to hospital for the following reasons:-

1. Slow progress - Epidural & NVD.
2. PN transf. baby pneumothorax home day 3.
3. Transf. for monitoring ?fetal distress. NVD. home straight away.
4. PN transf.at 40hrs. baby pneumonia. Discharged after 5 days..
5. Transf. for high blood presure: Discharged at 4 hours.
6. Transf. for birth asphyxia.SCBU Discharged 15 days.
7. Transf. for undiagnosed footling breech.at 8cm LSCS.
8. Slow progress. Epidural & forceps del.. Home next day.
9. Transf. beginning of labour- post term baby - high head - LSCS for FD & no progress after TOL. Disch. day 6.
10. Transf. for thick mec. liq - post term baby. Short TOL - LSCS. Babe NNU 2 days. Disch. Day 4.
11. Transf. - LSCS - NSH - healthy baby. Disch. day 3.
12. Transf. premature(pre-term). labour. Disch. day 10.
13. Transf prolonged ROM. Discharged. day 6.
14. Transf. at term for lge. babe - previous shouider dystocia - NVD. Home next day.
15. Transf. Scan showed severe IUGR. Babe OK.
16. Prolonged labour, slow progress - epidural - synto. inf.- forceps del. Disch. same day.
17. Transf. NSH. No reason given. ND Discharged Del Suite.
18. ND at home. Transf NWH for PPH. IVF & Syntocinon. Observed 48 hrs - then disch.
19. ND at home. Transf day 5 - newborn jaundice. Phototherapy x2days - then disch.
20. Transf. MMH.in labour. High mobile head - ND after SRM. Disch. 1hr. later.

17.06	Lynz Eade & Rex Wilmhurst	M	Jeremy	4240	1	Randall
22.06	Jocelyn & Bill Rashka	F	Tamara	3670	2	Nash
26.06	Carol & Paul Doesburg	M	Julian	3140	3	Graham G
08.07	Vicki Willis & Matt Bartley	F	Hannah	3000	1	Graham G
08.07	Diane & Paul McCarthy	M	Regan	3800	3	Graham G
13.07	Penny Holmes & Denis O'Connor	M	Emmett	4140	2	Copland
15.07	Ingrid & David Hickman	F	Shavonne	4160	3	Hilton
16.07	Michelle Peper & Grant	F	Nina	3240	1	Midwife

Delivered by her aunt Jenny Johnston

MIDWIFE: HEATHER WAUGH

10.04	Bronwyn Fox & Paul Nielson	F	Leah	3080	2	Broom
23.04	Tina Berking	F	Latafale	3600	3	Copland
03.05	Patricia & Mal Bartleet	F	Veronika	3480	3	Graham G
19.05	Margaret Morice & Jonothan Fay	F	Zoe	3600	3	Eason
04.06	Leonie Morris & Bruce Cronin	F	Emma	3100	1	Copland
05.06	Susan & Bill Tapper	F	Hilaray	4150	2	Yuzak
10.06	Abigail Brixey & Stuart Emerson	M	Gareth	4400	1	Graham G
11.06	Sue Mercer & Rob Verkerk	M	Louis	3700	3	Copland
06.07	Hannah Ickert & Micheal	F	Hope	4000	1	Midwife
07.07	Heather Johnson & John Fraser	M	Mathew	3100	2	Copland
09.07	Deborah Fredrickson & Wayne	F	Eva	4450	2	Graham G
10.07	Lee Foley & Rowan Belcher	F	Ciara	4100	3	Graham G
16.07	Maxine Flemming & Micheal Scott	F	Ella	3150	1	Graham G
16.07	Joanne Larke & Laurie	M		3100	2	Graham G

Heather also attended 4 women for postnatal care only.

MIDWIFE: RUTH NICHOLSON

31.12	Teresa & Doug Robertson	M	Billie	4700	4	Copland
07.02	Rose Greaves & Paul	M	Matua	3900	3	Graham G
11.04	Ros Billing & Andrew Cumming	F	Ruby	3750	1	Kim Lobendahn
19.04	Michelle Katene	F	Moriah	3200	3	Copland
09.05	Louise Lahatte & Bruce Thomas	F	Rhiannon	2880	1	Eason
12.05	Philippa & Glenn Teal	M	Jeremy	3800	3	Broom
13.05	Lesley Vanderlinden & Fred Shouta	M	Khan	3200	1	Nash
25.05	Nicki Tyler & John Baxter	F	Allanah	3250	2	Copland for Graham G
11.06	Sara Jensen & Jordi Garcia	M	Christopher	3720	1	Nixon For Insul

Ruth also attended 4 women for Postnatal care only.

MIDWIFE: CAROLYN YOUNG

27.03	Heather Brown & Lindsay Hook	M	Leroy	4120	2	Hilton
29.03	Cindy Heron & Stewart Fulljames	F	Angelstar	3640	3	Hilton
29.03	Vicki & Mike Holt	M	Danny	3560	2	Hilton
07.04	Kim & Phil Weston	F	Harmony	3220	4	J.McIlwraigth
08.04	Marie O'Sullivan & Yill MacCormick	F		3980	2	Hilton
25.04	Katrina & Terepai Vaireka	M	Brye	2700	2	Railton
01.05	Michelle & Chris Robinson	F	Stacey	3600	3	Nealie
12.05	Rosey Buchan & Jonathan	M	Jason	3120	1	Railton
12.05	Jackie Tonson & Ivan Older	M	Brendan	3340	1	Hilton
14.05	Sandra & Nathan Livingstone	F	Georgia	2960	2	Hilton
19.05	Carol & Scott Hinton	F	Rose	3300	3	Hilton
25.05	Monique Endt & Alister Topzard	F	Eamon	3860	2	Hilton
29.05	Helen & Mike James	F	Emily	3900	4	Railton
15.06	Julie Nash & Yarry McKenzie	M	Tia	3660	1	Hilton
19.06	Lesley & James Tennant	M	Nathaniai	4160	2	Hilton
24.06	Kate & Ben Easton	M	Keegan	2620	1	Hilton
29.06	Mandy & Michael McPherson	F	Jessie	2270	2	Hilton
01.07	Sue Mark Millman	F	Rosina	3220	3	Hilton
03.07	Debbie Taylor & Michael Loughran	M	Patrick	4350	3	Midwife with B. Harvey
13.07	Richelle Whitehouse & Phillip Opetaia	M	Jordy	3340	2	McGarry
16.07	Karen MacDonald	M	Jordan	4060	2	Hilton

Carolyn also attended 9 women for postnatal care only.

MIDWIFE: MARGARET FALCONER

26.05	Sue & Peter Phillips	F	Zoe	4000	3	Nealie

Margaret also attended 25 births at the Helensville Birthing Unit & 2 women for postnatal care only.

MIDWIFE: AMANDA GREENWOOD

12.04	Debbie Clapperton & David Rees	F	Grace	3400	3	Whittaker
14.04	Wendy & Kerry King	M	Simon	4400	2	Railton
15.04	Maria & Jeremy Fleming	F	Chloe	3800	3	Railton
21.04	Julie & Paul Colquhoun	F	Rebecca	3350	3	Railton
28.04	Karen Westwood & Mark Cranswick	M	Bryn	3600	1	Eason
19.05	Claire & Mark Phillimore	F	Erin	3200	2	Railton/ Yuzak
09.07	Sophie & Graham Field	F	Imogen	3300	5	Lauder
17.07	Linda & Allen Parkinson	M	Roman	3800	1	Nealie

Amanda also attended 1 DOMINO Birth & 1 birth at the Helensville Birthing Unit.

MIDWIFE: LIBBY GROOM

04.04	Belinda Vanderburg & Tom	M	Zane	3000		Karetai
31.05	Jeanette Collishaw & Stephan	F	Susan Kimberley	3510		Karetai
30.06	Jacqui Green & Patrick	M	Samuel	2630		Peters
23.07	Alison Lawson & Richard	F	Marianne	3600		Karetai
28.07	Rosheen Kearney & Stephan	M		3400		Karetai

MIDWIFE: JOYCE COWAN

30.03	Jane & David Clowes	F	Alice	3150	3	McKay
31.03	Sue Ellen Virtue & Paul Johnson	M	Billy Frances	3600	2	Graham & Bronson Covered
06.04	Mataroa Moses	M	Caleb	3800	2	Midwife
07.04	Elizabeth & Mark Stolten	M	James Peter	3700	1	Kidd
14.04	Winifred & Peter O'Neill	M	Gerard Joseph	3300	7	Laughlin Brooks covered
22.04	Jo Scott & Mike Phillipps	F	Madeleine	4000	2	Arbuckle
28.04	Karen & Alister McLaughlin	F	Emma	3700	3	Kidd,Moffit covered
08.05	Donna & Steve Pulman	F	Natasha	2895	1	Judkins
11.05	Sonia & Stephen Ili	M	Stacey	3175	2	Hurly
25.05	Kim Willoughby & Temuera Morrison	M	James Tarawhai	4075	1	Hurly
04.06	Diane & John Mitchell	M	Brendon	3200	3	T. Hanne
07.91	Janine McLaren & Andrew Williams	M	Robbie	3150	2	Eason
29.06	Kerry & David Bartlett	M	Matthew	3500	2	Nixon
04.07	Tracey Elwood & Jo Enoka	M	Nathan	4000	2	Lowe
09.07	Katherine Smith & Jonathon Elson	F	? Emily Rose	3600	1	Eason
13.07	Dale & David Burgess	F	Sophie	3300	1	Nixon

Joyce also attended 1 DOMINO Birth.

MIDWIFE: JAN THOMPSON

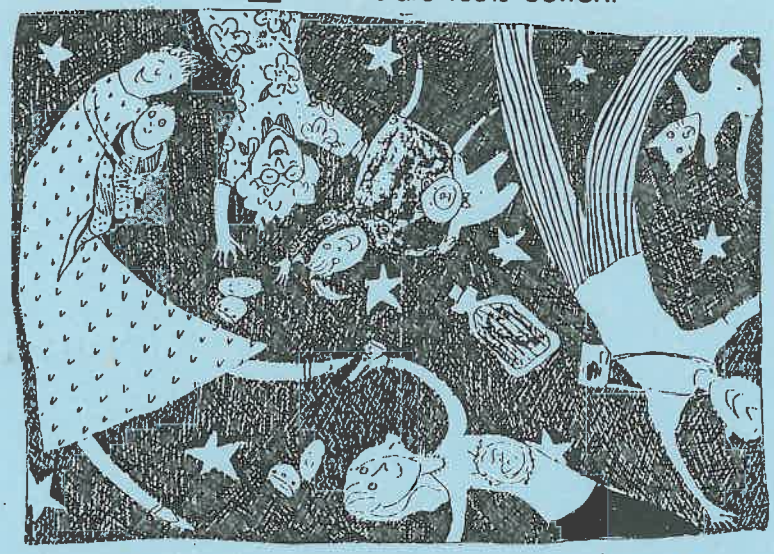
21.06	Glenda Rowe	F	Rio	3200	3	Jessamine
21.07	Jill & John Wilson	F	Elise Maree	3050	4	Jessamine

MIDWIFE: JENNY MCDONALD

30.05	Ingrid Wendel & Philip Symmonds	F	Tanya	3000	1	Maclaurin
21.06	Fioana Cruden	F	Stevie-Rae	3000	4	Maclaurin
13.07	Marina & Mike Evans-Bagley	M	Solomon	4500	4	Maclaurin
02.02	Valerie & Terry Gallon	M	Michael	4300	2	Peters

SWEATSHIRTS / TEE - SHIRTS

Adult sweatshirts and T- shirts and children's T-shirts are now available printed with the design illustrated.
All T - Shirts are 100% cotton.



Welcome Homebirth!

CHILDREN'S T - SHIRTS

crew neck, short sleeves

	Pink	Royal Blue	Black	Mint	Red	Aqua	Mauve	COST
Size 0 (6-12 mth)								$8
Size 1 (1year)								$10
Size 2 (2years)								$10
Size 3 (3years)								$10
Size 4 (4years)								$11

ADULT'S T - SHIRTS (2 designs)

1. Surf shirt — Loose fitting, ribbed crew neck, short sleeves

	Hot Pink	Aqua	Purple	Jade	Khaki	Black	Bright Yellow
Small							
Med							
Large							
X Large							

$16

2. Scoop neck, Chinese, short sleeves

	Yellow	Melon	Aqua
Small			
Med			
Large			
X Large			

$16

ADULT'S SWEAT - SHIRTS

All sweatshirts are 100% fleecy back cotton with crew neck raglan sleeves.

	Jade	Cobalt Blue	Navy	White	Black	Cherry	Charcoal
Small							
Med							
Large							
X Large							

$30

Please indicate 1st and 2nd colour choices where possible. Prices include post and packaging.
Please send money with your order to:
PO Box 7093 Wellesley St Auckland.

NAME _____

ADDRESS _____ PHONE _____