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HOME BIRTH WHANAUTANGA

International Breastfeeding Day
August 1st

NEWSLETTER • No 54 • WINTER '92

HOME BIRTH ASSOCIATION

COLLEGE OF MIDWIVES STUDY DAY

Monday 24th August
9.00am - 3.00pm

Health Promotion Forum
Second Floor - 27 Gillies Ave, Epsom

PROGRAMME:

9.00 - 10.30	Physiological Management of Third Stage	Liz Smythe / Sian Burgess
	Morning Tea	
11.00 - 12.30	Vitamin K -	Joan Donley
	Lunch	
1.30 - 3.00	Informed Consent -	Lynda Williams

Registration - $50 (including lunch) if paid by 17th August
$60 late

Send registrations to: Auckland Home Birth Assn
P.O. Box 7093
Wellesley St, Auckland 1

For more information Ph. Marjet - 638 8872 or Glenda - 525 3437

Cover graphic by Heidi Matthews

New Zealand Home Birth Associations

Auckland Home Birth Assn.
Box 7093
Wellesley Street
AUCKLAND

Buller Home Birth Support Group
c/- Buller REAP
61 Peel St
WESTPORT

Christchurch Home Birth Assn.
BOX 2806
CHRISTCHURCH

Cromwell Home Birth Support Group
c/ Annette Harris
1A Cluth Street, Alexandra
CENTRAL OTAGO

Dargaville Home Birth Assn.
c/- Post Office
DARGAVILLE

Hawkes Bay Home Birth Assn.
c/- Lynea Dale
10 Bennett Place
Onekawa, NAPIER

Dunedin Home Birth Assn.
Box 6124
DUNEDIN

Eastern Bayof Plenty Home Birth Assn.
c/. Michelle Ingle
10A Strathmore Pl
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Far North (Nthld) Home Birth Assn.
c/- Colleen Olsen
25A Kitchener St
KAITAIA

Gisborne Home Birth Assn.
c/- Kathie Ufton - Roberts
10 Riverside
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Hawkes Bay Home Birth Assn.
c/- Lynea Dale
10 Bennett Place
Onekawa, NAPIER

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

Hokitika Home Birth Assn.
c/-Helen Parkinson
2A Whitcombe Tce
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Manawatu Home Birth Assn.
Box 733
PALMERSTON NORTH

Nelson Home Birth Assn.
C/- Brenda Wraight
Orinoco
R.D.1, MOTUEKA

Rotorau Home Birth Assn.
c/- Marcia Drennan
131 Otonga Rd
ROTORUA

South Canterbury Home Birth Assn.
c/- Lynn Kerr
R.D.2., Fairview
TIMARU

Southland Home Birth Assn.
P.O Box 7063
SOUTH INVERCARGILL

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

Taupo Home Birth Assn.
c/- Christine McMillan
19 Garden Grove
TAUPO

Tauranga Home Birth Assn.
Box 9001,
TAURANGA

Thames Valley Home Birth Assn.
c/- L. Gilmore
Boundary Road
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Waikato Home Birth Assn.
Box 12099
HAMILTON

Wanganui Home Birth Assn.
c/- Jan Harrison
92 Campbell St
WANGANUI

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

West Coast Home Birth Assn.
c/- Steve and Chris Johnston
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Thank you for your support

EDITORIAL

As most of you should know, this year's National Home Birth Conference was hosted by Auckland the weekend of May 22-24th.

This was a major event for the very small active committee to organise, and it occupied us for much of the previous year following our return from Nelson's conference in 1991.

It was difficult to host a bicultural conference even in a bicultural or more accurately, multicultural city such as Auckland, due to the lack of active members of other cultures besides the predominantly pakeha home birthers.

We were greatly helped by Waireti Walters and Lorraine Knutsen who took time from their full-time work as health professionals to come to several planning meetings.

When it came down to the fine details there were many people besides the organising committee of Brenda Hinton, Marjet Pot, Linda McKay, Jannine Pepper, Kate Jaunay, Joan Donley and Sally Morison who helped make the conference the success it turned out to be.

I will not mention any names (for fear of leaving someone out) but there was an incredible amount of behind-the-scenes help from people who: assembled conference packs, made muesli and stewed apple for the breakfasts, were on hand to set up at breakfast time on the marae and at the Hostel, took registrations at the two venues both mornings, donated portacots and a change-table, brought flowers for the dinner tables and to give to honored speakers, helped serve morning and afternoon teas (in trying conditions at times) at both venues, sat on stalls selling promotional material, helped with washing up and cleaning at the marae after suppers late at night, loaned a cell phone when phones at the venues weren't working, and helped with the massive cleanup on Sunday night when it was all over. I mention all this seemingly minor help in such detail deliberately, as every bit of this that was done by others meant that the main organisers did not have to quite so much.

The creche people deserve a huge vote of thanks for work beyond the call of duty in facilities definitely not designed to be invaded by 20-30 children.

The catering was excellent, and the food was always on time. Thanks also to the facilitators who really kept things moving to the very tight timetable we had to adopt to fit everything in.

A special thank you to Janna Russo from Christchurch who stepped in upon seeing the lack of a caller to reply to the karanga, and very capably filled that role.

Finally, thank you to Babe Kapa from Kaikohe for speaking unprompted on our behalf on the marae and contributing so much during the discussions held on the marae, and to Taura Eruera for also speaking on our behalf at the powhiri..

Next years conference will be hosted by Southland. I hope they enjoy(?)the experience as much as we did.

Kate Jaunay

AUCKLAND HOME BIRTH ASSN. AGM MINUTES

Held on May 11, 1992, at AHBA office.
PRESENT: Marjet Pot, Stephen Benseman, Kate Jaunay, Jill Wilson, Joanne Deck, Glennys O'Brien, Joan Donley, Glenda Aiken, Sally Morison, Leslie Hinson, Maureen Kearney, Cathy Davies, Linda Burroughs, Michele Lennon, Debbie Payne, Jannine Pepper, Claire Chambers, Lynda Williams, Trish Warder, Anne Becker, Stephanie Mann, Linda McKay, Brenda Hinton.
APOLOGIES: Joyce Cowan, Carolyn Young, Joan Miller, Joanna Walker, Adrienne Bell, Bridget Morison, Maree Parr, Bruce Conyngham, Judi Strid.

REPORTS

NORTH SHORE

North Shore provides four series of antenatal classes each year, run by two pairs of women. The venue is the Takapuna Plunket rooms. Guest speakers include a naturopath, physiotherapist, doctor, midwife, and a La Leche League Leader. There are new parents including a couple who have had to transfer to hospital; the midwife shows how to make up a birth plan; explanation of expectations of the first six weeks at home. The class leaders have a review periodically with two doctors and two midwives to be sure the classes are meeting the needs of their clients, and they discuss the evaluation sheets which are handed out after each series. They recently had an evening on Birth Options, attended by 16 people, with explanations of domino births, pain relief in hospital and home birth.

DEVONPORT

Devonport now has coffee mornings or evenings once a month and have a postnatal support group in the Devonport, Belmont and Bayswater area: the doctor or midwife notifies the group, the group then contacts the mother offering help (so the mother does not have to ask for the help). There are 25 people on the list who are able to do cooking, cleaning, gardening, shopping and childminding. They are looking for money to pay workers and a coordinator; They are exploring various options in order to pay their workers and a co-ordinator.

WEST AUCKLAND

West Auckland hold three series of classes per year, five classes per series. Guest speakers include a doctor, midwife and naturopath. The venue is the antenatal room at Waitakere hospital. There is now a postnatal support group run by Fiona Patterson and Cathy Dine which meets at Titirangi Community House on the first Wednesday of the month. During Home Birth Week they held an Open Evening attended by 30 people.

SOUTH AUCKLAND

South Auckland recently had a shared lunch to assess the level of support. The phone tree has dwindled from 100 to 45 members. They hold information evenings with a doctor, midwife and some homebirth parents. Lilian Dunn (a midwife from Papakura) runs Active Birth classes with good homebirth input. They are still having coffee mornings with specific topics e.g. mother/baby massage, immunisation, natural family planning, etc.

Book Review:

"Herstory of NZ Homebirth Association" by Joan Donley

On reading Joan Donley's book "Herstory of NZ Homebirth Association" I was immediately struck by the power struggle between the medical profession and midwives. A struggle which goes on unabated. The achievements for women and babies in reclaiming homebirth fought for by women throughout Homebirth Asssociations (HBA) in New Zealand is impressive. They have caused a follow-on effect for all women and have directly influenced improvements in maternity care in hospitals as well.

Joan's book explores the herstory of homebirth from the mid-70's - a time when homebirth had all but died and domiciliary midwives (DM) were almost extinct. The accounts of individual HBAs in different areas of New Zealand were both informative and enlightening.

A constant thread throughout the book was the role of the DM who was often in the frontline and who, particularly in the 70's and 80's, took the brunt of the attacks from both the medical profession and hospital midwives. Unfortunately, for a few it became all too demoralising and they were forced to resign as DMs, often leaving a big gap for those women still wanting homebirths.

To be a domiciliary midwife requires strength, commitment and a faith in women - such as is displayed by Joan Donley. Sadly, her book says little about herself and her contribution to the homebirth movement. Maybe it's time for the rest of us to take up the challenge to write her story.

The book concludes with a chapter looking at homebirth statistics. It demonstrates how easily statistics can be manipulated, and in fact have been in Australia in the continuing struggle to suppress and discredit homebirth. However, homebirth is here to stay. Opposition to homebirth still exists, albeit more covertly nowadays. But now that women have rediscovered homebirth we know it's too precious to let anyone take it off us. Thanks Joan for a great book.

Kathy Davies.

part-time basis, perhaps through job sharing or flexible time arrangements.

Andrea Carlson Gielen ScD et al, Maternal employment during the early postpartum period: effects on initiation and continuation of breast-feeding, (Paediatrics, Vol 87, No 3, 1991 298-305)

breastmilk fortifies against cancer

Child health specialists have uncovered evidence that babies who are breastfed face a reduced risk of developing cancer in childhood. Researchers studied 200 Denver, Colorado, children who were diagnosed with cancer between the ages of one and a half and fifteen. Those who were artificially fed, or were breastfed for less than six months, were twice as likely to develop cancer before the age of 15 as were those who were breastfed for longer than six months. The findings demonstrate that artificial feeding could deprive infants of "significant immunological benefits" and thus weaken their natural defences against some forms of cancer.

The researchers, at the National Institute of Child Health and Human Development in Bethseda, Maryland, and the University of North Carolina, conclude: "If human milk increases resistance to infections in infancy, artificial feeding, which provides no immunological benefits, may alter the child's responses to early infection. The interaction of the developing immune system and infectious agents may be critical to the individual's subsequent immune response to infection or reactivation of latent viral infections."
The cancer most strongly associated with artificial feeding is lymphoma - which, as the authors point out, is more common among children with immune deficiencies. Artificial feeding has also been linked with other conditions later in life, such as obesity, diabetes and heart disease. *(The Lancet, 12 August 1988 - reprinted from "Mothering")*

FRANKLIN

The Franklin homebirth support group does not meet as such, although the library is available for use. Most of the members belong to La Leche League or play groups so the homebirth info & support gets across informally.

WAIHEKE ISLAND

50% of the total births last year were home births, due most likely to the probable disruption of going to the mainland for women having their second or subsequent babies. They have a very loose support group, providing meals or helping out as needed, but they're not asked often. The only antenatal classes on the island are run by homebirth midwives Libby Groom and Jenny McDonald. They have a good library which is well-used. They are available to facilitate meetings to deal with any conflicts.

CENTRAL AUCKLAND

The antenatal classes are now at the YWCA since Carrington didn't get the direct entry course. There are three series per year covering nutrition, homoeopathics, breastfeeding, transfers, and homebirth couples to tell their birth stories. They are now incorporating some open discussion time for people to make links and give each other postnatal support. They are charging $50 per series if people are not already AHBA members, plus $3 for supper. They want to offer a vote of thanks to Jilleen Cole for her contributions to the series held at Carrington over the past year.

WARKWORTH

The home birth group has been going about a year. The big event of late is the closure of the local hospital. There is a pilot scheme for postnatal home help being set up by Wendy Grice (of 60's plus) but there was no home birth consumer input nor any communication with health professionals. There's now a Rodney Coast midwives collective, with three hospital midwives plus Jan Thompson.

EAST AUCKLAND

East Auckland continues to hold its monthly coffee mornings in a permanent venue at the Plunket Rooms in Sylvia Park, which are now held on the first Monday of the month. Having the venue and day fixed means that the phone tree is almost unnecessary. We welcome all parents. Each term there is an Information Evening for couples considering homebirth, with a midwife, homebirth couple and new baby, the HB video, and supper, usually attended by 8 or 10 couples.

DOMICILIARY MIDWIVES

There's an increase in 'midwifery only' bookings with some DMs now having 50% midwife only, but homebirths have declined as dominos increase. Difficulties with dominos include rigid protocols pertaining to 'risk factors', private consultants using mws for 'low risk' birth (at the consultant's definition of low risk) and the expense of midwives cost plus hospital cost. Most domiciliary midwives(DMs) now decline to take dominos as they find these limitations unsatisfactory. It is unlikely that the domino option will be available (at least at the same fee schedule) after July '93 when the Regional Health Authorities have to absorb the costs. DMs getting linen bundles and disposable supplies from Waitakere hospital have received a letter itemising the costs of supplies, but to date no one has actually been billed. When this happens it will be challenged as discriminatory against DMs, as independent mws are not charged in hospitals. Thanks to Linda McKay for her

works on stats despite DMs not getting them in regularly. The stats are justification for the continuation of the Home Birth option and as such are very important. Thanks also to Marjet Pot for her work as coordinator of the Domiciliary Midwives Standards Review Committee.

DMSRC

The Domiciliary Midwives Standards Review Committee meetings were held last year in the Auckland Area Health Board Building in Owen's Rd. The committee consisted of four health professionals and four consumers. Thanks to all the committee members who gave up their time voluntarily to attend the meetings. Glenda Stimpson was replaced this year by Bev Crombie as the hospital midwife on the committee. Thank you Glenda for the years of work you have put into this committee. Thanks must also go to Carol Peterson who at the end of last year left Auckland for a new position in Dunedin. Carol in her position as the District Director of Nursing has always been very supportive of the roles and functions of the DMSRC. Last year we started posting out the Consumer Evaluation forms. These forms are sent out to all parents who have had their babies at home. When the forms are returned they are read and collated. These forms are used as part of the annual review of each of the domiciliary midwives. In 1991 the DMSRC reviewed the practice of 17 midwives and all were found to be safe practitioners. The number of midwife-only births increased during the year. The other role of the DMSRC is to deal with complaints, and last year we dealt with one complaint. The workload of the DMSRC has increased as more midwives are attending home births and hence need to be reviewed. The DMSRC will need to look at some way of previewing these midwives so we can ensure that they are practicing with a Home Birth philosophy.

TREASURER'S REPORT

Income for the year 1991/92 appears to have increased due to increased receipt of grants. Registration numbers have declined by $4400 (88 fully paid members) but subscriptions remain constant. Fund raising activities appear to have taken up the slack. Expenses appear to be static if not slightly increased, reflecting the changes in approach taken over the year; fixed assets increased greatly. This will have a lead on effect in the next year with substantial savings on costs of work previously contracted out. Recently we applied to the bank to obtain a refund of withholding tax paid since 1989; not a large sum but it does encourage us to put money on deposit in future. Report proposed to be accepted: Kate, seconded: Joan. The meeting thanks Stephen for his hard work and effort.

AFFILIATIONS

The AHBA committee has representatives on the committees of the Maternity Services Consumer Council(MSCC) and the Auckland Branch of the College of Midwives.

The MSCC is an umbrella organisation for approximately 80 groups involved with maternal and child health in Auckland. It was formed to enable the Auckland Area Health Board to fulfil its statutory obligation to consult with consumers but has grown into an important lobby group for maternity service consumers. Lynda Williams, former Patient Advocate at National Women's Hospital has recently been appointed coordinator. It's good to have an umbrella group to lobby for maternity issues so that the AHBA is not such an isolated voice.

Maternal Employment During the Early Postpartum Period: Effects on Breastfeeding.

In the early postpartum period women employed outside the home are less likely to continue breastfeeding than women who are not so employed.

This is shown in data from a study that sought to determine whether and to what extent actual maternal employment is associated with discontinuance of breastfeeding in the early postpartum period. The study used a heterogeneous, urban population. Data were collected from a panel of women by telephone interview on two occasions during the first 3 months postpartum. The panel were drawn from women participating the John Hopkins University Infant Feeding Study (a prospective study of psychosocial factors affecting infant feeding practices). A total of 710 women completed the first interview and 657 completed the second.

Forty six percent of the women indicated at the first interview that they were planning to work outside the home within the first 6 months postpartum.

Data analysis showed that after adjustment for demographic factors, there was no statistically significant association between planning to be employed in the first 6 months postpartum and the decision to initiate breastfeeding. However, actually being employed was significantly associated with cessation of breastfeeding as early as 2 or 3 months postpartum. In analyses adjusted for demographic variables, women who were not employed were more than 3 times more likely to be still breastfeeding than women who were employed. Only 48% of the employed women compared with 68% of those not employed were still breastfeeding.

Occupation was not associated with continuation of breastfeeding, although working 20 hours per week or less was. 64% of women working 20 hours or less were still breastfeeding at the second interview, compared with 36% of the women working more than 20 hours.

The finding that maternal employment was a significant predictor of cessation of breastfeeding, even after controlling for important demographic characteristics indicates the importance of employment policies that better facilitate continued breastfeeding.

The results suggest that women who initiate breastfeeding wean their infants in conjunction with resuming employment. This underscores the need for breastfeeding promotion efforts to take into account the fact that more and more women with infants may be employed outside the home. In the study sample, 25% of the women who initiated breastfeeding were already employed outside the home by the time their infants were 2 to 3 months old. Maternity leave policies that reflect the minimal goal for duration of breastfeeding (4 to 6 months), in contrast to policies that give new mothers only 6 to 8 weeks leave before returning to work, may be particularly helpful in lengthening the duration of breastfeeding.

The findings that working 20 hours or less was associated with continued breastfeeding could be due in part to women committed to breastfeeding opting for part-time employment. Regardless of whether or not such a selection effect is operating, prospects for breastfeeding might well be improved if new mothers had the opportunity to return to employment initially on a

Nursing mum's nightmare

Nursing mum's nightmare

Denise Perrigo, a single, 29 year old mother, sought an answer to this question: is it normal to feel sexually aroused when breast-feeding?

The answer was her arrest on charges of sexual abuse and neglect and the loss of her child, then two years old.

As her lawyer said: "If it wasn't so serious, it would be laughable."

Her encounter with the social services system confirms a suspicion that Americans have crossed the line between benign ignorance and criminal stupidity.

The twisted saga began a year ago when Denise Perrigo called a community volunteer centre for a telephone contact with local La Leche League, a breast-feeding support group.

The volunteer, who apparently interpreted the question as perverted, gave her the Rape Crisis Centre number instead.

At the Rape Crisis Centre, she spoke with yet another uninformed volunteer, who called the Child Abuse Hot Line.

Denise Perrigo spent that night in jail and her daughter was taken by workers from the Onondapa County Department of Social Services in Syracuse, New York.

She finally got her daughter back on January 6, a year after the child was taken.

During that time two separate sets of criminal charges were dismissed by judges who apparently have measurable intelligence quotients.

As for the other characters in this bizarre cast - the hotline volunteers, the arresting officers (one of whom said it was physically impossible to nurse a two year old), the social services workers and the prosecuting lawyers - one is left to wonder.

Perhaps Denise Perrigo is not the smartest lady on the block. Perhaps she asked a stupid question. On the other hand, maybe she did not have anyone to talk to. Maybe she was trying to be a good mother.

My guess is that the words "sexually aroused" were an exaggeration, that if she were more articulate, she might have whether it was normal to feel sensual pleasure when nursing.

If she had reached the La Leche League, she would have learned that it is normal. Instead she reached a fool.

The price of her mistake is inconceivable to most of us. She lost a year during the most crucial bonding time between parent and child. Her name has been all over the nation's newspapers and television screens.

The College Of Midwives(COM) has monthly committee meetings and general meetings open to all members. The national AGM is in Wellington in August. The Board of Management has moved to Christchurch from Wellington and the Wellington PO Box has been closed. The address is now PO. Box 21106 Christchurch. The NZ COM subscriptions have altered as follows: $120 for midwives, $40 for students and unwaged midwives and $25 for organisations and consumers. They are seeking funding for a resource centre to house the library and other resources at present housed in a small room at National Women's Hospital. Midwives have been going out to secondary schools to give a midwifery perspective on health. Funding assistance to enable midwives to attend international conferences is held in a special fund, the Margaret Miller Memorial Travel fund. More recently an education fund to assist midwives to attend national conferences has been established.

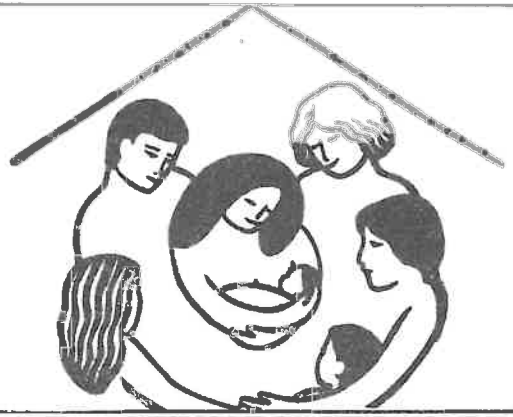
ELECTION OF OFFICERS

SPOKESPERSON: Brenda Hinton nominated by Marjet, seconded by Kate;
SECRETARY: Linda McKay nominated by Brenda, seconded by Linda Williams;
MINUTES SECRETARY: Kate Jaunay nominated by Debbie, seconded by Glennys;
TREASURER: Stephen Benseman nominated by Brenda, seconded by Marjet.

Situations Vacant

Antenatal Classes

The Auckland Home Birth Association is looking for people to help run the Antenatal Classes in Central Auckland, East Auckland and South Auckland. This is a voluntary position where your expenses are reimbursed by the Association.



National Home Birth Conference Auckland 1992

Conference Business

Thanks to some excellent facilitation we managed to work our way through the many Agenda items. I do not intend to discuss these items in full but will just give you an overview of the issues.

Domiciliary Midwives Standards Review Committee - We had a long discussion about whether the D.M.S.R.C. was functioning in all areas, whether it was an effective tool, how we could help those areas where it was not functioning and whether we wanted to standardise the D.M.S.R.C nationally. We all agreed that we needed a National structure and Debbie Stewart from Tauranga (consumer) and Jenny Johnston from Hamilton (midwife) were willing to take on a position as National Co-ordinators. It is envisaged that this new team will be there to assist groups who are having problems and also to standardise the forms / procedures if this seems appropriate.

Debbie Stewart is the nomination from the Home Birth Associations' Conference for the consumer representative on the Board of Management of the College of Midwives.

Statistics - The Auckland H.B.A, thanks to Linda McKay, collates the National Statistics for Home Births. The conference needed to decide who we would collect statistic forms from. We needed to be sure that midwives are performing planned Home Births not Hospital Births at home. It was agreed that in future the various H.B.A.s' would send a notification to Auckland of midwives who had been reviewed by the D.M.S.R.C and who had been found to be safe practitioners. If midwives were refusing to be reviewed by the D.M.S.R.C. then the H.B.As' would not recommend them to consumers and their statistics would not be collated. At present the charge for collation of statistics is $3 per form and this will not be increased this year. All midwives are asked to send in their statistics quarterly. All statistics should be submitted to Auckland by January of the following year so that they can be collated prior to conference.

Analgesia with pethidine had a similarly adverse affect as separation. Fifty six percent of the women had received pethidine during labour. As a result their infant's were also sedated and most of them did not suck at all.

Of the infants both separated and exposed to pethidine through their mothers, not one breastfed successfully, whereas almost all of those who were neither separated nor exposed to pethidine succeeded in adopting the correct breastfeeding technique.

Previous studies have shown that the early suckling pattern is of prognostic value for the duration and success of breastfeeding.

Even brief separation for measuring and dressing procedures after 15 to 20 minutes seriously disturbed the first breastfeed. This time seems to be a very critical stage for separation; just when the infant was about to start crawling movements to the breast, he or she was removed.

The findings suggest that the naked infant should be left undisturbed on the mother's abdomen until the first breastfeeding is accomplished, and that the infant's efforts to take the breast actively should be promoted. Contact between mother and infant should be uninterrupted during the first hour or until the first feed, unless separation is unavoidable. It also confirms the need for judicious use of pethidine during labour.

Lennart Righard MD & Margaret O. Alade RN, Effect of delivery room routines on success of first breast-feed, The Lancet, VOL 336, No 8723, 1990, 1105-1107.

Contact groups infant position and behaviours spontaneous crawling and suckling movements, followed by instinctive sucking of the breast.

system. Those concerned with these issues often forget or trivialize a key resource, breast milk, which contributes to the conservation of life on many different levels...Breast milk is not taken into account in food production figures, yet the cost of replacement is enormous from every aspect...If women, the poorer half of humanity, were truly rewarded for their momentous contribution to their babies and to the planet's survival, we would achieve a major step for justice and conservation as well as a dramatic improvement in infant health."

Effect of Delivery Room Routines on Breastfeeding

Uninterrupted contact between newborn infant and mother until after the first feed is crucial to a successful start to breastfeeding.

This is indicated by data from a study of the effects of two different delivery room routines and of pethidine administration on sucking technique during the first 2 hours after birth. The study sample consisted of 72 infant/mother pairs. All the mothers had uncomplicated spontaneous deliveries; all the infants had normal birthweight and 5 minute Apgar scores of 9 and 10. Data were collected by observation.

Sucking technique was classified as correct when the infant opened the mouth wide, tongue under the areola, and expressed milk from the breast with deep sucks.

The series of 72 mothers fell naturally into two groups - separation and contact - the routine being decided by the midwife and the mother.

In the separation group, the infant was allowed to rest on the mother's abdomen immediately following birth, before being removed after about 20 minutes for measuring, weighing, bathing and dressing. The infant was then returned to the mother.

In the contact group, contact with the mother was uninterrupted; the naked infant being left at rest on the mother's abdomen for at least 1 hour or until the first feed had been accomplished.

In the contact group, after about 20 minutes of continuous skin contact almost all the infants started making crawling movements towards the breast, followed by mouthing and sucking movements. The rooting reflex clearly came into play, and at an average of 50 minutes following birth most of these infants were sucking at the breast; having taken the breast by their own efforts. They then continued to suck for about 20 minutes.

By contrast in the separation group, the infant was removed from the mother's abdomen after 15 to 20 minutes to undergo routine measuring and weighing procedures the infant generally cried out loud in protest. After about 20 minutes, when the infant was returned to the mother and she tried to feed the baby, it's reflexes invariably failed to come into play. In this situation, the mother usually manipulated the nipple into the infant's mouth, without waiting for the mouth to open, which resulted in superficial sucking in many cases.

Significantly more infants in the contact group than the separation group showed the correct sucking technique.

National Home Birth Newsletter - Pauline Scott has agreed to be the National Newsletter editor. Any articles or advertisements should be directed to her:

Pauline Scott
17 Landview Rd.
Tauranga

Contracting for Services - Under the new health structures H.B.A.s' will be in a position to aply to contract for services from Regional Health Authorities. We all agreed that we need to have a get together, of all interested people, later on this year to discuss these applications.

Cot Death Study - It appears that some of the information we are receiving from the N.Z. Cot Death Society has many flaws in it. Various individuals and groups are conducting more detailed research and we will release this when it becomes available.

This conference was a bicultural conference and the Maori women organised their own programme. We would like to thank Waireti and Lorraine for all the time and energy they put into this conference. We are sure that the various discussions that the Pakeha women attended were invaluable learning experiences.

On Saturday afternoon when we were all feeling like a snooze in a corner we had a Cracker Barrell Session. This turned out to be a excellent means of getting the most information from people in a short time. In 2 hours we obtained some very detailed ideas on 6 topics.
They were:

- Fundraising
- Way of initiating and maintaining good relationships with other Health Professionals
- Survival of the Smaller Associations / Membership Drives / How to Attract Midwives to the Home Birth Option
- Antenatal Education
- Publicity

If anyone is wanting more information on the above please contact Auckland Home Birth Assn. P.O. Box 7093, Wellesley St, Auckland 1.

M. Pot.

Policy Statements from the 1992 National Conference of the Home Birth Associations' of Aotearoa

1) That the next conference maintain the commitment to a bicultural focus and the Treaty of Waitangi. In keeping with this a specially designated space be allocated for Maori women within the conference.

2) That the tradition of forwarding an increasing amount of money left over from conference go to the organising group for the next one.

REMITS FROM THE 1992 NATIONAL CONFERENCE OF THE HOME BIRTH ASSOCIATIONS' OF AOTERAOA

1) The Home Birth Associations' of Aotearoa strongly recommend that a universal maternity benefit / payment be retained.

2) The Home Birth Associations of Aotearoa demand that the Minister of Health and Regional Health Authorities provide funding for home help services for all women postnatally.

3) The Home Birth Associations' of Aotearoa strongly oppose the introduction of any policy of mandatory choice for immunisation or the establishment of a register as a means of identifying those parents who have or have not had their children vaccinated.

4) **To the Cot Death Prevention Society, The Minister of Health & Opposition Spokesperson on Health.**
The Home Birth Associations' of Aotearoa strongly recommend that publicly funded research into cot death be conducted by an independent organisation that is directly accountable to the public.

We refute the claim that bed sharing is a factor in cot death. We believe there is insufficient evidence to support this.

We demand that all current information and statistics pertaining to this be made available to the public.

We strongly urge a mechanism be put in place to protect the confidentiality of the research informant.

5) **To the Minister of Health & Auckland Area Health Board**
We demand that the above cease any further negotiations to sell, exchange or otherwise dispose of placentas without the knowledge of written consent of the women to whom they belong. This a gross violation of consumer rights.

We urge the Auckland Area Health Board refer any contracts with pharmaceutical companies or any other parties to the Ethics Committee without delay.

6) That we reiterate the remit from the 1991 conference urging the passage of the Health Commissioner Bill in its present form.

slides - one which she described as a "North American mother of twins" (a polar bear, nursing her babies, with an ecstatic expression on her face!) and the picture which appears on the front cover of her book of a mother wearing a simple garment and enjoying her baby and the sunshine. This shows true happiness and reminds us that we can enjoy life without an excessive use of resources.

Questions and Comments

Questions and comments after Gabrielle's talk were many and varied. In a discussion of breastfeeding mothers in the paid workforce, Gabrielle commented that the short-term salary advantage of returning to work combined with bottle-feeding could be outweighed by the cost to society of the hazards of not breastfeeding. She said that since "politicians think with money" a skilled economist would be needed to present this data. She feels that health economists do not look at the long-term health benefits of breastfeeding because of vested interests in the profitability of artificial feeding.

Gabrielle talked about the need to dispel the myth that breastfeeding takes more energy and time than bottle-feeding, and about the importance of public breastfeeding to educate people and help it become the cultural norm once again. She played a song of protest written and sung by a nursing mother who had been turned out of a restaurant in England because she fed her baby there. The message that breastfeeding is important to the ecology of the earth needs to be taught in schools. Teachers can help by nursing their babies whilst at work.

There was some discussion about the use of sponges and cloths during menstruation rather than one-use tampons and sanitary pads. One-use (misnamed "disposable") nappies contribute significantly to the problem of waste disposal. Gabrielle said that many Third World mothers do not use nappies at all - a mother carries her baby and is so attuned to the baby that she can sense when s/he needs to urinate or defecate and so she holds the baby out.

Gabrielle believes that in terms of "politically correct" language, the use of "he" and "she" to refer to a baby should be alternated, and that rather than talk about "infant formula" (which sounds scientific and well-balanced) or "breast milk substitute" (there isn't one), we should refer to "artificial baby milk".

Gabrielle commented that some studies of artificial milk have shown over half the tins to contain harmful bacteria and that she feels anxious about the high levels of aluminium in soya milk.

A member of the audience drew applause when she commented that the original inhabitants of North America believed that women were the protectors of the earth.

Conclusions

Gabrielle ended an inspiring and informative session with warm affirmation of the beneficial effect of gentle LLL mothering and philosophy, whether transmitted as an organizer or by individuals caring for their babies in the way Nature intended.

Quotes from a handout supplied by Baby Milk Action:

"Anyone who cares about our planet knows that the depletion of the forests, the destruction of the ozone layer, the pollution of the soil and seas, and the obsession with economic growth are damaging processes. International policies of conservation would acknowledge the value of renewable resources and reverse our current destructive

There is, of course, no waste from breast milk. In addition many lactating women do not menstruate and so do not need sanitary towels, tampons or cloths. The average breastfeeding mother who nurses exclusively for the first six months and continues for two years has no periods for about 14 months. If every British mother breastfed like this, an estimated 3,000 tons of paper currently used in sanitary protection would be saved. Incidentally, over half this goes untreated into the sea and much of it contains chemical bleaches.

Gabrielle does not believe that recycling alone is the answer to our problem of waste disposal, because this involves another manufacturing process with its consequent pollution. She feels that we need to lower our production, even of paper (which uses large quantities of water in its production as well as wood).

Fertility and Population Control

The focus on this issue is on the Third World - overpopulation is perceived to be "their" fault. Yet as Gabrielle wrote in The Politics of Breastfeeding the 16 million babies born each year in the rich world will have four times as great an impact on the earth's resources as the 109 million born in the poor world.

It is important to remember that more births are prevented through breastfeeding than through all other forms of contraception put together and that exclusive, unrestricted breastfeeding has a 98% success rate as a contraceptive.

- In Africa, breastfeeding statistically prevents about four births per woman, and in Bangladesh about 6.5 births.
- A study in Chile at six months postpartum showed that there were no pregnancies amongst the breastfeeding mothers and that 72% of the bottle-feeding mothers were pregnant.
- A similar study in the Phillippines at twelve months postpartum found that 20% of the breastfeeding mothers were pregnant and that 50% of the bottle-feeders were pregnant, despite using modern methods of contraception.
- In a 20-year period of fertility, the woman who unrestrictedly breastfeeds will have seven pregnancies, whereas the mother who restricts breastfeeding will have thirteen.

Gabrielle talked about "Draconian" population policy in China which tries to restrict each couple to having only one child, yet equal population growth could be achieved if women have two children after the age of 25 and four years apart.

It is known that the more the infant mortality rate drops, the more the population falls - people will voluntarily limit their family size when they are reasonably sure that their children will live. If birth in poor countries were spaced two years apart, infant deaths would fall by 10% and deaths under five years would fall by 16%.

Gabrielle showed a slide to dispel the historical myth in Europe that the poor "bred like rabbits" - the picture which appears in The Politics of Breastfeeding of Thomas Remmington and his wife, a well-to-do couple who by 1647 had had 20 children, fifteen of whom were surviving. Excessive breeding amongst the poor occurred in the nineteenth century when mothers and babies were separated (so that women could work in factories) and health workers began to tell mothers to regulate breastfeeding.

Gabrielle also showed two of her favorite

NZ Home Birth Statistics 1991

Mother:

Marital status (%):

married/ defacto	single/ unmarried	separated	divorced	widowed	unknown
93	5	1	0.3	0.1	0.6

Ethnic group (%):

Caucasian	Maori	Pacific Islander	Asian	other	unknown
89	7	1.3	0.5	1.4	0.2

Age (%):

15-19	20-24	25-29	30-34	35-39	40-44	45-49
1	9	35	39	14	2	0.3

Highest education completed (%):

secondary 1-2 years	secondary 3 years	secondary 4+ years	tertiary	graduate	unknown
2	18	26	28	23	2

Previous pregnancies:

19.4% had never been pregnant before this home birth. (80.6% had at least one previous pregnancy, with the outcome of some of these being a miscarriage or termination.)

This pregnancy:

Estimated gestation (%):

36-37 weeks	38-40 weeks	41-43 weeks	44 weeks
3	63	34	0.1

Smoking (%):

Never in pregnancy	0-5 cigarettes per day	6-20 per day	More than 20 per day
89	6	5	0.3

Procedures in pregnancy (%):

none	ultrasound scan	amniocentesis	cervical suture	other	unknown
42	55	3	0	1.5	0.2

Labour & delivery:

Place of birth (%):

home	hospital (antenatal transfer)	hospital (intrapartum transfer)	other
84	0.4	14	1

Labour onset (%):

spontaneous	medically induced	surgically induced (ARM)	no labour
98%	1%	0.7%	0.4%

Procedures in labour (%):

46% of births (51% of those born at home) had none.
Of those that did, some had more than one.

	homoeo-pathics	acupuncture	ARM	sutured laceration	pain relief drugs	episiotomy
all births	34	7	16	18	7	4
birth at home	31	0	13	18	0.4	0
transfer	50	47	34	14	42	25

Presentation (%):

vertex	pop	breech	shoulder	other
97	2	0.8	0.1	0.2

Type of delivery (%):

spontaneous cephalic	spontaneous breech	forceps	ventouse	caesarian	other
93	0.4	3	0.5	3	0.2

Complications of labour (%):

none	foetal distress	prolonged labour	retained placenta	antepartum haemorrhage	cord prolapse	other
83	3	8	1	0.8	0.3	3

Third stage (%):

	normal physiological	active management	unknown
All planned home births:	84.5	15	0.5
Birth at home:	91.6	8.3	0.1

Gabrielle examined four aspects of artificial feeding and its impact on the environment: cows (which provide the basis for most artificial baby milk), water and wood (required to mix the powdered baby milk and boil the water it needs), waste products of the industry, and the effect on fertility and therefore on population control.

Cows

An update of the work of Jelliffe (1978) is that it would now take 135 million lactating cows to replace the milk of the women of India. (Not that a cow's milk based product could be regarded as an adequate substitute.) 43% of the surface of India would be needed to feed those cows. It is well known that land clearance for farming requires deforestation, which results in soil erosion, leading to the production of gases causing the greenhouse effect.

Cows in the developed world are often fed on foodstuffs grown on Third World land that was formerly used for family food production - in 1984, for example, Ethiopia exported 10,000 tons of molasses to the UK, mostly for cattle feed.

Cows produce 20% of the worlds total emissions of methane gas. Cow pats and slurry pollute the rivers and groundwater, and cleaning up our water supply requires very expensive technology. Furthermore, sulphur dioxide from factories reacts with the ammonia produced by cow pats, resulting in acid rain which causes the destruction of trees.

Gabrielle reminded us that improvements in dairying led to surpluses of whey that prompted the search for a market outlet. Whey became the base for artificial baby milk, as it is today, not because research proved it to be a suitable food for human babies but because it was available and it was cheap. She is not opposed to all dairying, but rather to the intensive dairy industry (of The Netherlands, for example) which has far greater an impact on the environment than the few cows of peasant farmers in Africa or India.

Water and Wood

A three-month-old bottle-fed baby needs one litre of water for mixing feeds and two litres of water for sterilizing bottle and teats every day. In the Third World, it takes 200g of wood to boil one litre of water, and women spend an estimated five hours a day fetching water and wood.

More bottle-fed babies therefore means more forest depletion and its associated soil erosion and climatic changes.

Mexican ecologists have calculated that one kilogram of dry baby milk costs 12.5 square metres of rainforest.

In some developed countries, parents can buy artificial baby milk already mixed. Gabrielle pointed out that those parents are therefore paying for the water content.

Waste

An estimated 3.6 million babies are born in the USA every year, and the majority are bottle-fed for most of infancy. It is estimated that for those bottle-fed babies, 86,000 tons of tin plate are reequired to produce tins to contain powdered milk and 1,230 tons of paper are used in the labels on those tins. The tin plate is mostly not recycled and the paper figure quoted above does not include promotional literature for artificial baby milk.

In Pakistan alone, 4.5 million baby bottles were sold in one year. American babies have an average of six bottles each, most of which are plastic and thrown away after use.

The Ecological Significance of Breastfeeding

Gabrielle Palmer, MSc

Session notes by Anne Heritage, Editorial Consultant of MOSAIC (La Leche League N.Z.'s journal for Leaders) taken at the La Leche League International 35th Anniversary Conference, Miami Beach, July 1991

Gabrielle Palmer is known internationally for her raising of the issues surrounding the economic advantages of breastfeeding and the political forces that attempt to limit breastfeeding for many women in the world. She is a mother of two, a teacher (she gained her Master's Degree in Human Nutrition in 1985), a researcher and a breastfeeding counsellor. Her book, The Politics of Breastfeeding, was published in 1988 and she is the National Coordinator for the Baby Milk Action Committee in Britain.

Gabrielle began her talk by expressing the hope that what she had to say would provide "motivation for action" for all of us committed to the importance of breastfeeding.

Breastfeeding is the most sustainable system in the world and yet, worldwide, babies are spending less and less time at their mother's breasts. The current interest in the environmental damage being wrought on our planet had led some "green" groups to become inadvertently anti-breastfeeding following the publicity about chemical pollution being found in human milk. In Germany and parts of Eastern Europe, doctors advise breastfeeding for only three months and women are frightened to continue beyond that time for fear of the effect of toxins on their babies.

Ten years ago, the presence of DDT in breast milk caused a scare, but the use of DDT is being phased out now and there is no evidence that it caused damage to babies. Today the fear is of PCBs, dioxins and furans. Pollutants enter the body through the food chain, especially through fatty foods such as fish, meat and dairy products, and they are stored in our body fat. No-one is certain about the effects of PCBs, dioxins and furans in humans, but in animals they do cause reproductive and neurological impairment and cancer. However, humankind is a tough specise and reproductively resilient - maybe we store toxins in our body fat to protect ourselves.

Gabrielle pointed out that we need to educate our local "green" groups on the matter of environmental pollution of breast milk:

- The World Health Organisation states that the benefits of breastfeeding far outweigh the theoretical risk of toxins in breast milk.
- A study in the USA found that although breastfed children had more pollutants in their bodies, their cognitive development was better than that of bottle-fed children.
- Only 5% of the whole life's body burden of pollutants is acquired during a standard breastfeeding period. (The most crucial route of toxins to the baby is in utero.)
- Doctors in Eastern Europe may advise breastfeeding for only three months, but in fact the toxins transmitted to the baby decreases as lactation continues.

Gabrielle said that if pollution ever reaches such a stage that women's breast milk is really damaged - which it isn't yet - then she will give up her breastfeeding work and concentrating instead on cleaning up the world!

Meconium staining (%):

none	old	slight 1st stage	thick 1st stage	slight 2nd stage	thick 2nd stage
86%	3%	4%	1%	3%	2%

Blood loss (%):

	less than 250ml	250-500ml	over 500ml
All planned home births:	63	30	7
Birth at home:	67	28	5

Oxytocics (%):

	not given	intramuscular	intravenous
All planned home births:	78	15	7
Birth at home:	86	13	1

Complications of puerperium (%):

	infection:						
none	urinary	genital	breast	venous thrombosis	secondary pph	postnatal depression	other
89	0.8	1.0	5	0.	0.4	0.1	3.7

Postnatal care of mother (%):

If birth at home:			If birth in hospital:	
remained at home	transfer for treatment	transfer to accompany baby	normal discharge	intensive treatment
86	3	4	1	3

The baby:

Sex:

male	female
52%	48%

Condition:

live born	still born
99.7%	0.3%

Birthweight (grams):

	average	minimum	maximum
All planned home births:	3637	1750	5275
Birth at home:	3647	2200	5275

Apgar score of 9 or 10 (%):

	At 1 minute:	At 5 minutes:
All planned home births:	71	97
Birth at home:	73	98

Resuscitation (%):

	none	oxygen	other resusc.
All planned home births:	93.5	5.5	1

Vitamin K (%):

	not given	oral	intramuscular
All planned home births:	56	24	19
Birth at home:	62	24	14

Postnatal care of baby (%):

If birth at home:			If birth in hospital:		other:
remained at home	transfer for treatment	transfer to accompany mother	normal discharge	intensive treatment	
86	3	4	1	3	3

Congenital anomalies:

3.3% of babies had some kind of congenital anomaly. Of babies born at home, 2.6% had a congenital anomaly.

Neonatal morbidity (%):

none	extreme prematurity	jaundice with phototherapy	infection	birth injuries	other
93.6	0.2	2	2.6	0.2	1.3

Feeding at two weeks (%):

breastmilk only	breast plus supplement	bottle feeding
98.2	0.8	1

1148 births were analysed. 974 of these births were at home.

Ten steps to successful breastfeeding
A JOINT WHO/UNICEF STATEMENT (1989)

Every facility providing maternity services and care for new-born infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health-care staff.
2. Train all health-care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.
6. Give new-born infants no food other than breastmilk unless medically indicated.
7. Practise rooming-in. Allow mothers and infants to stay together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies and soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic.

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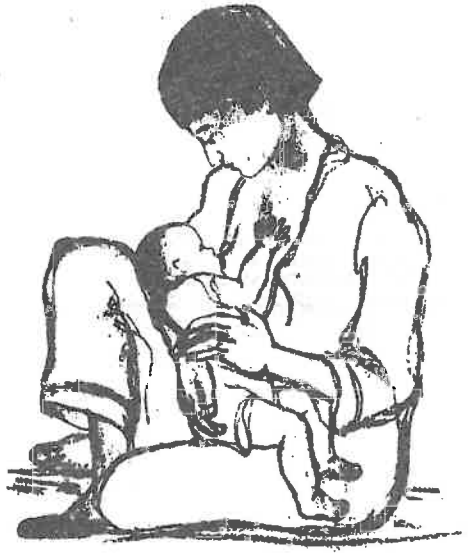

1989 - A joint statement by WHO & UNICEF entitled "Protecting, Promoting and Supporting Breastfeeding. The Special Role of Maternity Services" was published. This aimed to increase awareness of the critical role that health services play in promoting breastfeeding.

The Convention on the Rights of the Child was adopted by the United Nations General Assembly. Article 24 recognizes "The right of the child to the enjoyment of the highest attainable standard of health". One of the provisions for the implementation of this right is to ensure that all segments of society in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of..."the advantages of breastfeeding..."

1990 - Policy makers from 32 governments and 10 United Nation and other agencies developed and adopted the Inocenti Declaration, an agreement on the need for and route to global support for breastfeeding.

dren" on a set of goals which include implementing the "Convention on the Rights of the Child" High priority was given to re-creating an environment.

1991 - February - With world leaders committed in writing to specific goals on Breastfeeding Action (WABA)

May - After 2 decades of being lobbied and WHO - UNICEF initiatives to limit the sale and promotion of breastmilk substitutes, the International Association of Infant Food Manufacturers promised to stop both free and low-cost distribution of breastmilk substitutes to hospitals and maternity centres throughout the developing world by the end of 1992. (Whilst this seems like a good first step, several companies promised to keep to the 1981 Code but got around the free supply clause (even in counties like the Philippines which made free supplies illegal) by "selling" formula to hospitals but never collecting payment.)

September - A meeting on the first anniversary of the World Summit for Children.

A meeting of all forces influencing breastfeeding policies and practices on the first anniversary of the World Summit for Children agreed that parents, communities and healthcare practitioners must be re-introduced to the critical importance of breastfeeding as the essential first step in primary health care and that the influence of hospitals and maternity centres has to be redirected. The world must become baby friendly. WHO-UNICEF launched the Baby Friendly Hospital Initiative in 12 developing countries in recognition of the huge influence that the policies and practices of hospitals and medical personnel have on the way parents care for their children, even in countries where most children are born outside hospitals. To become baby-friendly hospitals and maternity centres must practise each of the "Ten Steps to Successful Breastfeeding".

The Baby Friendly Hospital Initiative aims to achieve at least two baby-friendly hospitals in each of the 12 'lead' countries by February 1992 - and as many as possible in all countries by the end of 1992. One wonders how many hospitals in Auckland and New Zealand would qualify as baby friendly.

(Information in this article uplifted from WHO-UNICEF publications and Mothering No 60. Thanks to Anne Heritage from La Leche League for supplying source material)

B.H.

REPORTS FROM N.Z. HOME BIRTH ASSOCIATIONS

FAR NORTH Nine births were attended over the last 12 months, six by Chrissie Sygrove and three by Grace O'Flanagan. Two resulted in transfers. There is a good rapport with two local obstetric doctors, and the hospital is receptive to transfers; this may be due to the fact that both midwives have worked at the hospital. Unfortunately both midwives will be leaving: Chrissie to go to Auckland, and Grace overseas. As a result the future of Home Births in the area is somewhat in doubt. Sue Bree from Paihia may be able to help with some impending births. On the positive side, Micky Harrower and Robyn Dennison have commenced their Direct Entry midwifery training, and will possibly return to the area when they have finished it. Congratulations to Chrissie on the birth of her baby.

THAMES VALLEY Home births are happening all over the area, attended by Charlotte Townsend, Grant Jackson, Robyne Bryant, Jen Bindon, and Maggie Banks. Tairua has formed a support group and have antenatal classes and new mother support. Whangamata has a new mother support group, Whitianga has antenatal classes run by Sandy Cotman, and in Paeroa Gay and Janet Tye run antenatal classes. The Thames Valley Homebirth Association itself has not met this year, partly due to the wide area it covers, and partly due to lack of interest. An Area workshop last year was cancelled at the last minute due to lack of interest/registrations. The association has become very disjointed and has not had support from some practitioners in the area. There is a need for core members to get ideas on how to cope with the advent of independent midwifery, and how to maintain interest in the Homebirth Association.

TAURANGA In contrast to the Far North and Thames Valley reports, Tauranga seems to be thriving. The monthly meetings are well-attended, and publicity seems to be paying off with lots of new members for 1992. Applications for funding have been quite successful, with $4000 coming from the Area Health Board CHIPS funding for two emergency equipment kits for the midwives (containing oxygen cylinders, resuss bags, pagers etc.), library books, educational and promotional material, and setting up a consumer questionnaire. Another $300 came from the Otumotai Trust and was used for videos, books and pamphlets, and $200 from Trustbank was also used to produce new pamphlets. Good advertising support for the newsletter has helped pay for costs of that. A family health seminar marked Home Birth Week, which was well-atended. As a result there is a permanent information/publicity kit available to use at any such event. The DMSRC meeting was attended by midwives and consumers and seems to be successful. There is also a new consumer questionnaire to be used in conjunction with this. The usual antenatal and postnatal meetings continue to go well; the antenatal classes are free, unlike the hospital ones. Recently Tauranga HBA put together a proposal to contract homebirth services in the area, and though the decision has not yet been made, things look positive at this stage. There were 45 planned home births with 6 transfers to hospital during the year January to December 1991.

MANAWATU The last year has been full of promotional activities in the region, including public displays and stalls at fairs and health days. Currently there are five active midwives: Ellen Salmons, Andrea Gilkison, Priscilla Bakon, Fiona Barnett in Palmerston North and Elizabeth Walker in Dannevirke. Membership remains constant at about 100 subscriptions going out each month. A new position on the committee, Property Coordinator was created to enable members access to all the property. This includes the library, videos, Siblings kit, Birth Stool, and homeopathic remedies for labour and postpartum. The gatherings include monthly meetings with guest speakers and a chance to share experiences and the more formal monthly business meetings. There are also video evenings held four times a year, plus regular antenatal workshops. The DMSRC is off and running; all the midwives were reviewed last year and look forward to their second review this year.

TAUPO Currently there are two independent midwives in Turangi covering Taupo and Turangi. Jan Klausen and Eileen Quinton are taking bookings for both homebirths and dominos at Taupo and Turangi birthing units. However there is no real support from any of the gps and they have closed ranks to make it difficult for women choosing homebirth. Even with all the opposition there are still homebirths taking place. Last year of the five booked, three were successful. The antenatal and exercise classes are running well, and the new stools and mats are appreciated. Home Birth Week was celebrated with a display in the library and some good publicity in the Taupo Times. There is now a bimonthly newsletter going out to members, but it will need more funding to keep it viable. Funding may well be the next important job to be done, as well as getting the Home Birth Information booklet written and printed.

TARANAKI Home births have tripled to over thirty for this year, but the financial membership is down to 14; however the active core group is up to six. Taranaki Savings Bank has granted $250 for production of apublicity brochure, and $500 from the District Council sill assist with toll calls, newsletter expenses & travel expenses to Regional Meetings. The second DMSRC meeting took place in February with four midwives being reviewed. Regional mmetings with Palmerston North, Wanganui, Wellington and Horowhenua have been good "energisers". Ruth & Jasmin have shown slides and spoken to trainee nurses at the Polytechnic about homebirth, ultrasound and vaccinations; the use of slides means the tempo of discussions can be controlled.

WAIKATO There are nearly 100 members now, which is very heartening for the small but dedicated committee. The increase is reflected in the fact that there are now 3 domiciliary midwives(DMs) within the association. The year began with a successful Birth Expo which attracted about 600 people over the three days it was held. Media coverage was excellent, helped by the fact that the photographer was a prospective HB member. The three DMs working in Hamilton are Liz Carlaw, Maggie Banks and Jo Hoyle; there are about 30 independent mws in the area who occasionally do home births. Members of the Assn. were nominated for the Obstetrics Stand-

the prevalence of exclusively breastfed infants at discharge from maternity services, and the prevalence of exclusively breastfed infants at four months of age. National authorities are further urged to integrate their breastfeeding policies into their overall health and development policies. In so doing they should reinforce all actions that protect, promote and support breastfeeding within complementary programmes such as prenatal and parental care, nutrition, family planning services, and prevention and treatment of common maternal and childhood diseases. All healthcare staff should be trained in the skills necessary to implement these breastfeeding policies.

OPERATIONAL TARGETS:

All governments by the year 1995 should have:

- appointed a national breastfeeding coordinator of appropriate authority, and established a multisectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organisations, and health professional associations;
- ensured that every facility providing maternity services fully practises all ten of the Ten Steps to Successful Breastfeeding set out in the joint WHO/UNICEF statements[2] "Protecting, promoting and supporting breastfeeding: the special role of maternity services";
- taken action to give effect to the principles and aim of all Articles of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety;
and
- enacted imaginative Legislation protecting the breastfeeding rights of working women and established means for its enforcement.

We also call upon international organisations to:

- draw up action strategies for protecting, promoting and supporting breastfeeding, including global monitoring and evaluation of their strategies;
- support national situation analyses and surveys and the development of national goals and targets for action; and
- encourage and support national authorities in planning, implementing, monitoring and evaluating their breastfeeding policies.

1. Exclusive breastfeeding means that no other drink or food is given to the infant; the infant should feed frequently and for unrestricted periods.

2. World Health Organisation, Geneva. 1989.

INNOCENTI DECLARATION
On the Protection, Promotion and Support of Breastfeeding

RECOGNISING THAT

Breastfeeding is a unique process that:

- provides ideal nutrition for infants and contributes to their healthy growth and development;
- reduces incidence and severity of infectious diseases, thereby lowering infant morbidity and mortality;
- contributes to women's health by reducing the risk of breast and ovarian cancer, and by increasing the spacing between pregnancies;
- provides most women with a sense of satisfaction when successfully carried out; and that:

Recent research has found that:

- these benefits increase with increased exclusiveness[1] of breastfeeding during the first six months of life, and thereafter with increased duration of breastfeeding with complementary foods, and
- programme interventions can result in positive changes in breastfeeding behavior;

WE THEREFORE DECLARE THAT

As a global goal for optimal maternal and child health and nutrition, all women should be enabled to practise exclusive breastfeeding and all infants should be fed exclusively on breast milk from birth to 4 - 6 months of age. Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years of age or beyond. This childfeeding ideal is to be achieved by creating an appropriate environment of awareness and support so that women can breastfeed in this manner. Attainment of this goal requires, in many countries, the reinforcement of a "breastfeeding culture" and its vigorous defence against incursions of a "bottlefeeding culture". This requires commitment and advocacy for social mobilization utilizing to the full the prestige and authority of acknowledged leaders of society in all walks of life. Efforts should be made to increase women's confidence in their ability to breastfeed. Such empowerment involves the removal of constraints and influences that manipulate perceptions and behavior towards breastfeeding, often by subtle and indirect means. This requires sensitivity, continued vigilance, and a responsive and comprehensive communications strategy involving all media and addressed to all levels of society. Furthermore, obstacles to breastfeeding within the health system, the workplace and the community must be eliminated.

Measures should be taken to ensure that women are adequately nourished for their optimal health and that of their families. Furthermore, ensuring that all women also have access to family planning information and services allows them to sustain breastfeeding and avoid shortened birth intervals that may compromise their health and nutritional standards, and that of their children. All governments should develop national breastfeeding policies and set appropriate national targets for the 1990s. They should establish a national system for monitoring the attainment of their targets, and they should develop indicators such as

ards Review Committee as consumer reps; this seems a good sign of the times. There is a need to relook at the philosophy and requirements of midwifery care post-Nurses Amendment Act, and in view of the health reforms to come. There are still some difficulties with the DMSRC process, with some lack of honesty and credibility. For the coming year Waikato HBA hopes to become part of a Homebirth house, which will bring together much of the previously fragmented resource materials, as well as being accessible at variable day and evening hours.

WELLINGTON Wellington HBA(WHBA) has gone through a number of personnel changes over the past year, with Madeleine Gooda, Cushla Maher, Jude Hugens, and Cathy Daltry leaving the group. The monthly meetings are more structured, with a facilitator and minutes secretary so that more business is getting done. The midwife/HBA relationships seem to be better, with more midwives getting involved in publicity drives, etc. The publicity material was revamped into a kit for display at libraries & stalls. There is also a new antenatal information booklet which sells for $2.50. WHBA has kept a high public profile by having a used maternity clothing stall at a Fair, appearing at three Summer City events in January, and at a "lifestyles in the 90's" show in late April. They have re-joined the National Council of Women and are now part of a network of groups working with mothers and children which will be meeting quarterly. Several WHBA members attended a series of Hillary Commission workshops for voluntary organisations last year. Home Birth Week was celebrate with midwife interviews, including Jennifer Sage appearing on the National Programme with Wayne Mowat. The support groups vary in strength, but the core group continues to focus on raising public consciousness of Home Birth

NELSON Nelson now has a business committee of six members including midwife Bronwen Pelvin who discuss issues, politics and "house-keeping", leaving the monthly coffee mornings free for informal discussions of birth experiences and choices. The Motueka coffee mornings are very successful with guest speakers and informal workshops. The Nelson ones have not been so well attended, mainly due to the lack of permanent venue until recently. Home Birth Week was celebrated with displays in Nelson and Motueka, guest spots on local radio and newspaper articles, and a picnic with food, stalls and live music. The Nelson HBA catered for the opening of the Motueka Independent Midwives' rooms, run by Bronwen Pelvin, Maggie Mathews and Gillian Forrow. This clinic is to some extent taking over the role of the HBA, so there will have to be some thought given to what should be done about this. One disadvantage to declining members is the lack of funds to produce newsletters, etc. but applications for grants are in progress.

CHRISTCHURCH The 1991 calendar year was again busy for the three midwives Ursula Helem, Maria Ware and Julie Richards, with a total of 145 births. Over half the clients opted for midwifery only care, which increased the workload to the point where the numbers had to be limited. Luckily a group of midwives based at Rangiora hospital are available for dominos and some homebirths, which has taken up the overflow. Ursula retired at the end of

March, after 17 1/2 years as a DM in Christchurch. She was awarded a Queen's Service Medal in the Queen's Birthday honours last year after being nominated by the CHBA. Ursula moved to Bali in May but will return to Christchurch for holidays. Rose Grey is a new midwife who began in April. The midwives continue to run twice-weekly clinic days at the Midwifery Resource Centre and almost continuous antenatal classes. There are also monthly information evenings. The Midwives Standards Review Commitee is now running smoothly after a few procedural difficulties were sorted out. The committee has changed of late, with two long-standing members passing on their responsibilities to others. Rea Daellenbach is no longer antenatal coordinator; this is now being handled by Nickei Falconer. Jeanette King has handed over the editing of the newsletter to Janna Russo and Tiina Vares, after four years in the job. Tiina has been treasurer for three years, but has handed it over to Karen Taylor at the end of the financial year. There was much media discussion over the Area Health Board's decision to close Christchurch Women's Hospital. The Christchurch HBA presented a submission stating that it was not opposed to the closure as long as the changes were well thought out; that it could be a chance to improve maternity services by providing a number of smaller community based birthing units, providing more choice to women and incidentally breaking down the O&G power base. Some women's groups were opposed on the grounds of sentimental attachment to the place. Meanwhile nothing has happened as the AHB has been sacked, and a commissioner was appointed. Publicity has been very low-key this year as the midwives were overbooked, and it was not considered wise to promote a service which could not be provided. However there may be more midwives interested in the near future. For fundraising there were two garage sales which raised a total of $2010, used mainly for funding representatives to Conference in Auckland, a CLANZ grant of $2000 to fund the coordinator's position, and $800 from Trustbank Canterbury to pay for processing the stats forms.

DUNEDIN Dunedin HBA has had fluctuating fortunes this year with a serious decline in numbers, to the point where they considered going into recess, but luckily interest revived sufficiently to keep things going. Home Birth Week was celebrated with displays, radio interviews, a video evening and fundraising activities. Antenatal classes and postnatal support (mainly meals) continue; the daytime support group is being revitalised with a programme of speakers and discussion topics. There was a change of coordinator; Lucinda Roberts retired due to pregnancy, and Zena Pigden took over that position. This year's emphasis will be on seeking funding, especially grants, so that publicity can be enhanced: new leaflets and posters will be coming out soon. Dunedin has three midwives working independently: Adrienne Mulqueen, who attended 30 births last year but hopes to increase to 40-60 per year. Judy Bewley has been working with Adrienne to gain experience; Jenny Crawshaw, who mainly does dominos with teenage women; and Margaret Gardener, who books two births a month and works part time tutoring at the polytech.

SOUTHLAND With the departure of midwife Rae Abraham to the North Island, Southland has only one domiciliary midwife, based in Lumsden. There is one inde-

tions can be made, but only for use by infants who have to be fed on breastmilk substitutes. Distribution outside the institutions should be done only by the institutions or organisations concerned - and they should ensure that supplies are continued as long as the infants need them. Donors, too, should keep this responsibility in mind.

4. Health Workers

Health workers should encourage and protect breastfeeding and make themselves familiar with the Code. Information from manufacturers and distributors to health workers should be restricted to the facts and should not imply or create a belief that bottle-feeding is equal to or better than breastfeeding. Health workers and members of their families should not accept money or other inducements to promote infant formula etc. They should not give samples to pregnant women or mothers of young children, and they should tell the institutions with which they're affiliated about any manufacturers' or distributors' contributions to fellowship, study tours, research grants, etc. (Manufacturers and distributors should make similar disclosures.)

5. Manufacturers' and Distributors' Employees

Sales volumes for products covered by the Code should not be included in the calculation of bonuses, and there should be no specific quotas for sales of these products. Personnel marketing such products should not perform educational functions, in relation to pregnant women and mothers of young children, as part of their jobs.

6. Labelling

Labels should explain the proper use of the product, and not in a way that might discourage breastfeeding. Makers and distributors should make sure the label on each container of infant formula states clearly and conspicuously, under the heading IMPORTANT NOTICE or its equivalent, that breastfeeding is superior and that the product should be used only under advice. It should say how the formula is to be properly prepared, and it should include a warning about the hazards of wrong preparation.

Neither the container nor the label should have pictures of infants or anything that might idealise infant-formula use. Terms such as "humanised" and maternalised" should not be used.

Labels on food products that do not meet all the requirements of an infant formula but can be modified to do so and are marketed for infant feeding should warn that the unmodified product cannot be a baby's sole source of nourishment. Since sweetened condensed milk is not suitable for infant feeding or as a main ingredient in infant formula, its label should not contain "instructions" on how to modify it for this purpose. Labels on products covered by the Code should state the ingredients, composition/analysis, storage requirements, batch number and consumption deadline, taking a country's climatic and storage conditions into account.

1. "The Code applies to the marketing, and practices related thereto, of the following products: breast milk substitutes, including infant formula: other milk products, foods and beverages, including bottle fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a patial or total replacement of breast milk; feeding bottles and teats. It also applies to there quality and availability, and to imformation concerning their use."

THE INTERNATIONAL CODE ON MARKETING OF BREASTMILK SUBSTITUTES

(A summary reprinted from Asiaweek 19 June 1981.)

1. Information and Education

Governments should ensure that objective, consistent information on infant and young child feeding is given to families and those involved in infant nutrition. This responsibility covers either the planning and dissemination of such information or its control. Whatever it form (written, audio or visual), information aimed at mothers or pregnant women should be clear on these points:

(a) The benefits and superiority of breastfeeding; (b) How to prepare for and keep up breastfeeding; (c) Partial bottlefeeding's negative effect on breastfeeding; (d) The difficulty of reversing any decision not to breastfeed; (e) When necessary, the proper use of infant formula - but never with pictures or text idealising the use of breastmilk substitutes, and never without mentioning the hazards of unnecessary or improper use.

Manufacturers or distributors should donate informational aids only at the request and with the written approval of appropriate government authorities or within guidelines given by governments for this purpose. These aids can bear the company's name or logo but should not mention proprietary products that fall within the scope of the Code, and they should be distributed only through healthcare systems.

2. The General Public and Mothers

Products covered by the Code should not be advertised or promoted to the general public. Makers and distributors should not give product samples, directly or indirectly, to pregnant women, mothers or members of their families. There should be no point-of-sale advertising, sample-giving, special displays, discount coupons, premiums, etc., at the retail level. Manufacturers and distributors should not give pregnant women or mothers of young children any articles or utensils that may promote the use of breastmilk substitutes or bottlefeeding. In their business capacity, marketing personnel should not seek contact of any kind with pregnant women or mothers of young children.

3.Health Care Systems

Health authorities should take appropriate measures to encourage and protect breastfeeding and promote the Code's principles. No facility of a health-care system should be used to promote infant formula or other products covered by the Code. (This does not, however, preclude the dissemination of information to health professionals.) Facilities of health-care systems should not be used to display products covered by the Code, or for placards or posters concerning such products, or for the distribution of material supplied by manufacturers or distributors. (unless it meets the requirements mentioned in Section 1 of this summary).

Health-care systems should not be permitted to use "professional service representatives," "Mothercraft nurses" or similar personnel provided or paid by makers or distributors. Infant-formula feeding should be demonstrated only to mothers or family members who need to use it; and the hazards of improper use should be clearly explained to them.

Donations or cut-price sales of infant formula, etc., to institutions or organisa-

pendent midwife in Invercargill doing home deliveries, but due to her family commitments she cannot take on full bookings. Even so, the Southland HBA has been able to keep busy, producing an information pamphlet, attending the DMSRC, and having stalls and displays to mark Home Birth Week. They have purchased two new birth videos which have been well- viewed, even on Stewart Island. There are about 32 families in the Association; some of the fathers have put together a golf team for interclub golf held in Invercargill over the summer months. They have a lot of fun and it does raise the profile of home birth with the general public. The fundraising ventures have met with varied success: a pie drive went well, as did a pancake breakfast at McDonald's, but after looking at Housie it was decided that the amount of cash needed up front was not worth the return. They get free photocopying done at a local pharmacy in return for free advertising and the promise of patronage of the shop.

Report From the Domiciliary Midwives Society

More than 50 domiciliary midwives(dms), from Southland to the Far North, gathered at the YWCA on Thursday, 21 May for the pre-conference meeting organised by Carolyn Young and Jenny Woodley. Our first thorny question was, now that NZ College Of Midwives(NZCOM) officially speaks for Domiciliary Midwives Society(DMS), do we still need our DM Society? What now is the purpose of the DMS? Bronwen Pelvin informed us that our current membership is only 31, although there are apparently 249 dms providing home birth services. In her report Bronwen told us she attended three meetings with the Dept. of Health re revision of the Maternity Benefit, and one meeting to comment on the proposed draft of the Nurses & Midwives Bill. This latter meeting had representatives from the Nursing Council, NZ Nurses' Association(NZNA), NZ Nurses' Union(NZNU), NZCOM, maternity nurses and consumers, and she was the only practitioner representing dms/independent practice.

After much discussion it was decided that we DO need our dms to maintain and promote the midwifery model of practice and to provide opportunities for dms to meet and discuss issues of concern, and, as leaders, to keep a breast of political developments. It was agreed that we should meet twice a year: pre-conference and in November. The next meeting will be at Riverside, Motueka, beginning Friday 13 November.

The dms will:

1) Maintain a register of dms which will be updated twice-yearly and will be sent to each member and to each Home Birth Association(HBA), NZCOM region, Dept. of Health and to the Minister of Health. Bronwen has agreed to organise this.
2) To become a member a DM will agree to
   a) uphold the standards of practice of DMS & NZCOM;
   b) willingly participate in regional Standards Review;
   c) provide her statistics for analy sis by the HBA.
3) Provide representatives for Standards Review Committees and other Dept. of Health, Regional Health Authority, Crown Health Enterprise committees as necessary and/or appropriate.

It was stressed that HBA members and the general public be made aware of the importance of selecting a DM who is subject to review. This should be publicised in HBA newsletters and in the NZCOM Journal. Bronwen will advise all currently practising DMs of the advantages and responsibilities of DMS membership. Joan Donley discussed the importance of maintaining DMs stats. These should be sent in at least quarterly rather than in a large batch a few weeks before Conference. As they apply from January to December they should be in by the end of January. Most of the information required can be filled in immediately after the birth while filling in the statutory forms. The HB stats are now collated by Linda McKay, PO Box 7093, Wellesley St. Auckland. The fee is $3.00 per form, which does not, in fact, cover the cost of collation. It is therefore sad that some dms consider $3.00 too much, especially since they would not now be creaming off the present Maternity Benefit had it not been for the efforts of the HBA and a handful of dms who worked for peanuts for many years - and they weren't monkeys either. Some dms expressed a desire to receive a copy of the annual stats plus their individual stat survey. Maybe these could be sent out by the dms along with the register update.

By Joan Donley

BASBOUSA

If you were at Conference, you may have had the delicious dessert on Friday night. If you weren't there, you still have the chance to try it, as we persuaded Fiona the caterer to share the recipe with us, by popular demand. It's a Middle-Eastern sweet called **BASBOUSA.**

Cream til light 1/2 cup butter, 3/4 cup castor sugar and 1 teaspoon vanilla. Add 2 eggs, one at a time. Fold 2 cups fine semolina, 1 teaspoon baking powder and 1/2 teaspoon baking soda into the mixture alternately with 3/4 cup yogurt. Draw lines diagonally on the cake at about 3 cm spaces to make a diamond pattern, and place an almond into the centre of each diamond.

Bake 30-35 minutes in a moderate oven til done.

While this is cooking make a syrup of 2 cups sugar, 1 teaspoon lemon juice and 1 1/2 cups water. Boil this rapidly for 10 minutes then cool it quickly by putting the pan into a basin of cold water. Cut the cake as soon as it comes out along the diamond patterns (leaving it in the pan) and spoon the cool syrup over the hot cake. Leave to cool. Serve with cream and yogurt mixed together, or ice cream, or both.

(Thank you Fiona, for the good food and the unflappable temperament you showed throughout the whole Conference.)

The baby killer — a graphic representation of the hazards of bottle feeding.
(Photo montage A. Chetley/ War on Want)

In **1974** the British charity 'War on Want' published a pamphlet called "The Baby Killer" which described how women in underdeveloped and developing countries were being persuaded that bottlefeeding was superior to breastfeeding.

1976 - The Infant Formula Action Coalition (Infact) launched a boycott against Nestle one of the most aggressive and successful infant milk formula manufacturers in the world.

1978 - as a result of the work of groups like Infact, the U.S. Senate asked the WHO and UNICEF to draft an international code for the marketing of breastmilk substitutes by the World Health Assembly(WHA) as a recommendation for all governments to implement nationally. The implementation of The Code would regulate the advertising and promotional techniques used to sell infant formula. But even in the few countries that have since incorporated The Codes provisions into law, enforcement has been lax or non-existent (N.Z.) is an example of this)

The Code of Marketing of Breast milk Substitutes was adopted by the World Health Assembly on 21 May 1981. 118 countries, including New Zealand, signed the Code; one country (the United States) voted against it and three countries (Argentina, Japan and Korea) abstained.

The Code is intended to be adopted as a minimum requirement by all governments to ensure the protection and promotion of breastfeeding. Nowhere does it exempt industrialised countries, educated urban communities, or any other group from its aim. In some countries, the code has been legislated. In New Zealand it has been implemented through voluntary compliance of manufacturers, distributors and retailers of breast milk substitutes and associated products. At present, complaints of transgressions of the Code, formerly directed to the Code Monitoring Committee, are being handled by the Department of Health (Health of Women and Younger People), P.O. Box 5013, Wellington.

WORLD BREASTFEEDING DAY
1 AUGUST 1992

Protecting, Promoting and Supporting Breastfeeding

Breastfeeding has become an endangered practice throughout the world in both rich and poor countries. Since the Second World War, when technological advances in food production and packaging made it possible to manufacture and market breastmilk substitutes on a large scale. There has been a decline in breastfeeding especially exclusive breastfeeding. Every year over one million infants die and millions of others suffer illness, allergies and developmental retardation because they have not been adequately breastfed.

Initially the marketing of breastmilk substitutes in industrialized countries was directed at doctors and maternity units. After a very short time babies born in hospitals were routinely being given bottles of formula or glucose water even if their mothers wanted to breastfeed. In addition many hospitals gave instruction in safely preparing infant formula and distributed free samples of formula and leaflets showing how easy and convenient it was to prepare formula and bottlefeed. Women left hospital without fully establishing breastfeeding. Complementary feeds left their breastmilk supply insufficiently stimulated with babies accustomed to suckling from bottles and a product apparently endorsed by their medical caregivers.

Commercial success in industrialized countries soon prompted infant formula manufacturers to expand their market into developing countries where the artificial feeding of babies was presented as a "modern" progressive practice. One again sales were boasted by distributing free samples and intensive promotion in hospitals and health centres. At home, after the free samples ran out formula feeding became unaffordable habit but again the mother's own breastmilk supply had been unstimulated so she couldn't just swap over. In addition, very few households were equipped to sterilise bottles and teats as required. Poverty forced mothers to dilute the formula often with unsafe water, or turn to cheaper milk substitutes with little or no nutritive value. The result was malnutrition, infections, diarrhoea diseases etc. UNICEF estimates that failure to breastfeed is a significant factor in the death of at least 1 million infants every year.

By the 1970's it was clear that infant formula marketing techniques had outpaced health education. The assumption that 'new' meant 'improved' was costing millions of children's' lives. Concern about the number of infants succumbing to 'baby bottle disease' led to the formation of groups whose aims were to promote breastfeeding and publicise the underhand and dangerous advertising tactics being employed by infant formula manufacturers.

HOMEBIRTH HALLELUIAH!

A poem written by Geoff Bridgeman and Derryn Cooper to commemorate the publication of Joan's Herstory of Homebirth, which was launched after the Powhiri at Conference, May 22, 1992.

As refugees we came
From those dark maternity wards
Where the O and G's played
With their tongs and their swords.

'Twas the year of '77
And the winter wind did moan
As we questioned passing strangers
Did they know of Sister Joan?

Till at last an ancient person
Said "what you seek I have",
Pointing a gnarled finger
In the direction of Hendon Ave.

And there we found you, Joan
Our deliverer, our saviour;
You welcomed us with raspberry leaf tea
And other strange behaviour.

We knew the stalwart midwives
Were fighting for their rights
Against a gang of medics
Who had them in their sights.

Carolyn was Joan's comrade
With her children three;
All anarchists, if not communists,
'Gainst obstetric thuggery.

But our brave inaugural secretary
Made sure it came to pass
That we were no bunch of radicals,
But firmly middle class.

We all felt the great unfairness
That women couldn't choose
The kind of birth they wanted:
The medics would REFUSE!

They lied about home birth,
They said safety was ignored;
But the real place of danger
Was the dark obstetric ward.

We worked so hard to publicise
The truth about homebirth,
With our research spokesperson
Forever speaking forth.

We had a march up Queen Street,
With banners, posters and balloons;
We laid siege to National Women's
And sang several rousing tunes!

We invented what we needed,
We played them at their game,
We wrote and talked and argued,
And made a great fuss around our name.

We named us the NZHBA,
And made a letterhead,
But Wellington got fed up with that,
So we made us "Auckland Branch" instead.

We created "Homebirth Week"
To give an international sheen.
The joke was, it occurred
'Twixt Labour Day and Hallowe'en.

Our newsletter went far and wide,
The fire set from the spark.
We used our own Box Number,
A beacon in the dark.

But there were many, many nasty fights,
The midwives in the front.
The HBA took up the rear,
And grappled to take the brunt.

The O and G's called mortality meetings
Of a perinatal kind.
They said YOU shouldn't be here
This is National Women's, mind!

But we wouldn't let them
Determine Home Births' fate
And so we said, "We're staying,
We're National Women, mate!"

Medics and specialists were in charge,
And charge they did, indeed:
Poor midwives caught the pennies
While the doctors grew in greed.

The domiciliary midwife was handmaiden,
Humble in assistant service;
The trouble was our midwives
Didn't seem to know this.

They seemed to be so much smarter
And better than their bosses,
The Obs and Gyns eventually retreated
To the hills, to cut their losses.

There was Esther, Marin, Michael,
Jenny, Graeme, Fiona, Anne and Maureen.
There was Geoff and Amanda and Tony
And Sian and Kiet and Irene!

There's many more, and more to tell,
All those who worked, more names to name;
We haven't time to fit all in,
'Tis a pity and a shame.

We only end with one regret:
That we were never able
To tie one particular obstetrician up
Upon the lithotomy table.

We never did subject him to
The awful misery
Of rudeness, insult, forceps,
Or unnecessary caesarian delivery.

But we will NOT end in bitterness,
We will NOT end with strife;
We'll say instead, "Hurray for Joan,
And EVERY strong midwife!"

DOMICILIARY MIDWIVES CURRENTLY ACCEPTING HOMEBIRTH BOOKINGS

Anna Bannister	413 9028
Adrienne Bell	275 8898
Sian Burgess	846 1801
Jenni Churton	846 5824
Fiona Clements	299 8847
Jilleen Cole	630 7638
Karen Connolly	416 6026
Joyce Cowan	534 9163
Maggie Cropper	846 2313
Ruth Davison	443 3574
Joan Donley	828 7759
Margaret Falconer	(09)420 5321
Amanda Greenwood	479 3019
Libby Groom (Waiheke)	372 7748
Barbara Harvey	818 5629
Lesley Hinson	534 1276
Rhonda Jackson	480 2422
Gillian Jenkins	570 4681
Maureen Kearney	638 9009
Angela Keown	529 2741
Jenny McDonald (Waiheke)	372 7350
Joan Miller	833 6823
Veronika Muller	817 4880
Janet Thomas	828 3534
Jan Thompson	(09)425 8795
Heather Waugh	524 0424

MIDWIFE: JOYCE COWAN

10.04	Jane & Damien Keogh	F	April	3850	4	Moffit
Thanks to Sarah Hodgetts for arriving quickly on the scene						
11.04	Joane Rama & Ray Brown	F	Krystal	3125	2	Kidd
09.05	Fiona & Pete Willson	M	Shannan	4300	2	Railton
20.05	Gail & Gareth Thomas	M	Nathan	3300	1	Likeman (M/W)
24.05	Donna Hogan & Phil Estall	M	Lewis	3880	1	Midwife only
30.05	Evelyn & Jeff Chung	M	Carl	3290	2	Brooks
18.06	Carolyn Carrick & Tony Eade	F	Felicity	2900		Kidd
19.06	Jose` & Waling Kakebeeke	F	Querine	3750		Likeman (M/W)

Joyce also attended eight planned hospital births

APOLOGIES FOR ANY ERRORS OR MISSPELT NAMES

Transfers to Hospital

Of the 73 planned home births listed in this edition 6 resulted in transfer to hospital for the following reasons:

1. Trans. N.W.H. - Prolonged labour, posterior position, Epidural, Syntocinon, N.V.D. - home next day.
2. Trans. M.M.H. - A.P.H. (marginal placenta praevia). Induced with syntocinon - Keillands forceps delivery. Then P.P.H. Stayed in hospital 5 days. Mother and baby progressed well.
3. Trans. - Meconium liquor and maternal exhaustion. Epidural and N.V.D. Home same day.
4. Antenatal transfer - I.U.G.R. - Baby fine.
5. Trans. N.W.H. - Meconium liquor at onset of labour - N.V.D. - straight home.
6. Antenatal trans. - Query 3 1/2 weeks postmature - induction - N.V.D. home 2hrs. Baby did not seem overdue.

Abbreviations:

N.W.H.	National Women's Hospital
M.M.H	Middlemore Hospital
A.P.H.	Antepartum Haemorrhage
P.P.H.	Postpartum Haemorrhage
N.V.D.	Normal Vaginal Delivery
I.U.G.R	Interuterine growth retardation

MIDWIFE: JENNY MACDONALD

Date	Parents' names	Sex	Baby's name	Wt	Baby no.	Doctor
17.04	Fiona & Peter Mead	F	Millie	3540	3	Maclaurin
23.04	Selina Reid & Tim Essex	F	Amara		2	Maclaurin
03.05	Pam & Owen Rogers	F	Naomi	3750	4	Maclaurin
09.05	Janice Dorricot & Brett Crompton	F	Brodie	3850	2	Karatai
16.05	Shirley & Peter Mitchell	F	Rachel	3000	4	Maclaurin
21.05	Layapuna Nicholson	F	Rebecca	3300	3	Karatai
09.06	Cindy & Brendon McGuire	F	Tess	3250	3	Maclaurin

MIDWIFE: BARBARA HARVEY

12.04	Sharon Drummond & Dean Forbes	M	Kyle	3560	2	Denyer
03.06	Sharon & Craig Fraser	F	Natasha	3160	3	McGarry
Barbara also attended 4 women for postnatal care only						

MIDWIFE: CAROLYN YOUNG

06.04	Diane Blomfield & Ashley Turner	F	Hannah	3600	2	Hilton
30.04	Linda Platten & Rick Loos	M	Ruebn	3340	1	Raymond
11.05	Josephine Stanton & Ian Swinton	M	Cosmo	3260	3	Copland
12.05	Kate & Daron Robinson	F	Melissa	3600	2	Hilton
16.05	Lisa & Patrick Holt	F	Aimee	3020	2	Ferguson
18.05	Rachel & John Barry	M	Christopher	3360	1	Hilton
25.05	Susy Curlett & Dave Dengelo	M	Jed	2870	1	McGarry
05.06	Jillian Henry & Andrew Roberts	M	Reuben	4060	2	Broom
07.06	Michelle & Rudi Jesberg	M	Mika	4000	1	Hilton
13.06	Lesley & Don Cleaver	M	?Frank or Basil	3760	4	Hilton
Carolyn also attended 4 women for postnatal care only						

MIDWIFE: AMANDA GREENWOOD

02.04	Sarah & Paddy Donovan	F	Phoebe	4200	2	Railton
21.04	Lee & Ken Sawyer	F	Harmony	3300	3	Railton
25.04	Rose & John Love	M	Alec	3400	1	Lauder
13.05	Mary & Eddie Ngatai	F	Stephanie	3200	2	Lauder
30.05	Shirley & Albie Mitchell	F	Jordahna	4300	4	Lauder
07.06	Sheryll & Calvin Griffiths	F	Brittany	4000	4	Whittaker
09.06	Rachael & Owen Mackay	F	Melissa	3400	3	Whittaker

Amanda also attended 6 DOMINO births

MIDWIFE: JENNY WOODLEY

18.04	Carol & Brian Henwood	F		3300	2	Browning
30.04	Zetta & Warren Traill	M	James	3980	3	Judkins
16.05	Rixt & Bertus Zenhorst	F	Yorana	3200	3	Kutner
03.06	Nicky & Sam Treadwell	M	Michael	3000	2	Lauder

Jenny also attended 3 DOMINO births & 2 women for postnatal care only

MIDWIFE: MARGARET FALCONER

15.04	Michelle & Peter Brunton	M	Jethro	4300	6	Nealie
15.04	Raewyn Walker & Bobby Wilson	M	Teddy	4500	3	MacDonald

Unplanned at Michelle & Peter's for my convience

19.04	Jan & Jack Porter	F	Grace	3940	4	Nealie
22.05	Amanda & Tony Stevens	M	Craig	3500	3	Gane
11.06	Penny & Peter Bilton	M	Timothy	4750	5	Nealie

Margaret also attended 9 births at the Helensville Birthing Unit.

MIDWIFE: JANET THOMAS

01.04	Julie & John Ferguson	M	Elliot	3750	2	Tiller
21.04	Colleen & Michael Drennan	M	Liam	3700	1	Gulbransen
03.06	Polly Russel & Barry Coppersmith	F	Roma	2900	1	Gulbransen

MIDWIFE: FIONA CLEMENTS

02.04	Inneke & Albert Alferink	M	Henry	3400	1	Woodley(M/W
08.04	Maria & Jim Paterson	M	Anthony	3860	1	Browning
30.04	Sue & Barry McMiken	F	Libby	3680	4	Allen
08.05	Donna & Vernon King	M	Ethan	3060	4	Browning
25.05	Elaine & Bob Pullein	F	Morgan	4420	4	Anderson
27.05	Debbie & John Hayward	F	Holly	4080	4	Warren

MIDWIFE: RUTH DAVISON

29.04	Sharon Fluker	M	Andrew	3250	2	Wood(M/W)
01.05	Caroline Stockdale	M	Matthew	3100	2	Richmond
	Janine Irvine	M	Stephen	3250	2	Craft

MIDWIFE: HEATHER WAUGH

01.04	Julie Stevens & Stephen Bradshaw	M	Raika	3920	1	Copland
08.04	Mathana & Mike Collis	F	Nan	3200	2	Jackson(M/W)
12.04	Nicki & Nick Wilson	F	Oliva	3690	2	Copland

Thanks to Rhonda

14.04	Shelly & Alistar Gager	M		4750	3	Nixon
15.04	Marilyn & Cary Gollop	M	Jack	4700	3	Railton
28.04	Maselina Sao	F	Lua Ipou	3200	5	Copland
29.04	Kirsty Ferguson & Ross Teppit	M	Finnius	4850	2	Hilton
29.04	Judi Shirley & Stephen Acland	F	Carmen	3450	1	Copland

Thanks to Jilleen

14.05	Tamera & Roger Rolland	F		3400	3	Hilton/Denyer

Thanks to Ann

20.05	Nancy & Solomon Latu	M	Inoke	3700	2	M/W only

Thanks to Ann

24.05	Janet & Martien Vermionden	M	Krispen	3950	3	M/W only

Thanks to Ann

14.06	Helen & Alan Rapley	M	William	3800	3	Copland

MIDWIFE: RHONDA JACKSON

09.04	Fiona & Graeme Landon	M	Joshua	3180	3	Nash
13.04	Trudy & Brian Wright	F	Katherine	3790	3	Railton
20.04	Jan Bourke	F	Zoe	3520	2	M/W only

Thanks to Ann

20.04	Julianna McLean & Brett	M	Xavier	3430	2	M/W only

Thanks to Ann

07.05	Lorna Nones & Chris Newman	M	Gabriel	400	2	M/W only

Thanks to Heather

26.05	Penelope & Roo Dawson	F	Lydra	3670	2	Hilton
30.05	Susan & Lindsay Smith	F	Georgia	3150	2	Eason