NEW ZEALAND HOME BIRTH ASSOCIATION

P.O. Box 7093, Wellesley St, Auckland 1.

July, 1980

# N E W S L E T T E R - 1

The first newsletter of the new National umbrella organization for the Home Birth Associations around New Zealand.

FEATURED INSIDE



## National Conference

The First National Conference of the NZHBA was on the 17th and 18th of May in Auckland. Approximately 150 people attended, including sixteen people from out of town. Also present were midwives from National Women's and St Helen's, a number of doctors and the lecturer in charge of midwifery training at Auckland Technical Institute.

Marin Adams opened the conference emphasising the need for good communication. She gave a resumé of the history of home birth in New Zealand and introduced representatives from seven branches who outlined the varying problems they face. For example Wellington midwives do not have enough prospective parents booking while Auckland midwives are booked right up and many parents are missing out on home births. Dunedin are not able to get a midwife and while Manawatu have one, she is faced with a very hostile attitude from the hospital and is understandably worried about transfers. Nelson's midwife, who, unfortunately, had to attend a birth on the day, seems to be coping well and has a strong support group to back her. This need for support for midwives came across loud and clear. In Auckland the situation was not so bad when there are four midwives who can fall back on one another, but in Christchurch the midwife is pretty much on her own when dealing with the medical profession, the media and the public.

In general, the local associations felt that as isolated groups, we can be overwhelmed by the size of problems facing us and that we need to support each other in facing problems in common and achieving common goals.

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After a short orientation workshop in which the objectives of the conference were determined, there were a series of informational workshops. Space does not permit a detailed report, but the following features were noted. The two workshops most well attended were Sarah Calvert's 'Feminist point of view on birth' and Bill Blackwell's 'Nutrition and Health'. The first getting our mind right and the second, our body. Actually, most of us were too frightened to eat after hearing what Bill had to say. Sarah's perspective was so dynamic and her suggestions on strategies and goals so persuasive that we are arranging a workshop meeting with her. As consumers we should educate ourselves and then challenge the system and learn to make demands on it. She recommended the following books: "The care of Health in Communities" by Nancy Milio and "Resource Book for a Living Revolution". (The latter is obtainable from Epicenter Bookshop in Symonds Street, Auckland).

Interesting discussions arose from other sessions. For example, the session on 'How to recruit home-birth midwives' was attended by the Midwifery course tutor. She felt that there would be no advantage in requiring her students to observe at least one home-birth. "There was nothing they would learn from it", she said. Others pointed out that there might be a lot to unlearn, but all agreed that the present system of training is designed to eradicate midwiv as a profession.

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Lunch! and it did deserve an exclamation mark as did all the nutritional breaks organized by the West Auckland support group. Not only was the food cheap and up to the standard required by the nutritional experts, but a profit of over $50 was made on the venture. One small disaster - the video tape monitor did not work.

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The afternoon saw the panel discussion which had so much of interest that it's got a special section on its own, and the last session of the day was the Auckland Branch AGM (see the local news section).

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Day Two began with in-depth workshops to discuss the issues raised the day before. There were four groups:

1. Care/Support: What should the HBAs be advocating and achieving in the fields of post-natal and ante-natal care, support groups and maintaining interest of members?

2. National Organization: Should there be one, what are its functions and how should it be structured?

3. Objectives: How can the HBAs achieve their objectives with regard to research into home birth, better communication between local associations, breaking down barriers between ourselves and government organizations and maintaining interest and membership?

4. Midwives: How can the HBAs assist financially, morally and politically the domiciliary midwife?

In the summing up of these workshops and in the plenary session which followed after lunch a number of excellent ideas and resolutions were put forward. These were summarized under the following headings:-

Support Groups

It was felt that the support groups were the backbone of the HBAs and that every effort should be made to ensure that they were strong and providing a service in a local area. The workshops thought that the HBAs might do better if their political and support group functions were separate as the objectives in each area are quite different. What then are the support group functions? The plenary session decided that these were:

(1) to ensure that appropriate ante-natal and post-natal guidance was available to all expectant home-birth parents (this did not mean that support groups should necessarily run their own classes)

(2) to contact all expectant home-birth parents in their area and to provide them with the information, and emotional, moral and physical support expectant and new parents may need

(3) to develop resource centres of reading material relevant to home-birth and including information about benefits available (e.g. home-help, sickness of dependent relative, etc.)

Home Birth Association (Regional)

The regional Associations of the NZHBA should, it was agreed, be pushing the politics of home-birth in their regions. A resolution was passed that members of the Association offer themselves as candidates for local Hospital Boards.

The following suggestions were made on how the HBAs could become more politically effective:

(1) try to get articles published in newspapers or information aired on radio;

(2) make organizations like Citizen's Advice Bureaus aware of our existence and keep them supplied with information pamphlets;

(3) make submissions to individual hospital boards on ways that they could facilitate the practice of domiciliary delivery (try and work through sympathetic members);

(4) send speakers to other organizations (Parent Centre, Plunket, etc.); and

(5) work on your local doctors and midwives. Invite those likely to be of assistance to the cause to see a home-delivery, if possible.

National Association

There was a strong feeling from the workshops and the plenary session that a national association should be formed and a resolution to this effect was passed. After the session was finished, regional representatives got together to work out the mechanics of this (see next section).

Resolutions to Government bodies

The plenary sessions of the conference passed the following resolutions:

1. That the NZHBA call on the Health Department to supply domiciliary midwives with equipment, transport and a level of remuneration equivalent to that of a charge nurse;

2. That the NZHBA call on Hospital Boards to

   (a) permit all home-births to be provisionally booked and, in the case of transfer, to allow the GP concerned to continue the delivery in hospital or choose her/his own consultant, if necessary; and

   (b) introduce a scheme similar to the 'domino scheme' operating in Britain, whereby the domiciliary midwife can take women, including those in labour, into hospital, deliver them and take them home

3. That the NZHBA call on the Government to

   (a) ensure that there is a paid paternity leave or home-help service for new parents, made available from the date of the new baby's birth;

   (b) establish a type of administrative structure that would allow both the practice of domiciliary midwifery and the special knowledge that this work requires to be developed, without undue interference from traditional obstetric practice; and

   (c) thoroughly review the current midwifery training courses, with a view to increasing the number of midwives taking the course, to dramatically reducing the time it takes to become qualified domiciliary midwives and to including much more information in the courses that are relevant to domiciliary midwifery.

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Between the Workshops and the Plenary Sessions, Dr Ruth Schell, a Hamilton GP and home-birth mother, gave an informative talk on the facts of birth, which particularly emphasised the effect that stress has on the progress or labour. This talk is on tape and will be transcribed and printed in a later newsletter.

The conference formally finished at 3 p.m. Progress had been made. We had go the medical profession to come and listen to us. We met with each other from around the country for the first time and saw we were a national force. The midwives, too, gained a great deal from the opportunity to meet, to exchange ideas and co-ordinate their responses to pressure from the System. We all felt a bit exhausted at the end - the social had been a wipe-out (how can you get to these things when you've got young children) and the acoustics of the hall drove us mad, but it all seemed to come together in the end and took us where we wanted to go.

Barbara MacFarlane
Geoff Bridgman

Panel Discussion

Barriers broken down? Well, an exaggeration, perhaps, but they did come along to speak to us and listen to our arguments. No-one seemed prepared to dispute our contention that home-birth was at least as safe as hospital for a significant majority of New Zealand Women. Assurances were given that if we were constructive the medical profession would be too. The Panelist were:

Dr Andrew MacIntosh, representing the Hospital Board and National Women's Hospital,

Dr Tony Baird, representing the Auckland Branch of the Obstetrical and Gynaecological Society,

Sister Patricia Clark, representing the Nurses' Association,

Dr John Grieve, a GP who does home deliveries,

Ms Linda Daly-Peoples, a consumer, having had both a hospital and a home delivery,

Dr Geoff Bridgman, representing the Home Birth Association.

In the chair was Pam Daulton, a non-aligned chairperson

Space does not permit us to run the full discussion in this newsletter. What follows is a very slightly abridged transcript of the opening address given by each panelist.

Dr Andrew MacIntosh: Well, as speaking first, I can say the very obvious things in that all of us here whether consumers, medics, nurses or whatever, have a common interest in caring for women who are pregnant and their babies and I think it is easy for us to lose sight of this ... but you must remember that those of us who are obstetricians or nurses have spent quite a degree of our lives training specifically for this purpose...

It is the Hospital Board's responsibility to care for patients within its institution, and this, of course, it will continue to do. Now the patient who is taking her own responsibility to care for herself during pregnancy and during labour is at that time outside the Hospital Board's responsibility but at any stage of the pregnancy or labour that she requires some specialist care she can, of course, be transferred to any hospital and the responsibilit for her care lies with the hospital at that time. So far as transfer goes, different hospitals seem to be having slightly different policies within the Board's area but certainly at National Women's we would encourage midwives to come with the patient and hope that she would stay throughout the labour and care for the patient during that time.

So far as this organization as a Home Birth Association goes, I think the most important thing which you can do to help your organization in relation to the Hospital Board and the hospitals in which you work is to make your special requirements known, and if you form executives and then officially write and make your specific requests I think that you will find that you receive a fairly favourable hearing at the present time. We are rather lost on what to do in relation to patient's comfort in labour, whether there should be alternative labour care centres, whether the present labour ward should be made more versatile and more comfortable or whether there should be carousing Support Units for would-be deliverers. So I think that if some ideas can be formed in this association and put to the Hospital Boards in their area this would be a very progressive step.

Chair: Thank you. I now ask Linda Daly-Peoples if she will put her point of view for three minutes.

Linda Daly-Peoples: I was told that the panel was going to be on the futu of Home Birth and I couldn't really think of very much to say about the futur and so I asked not to speak first so that someone else could say something th I could bounce off, but it didn't work that way.

I did make a few notes though, and the first thing I am going to do is disclaim any expertise whatever in the field. I am, as the chairwoman said, a consumer. I did, before I had my second child, do a great deal of research on birth generally and Home Birth.

I don't disbelieve that all babies should be born at home; that's my second disclaimer, and if anyone says that I have said that or that this Association says that all babies should be born at home, you have my permission to hiss. I don't on the other hand, believe that women are so incompetent, stupid, or self centred that they are incapable of making a sensible decision on where

their baby should be born, and I think we believe that the baby should be born in the environment best suited to its health and welfare and the health and welfare of its mother. Whether that is in her home or in the hospital, it should be her decision and it should be supported by any professionals that she decides to involve. I don't think either, that we can talk in absolutes, whether we care more about the babies or more about the mothers. I think that the health and welfare of each is quite inseparable from the othe and to try and separate them is a kind of reductivism. It just doesn't really work. If the birth goes well for the mother I think it makes a lot of difference to the baby. It sounds so obvious but I am sure it is not always. So perhaps as far as the future of the Home Birth goes, I suppose I would like see a future where women really were given the choice, where we were really given information and where the choice was a real one. How that ideal situation will arise, I really don't know, perhaps the kind of cruising support systems that you talked of or perhaps small cottage hospitals like Bethany providing support systems, but I think perhaps that centralised medicine is not the medicine that is best for people and I question whether medicine in the vast majority of births is required at all.

Chair: Thank you Linda. I will next ask Sister Patricia Clark to put the point of view of the Nurses Association.

Sister Patricia Clark: First of all I would like to thank you for inviting me to be a participant in this panel. I don't claim to be an authority on the Home Birth scene, but I do happen to be a product of it. (Applause!)

I am really speaking on behalf of the Association, so what I am offering is not necessarily my personal point of view but we are aware ... that there are many people wanting Home Births, and the reason for this ... is that the hospital has failed to meet their needs ... We all recognize that it is important to have skilled, humanitarian and professional contact and we realise that this is paramount in any maternity services or care. I think tha is a good thing that from time to time your association has pointed out to the hospital where we have failed. We all can benefit fro constructive criticism But we also, I think, should recognize the advances in modern technology that we do use in hospital has certainly improved our standards of care. I don't believe for one moment that the personnel in the hospital would think that suc technology replaces the experience of the doctors and nurses that we have. It has never meant to be and it never will be, but unfortunately this is the picture we seem to have presented... One thing that does concern us from the Nurses Association point of view is that any woman proposing to have a home confinement should have the opportunity for an objective discussion of the pro and cons of a home confinement... We do respect the right of every woman to choose the birth experience she wishes, but it is our responsibility to make sure the choice she makes is an informed one. Under our present health system we are reluctant to move out into the home but such reluctance is due to the fact that we are conscious of the problems that can and do occur with potentially disasterous speed during the labour process - this in a woman who by accepted obstetrical criteria is defined as normal. Prompt and skilled actions are needed to avoid undesirable consequences.

The Nurses Association of New Zealand has set up an ad hoc committee who are currently looking at maternity services and the care given. A policy will be written and presented to the association for their consideration. This committee is studying the role of the nurses in regard to maternal and infant health in the context of the family. The areas that we are looking at are: the nursing services before, during and after childbirth, the types of nurses we require, the additional preparation for these nurses. From this we must take a serious look at our present system and the needs; looking closely and being well informed about the Home delivery scene and what makes women see this type of service and care and who can best give this service and care... I believe that paths should be laid for useful dialogue between all those concerned with maternity services and care and then it will be possible in the future for the consumers and the hospital personnel to formulate together the framework for an effective, humanitarian maternity service.

Chair: I now ask Dr John Grieve who is a GP doing home deliveries to put the point of view of himself and others like him.

Dr John Grieve: I have become a convert to Home Births. I was up until three or four years ago a great believer that all babies should be born in hospital until a lady came along and persuaded me that she was quite capable o making an informed choice as to where she should have her baby and that she was entitled to that choice and since then I have become involved.

I can honestly say that I have been practising obstetrics for nearly 20 years and it was not until I became involved with the Home Birth movement that I came to understand for the first time what a normal birth was really like. I don't think there is such a thing in current hospital practice for one reason or another. This is fair enough of course. We have an abnormal situation but a lot of the criticisms of the Home Birth movement which one sees reported in the press is based on the assumption that hospital births must inevitably be better and yield better results in all respects. Now, whilst this is true for those women who are expecting a complicated delivery, I don't think for one moment this is true for those women who are motivated for a home delivery and it is as simple as that. The reasons for comments on disasters which can happen at home go back to doctors' experience with home birth in other countries, particularly in Britain where home-birth up until 1968 did not have a particularly good performance. But of course these were not a selected population. Here in Auckland for example, the ladies we deliver at home are a selected group of good obstetrical risks and they are a highly motivated group of women and I think that puts a different slant on things altogether. The thing that has impressed me most of all about Home Birth is the fact that when the babies are born they are so incredibly vigorous I had never seen anything like it. They are not all half sloshed with pethidine which they are in hospitals half the time.

Chair: Thank you Dr Grieve. On my far right I have Mr Tony Baird representing the Obstetric and Gynaecological Society.

Mr Tony Baird: ... I am representing the Auckland division of the OGS and we have about 70 members including most of the specialists in Auckland central and many of the GPs who are doing obstetrics. The North Shore has its own division. The interest of the OGS and the reason for its formation was th concern for the overall welfare of women and their babies. The question of home-births has been discussed for several years, locally and by the New Zeala Council. We have prepared a submission from each division for the Board of Health enquiry which is going to be convened later this month and we helped wi the drawing up of a list of high risk cases or guidelines for GPs who are selecting cases for bookings at St Helens. It would be fair to say that the OGS's preference at present given resources existing in New Zealand is for all births to take place in hospital and a hospital that has full facilities inclu a paediatric service, laboratory facilities, blood bank, anaesthetic services and Caesarean Section facilities. We are very conscious of some of the defects of the present hospital system and we support all reasonable steps that could be taken to create an informal and friendly atmosphere within the hospital; trying to avoid routine procedures and rigid, inflexible regulations anything that might promote a more personal approach for the patient, the woman's family and her friends.

We are concerned in two areas about Home Births. The first involves the question of risk factors, most of which are unpredictable and the care of people who develop complications during their pregnancy or during their labour. It is no secret at all that risk to the babies lives and health increase many times if the mother has to transfer from one place to another before delivery. The other concern we have is about the resources that are available in Auckland (the only area we can talk about) particularly on the side of the medical personnel and one of our major worries is that some doctors are accepting nominal responsibility for home confinements without making adequate arrangements either to assist or supervise the delivery. I would say again that our general policy is that every birth should take place in hospital. For many years we have been permitting an early discharge from hospital and tried t get the Department of Health to provide adequate services for that.

Chair: Now we have Dr Geoff Bridgman who is a representative of the Home Birth Association.

Dr Geoff Bridgman: ... I would like to begin by picking up on the comment by Sister Patricia Clark when she says that people should have the information She referred to the Home Birth people having information about their options. I think we would like to refer to the fact that all people should have the information about other options, and good information.

We are very worried about the kind of information people are getting. If you look at the back of the programme you will see some of the statements that concern us: Statements which say all small hospitals should close down and all births take place in bit base hospitals. Statements which say that Home Birth is causing damage to the lives and IQ's of our future citizens. Statements which indicate that pressure is being put on doctors by their professional colleagues, and we are worried because we don't think these statements are backed up by good scientific evidence. We have put forward in the news again and again the kind of evidence that shows Home Birth is a safe, practical alternative, that Home Birth does not need to have the kind of interventions that we find in hospitals.

We have looked at the research from Holland in some detail and their's seems to be a system which works and we can see no reason why it can't work in the areas of larger population in New Zealand. While on the one hand the medical profession is offering us this invitation to a dialogue and the opportunity to present our views and to perhaps hopefully expect some changes in the hospital system as a result of hearing our views, we are concerned because of the impression that we overwhelmingly get from listening to professional people (particularly when they are speaking to each other) is one that Home Birth is unsafe and hospital birth is not. And we know from our own experience and from the data that we have looked at from overseas that this is not the case and we think that it is now time to have a much more open mind and get on with doing a bit of research into Home Birth. I know that Professor Bonham thinks it is a low priority area. For myself, as a psychologi working with intellectually handicapped children, I think it is a very high priority area because I see some of the effects of botched-up hospital births. So I am very concerned and the Home Birth Association is very concerned that we start getting good information out to all people involved in birth.

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Hospital Board Chairman turns to fiction

We've always thought the medical profession to be rather short on imagination, but read on here as a Palmerston North doctor delves into his childhood:-

Labour room crowds upset doctor - by Steven Packer

Families should not be allowed to watch the "spectacle of birth", says Palmerst North Hospital Board chairman Dr A. G. Cumming.

Dr Cumming hits out at increasing trends toward home birth and delivery room spectators in the latest Hospital Boards' Association magazine.

"The mind boggles at the thought of a confinement 'en famille': mother embarrassed at not being able to conceal her distress, father doing his best to comfort her, teenagers chewing furiously to cover embarrassment, the little one open-mouthed, wide-eyed and terrified, their fish and chips forgotten in their hands, and the youngest whimpering in a corner where he has fouled both his pants and the floor."

Dr Cumming says home birth is "a retrograde step".

Supporters of home birth claim it would be suitable only for "low risk" births, he says. "Low risk becomes high risk in domiciliary practice and the very use of the term low risk may lead to complacency and less perceptive monitoring and management."

Dr Cumming says hospital maternity rules have been relaxing for two decades - "gone are the rigid disciplines of a cold institutional regime" - but hospital boards now need to put their foot down. (Dominion 5/6/80)

## FORMATION OF A NATIONAL ORGANIZATION

Seventeen representatives from HBAs from around the country met after the National Conference and brought the New Zealand Home Birth Association into being. Below is a summary of the minutes of that meeting.

Present: Joy Tarry, Taranaki; Marlene Joblin, Waikato; Roger Johnson, Wail Hazel Adcock, Dunedin; Ursula Helem, Christchurch; Allison Brebne Manawatu; Elizabeth Chisholm, Manawatu; Lynley McFarland, Manawat Anne Turner, Wellington; Irene Hogan, Auckland; Lyn McLean, Welli Geoff Bridgman, Auckland; Andrew Macfarlane, Auckland; Joan Donle Auckland; Lesley Wiseman, Nelson; Renata Morrison, Auckland; Barbara Macfarlane, Auckland (Secretary).

### Functions of the NZHBA

The National Association should be an incorporated body, speaking with one voic for regional groups on matters of national importance. It should co-ordinate research, assist branches with common problems, and publish a newslett at least twice a year.

An important function of the NZHBA is to organize the collection of Home-birth statistics, and to share the problems and tactics of the regional branches. It was emphasised that the branches need to preserve their autonomy with their own local newsletter, initiatives to Government bodies and media approaches.

### Structure of NZHBA

The committee of the NZHBA is to consist of the secretaries of all the regional HBAs plus an executive from the HBA that organized the last National Conference Thus the Annual National Conference and the executive of the NZHBA would be rotated from branch to branch. The executive members so far appointed from the Auckland Branch are:-

Treasurer: Amanda Marks, 43 Albert Rd, Devonport, AUCKLAND
Secretary: Barbara MacFarlane, 11 Manapau Street, Meadowbank, AUCKLAND
Spokesperson: Deryn Cooper, 33 Lincoln Street, Ponsonby, AUCKLAND

The addresses of the secretaries of the regional HBAs are:

Auckland Branch: P.O. Box 7093, Wellesley Street, AUCKLAND
Christchurch Branch: 30 Roseberry Street, CHRISTCHURCH
Dunedin Branch: P.O. Box 6124, DUNEDIN
Manawatu Branch: 36 Duke Street, FEILDING
Nelson Branch: Riverside Community, NELSON
Wellington Branch: P.O. Box 11-412, WELLINGTON
Waikato Branch: 11 Te Aroha Street, HAMILTON
Postal address of NZHBA and Executive: P.O. Box 7093, Wellesley Street, AUCKL

### Financing of NZHBA

It was agreed that a levy of $1.00 per family be imposed by the NZHBA on all regional associations. This levy would be based on last year's membership and thus could be collected as a lump sum.

One dollar per member will not go far, but hopefully with strong regional associations, the national body won't need a great deal of funds. Regional support from Wellington has been offered for the free printing of the newslette and from Waikato in the collation and analysis of statistical material.

### Next Conference

Some of the smaller branches felt that the running of a National Conference or the executive functions of the National body would be beyond them, so it was agreed that it was up to each branch to decide when it was ready to perform the duties. Wellington has offered to host the next National Conference, and it wa agreed that the fares and expenses of the domiciliary midwives attending this Conference should be paid by the regional associations.

Midwives Submissions

Following a discussion with Professor Bonham of National Women's Hospital, the Auckland Midwives were concerned that the view of the need for home deliver being received by the Maternity Services Committee through Professor Bonham might be somewhat biassed. Professor Bonham seemed to be particularly interested in any experiences that the midwives may have had of poor or unprofessional support by the GPs that they were working with. Bonham went on to describe the GPs as being 'under the microscope'. The midwives, of course, were aware that the GP is gradually being phased out through the closure of viable alternatives - the Cottage Hospitals, Bethany, the Mater (Auckland), St Helens (Wellington). These are being replaced by Obstetric and Gynaecologic Units in which the practice of the GP is being slowly but surely eliminated. T midwives felt that Professor Bonham was trying to drive a wedge between themsel and the home birth GPs and that his long term goal was to see the elimination of both. Joan Donley has written a detailed history of the attempts of the medical profession to remove midwifery from the New Zealand scene and she regards Bonham's approach as a further extension of this process. As a consequence of this interview the Auckland Midwives prepared the following submissions to the Maternity Services Committee.

"We Auckland domiciliary midwives make the following recommendations, and urge that due consideration be given to them with a view to making the necessary statutory changes in the 1981/82 revision of the Nurses' Act.

"1) THAT midwives and medical students be trained to handle domiciliary practice; and

"2) THAT sufficient midwives be recruited to meet consumer demand for Home Birth,

If adequate midwifery training is not provided to satisfy the above demands, then lay midwives will begin operation here as in other Western countries, or women will have their babies at home unattended. In fact, both these situations exist here at present.

"3) In line with recruiting midwives it will be necessary to increase pay comparable with current rates for midwives. We prefer to be paid on a case load basis in consideration of the economic outlay on the part of the health services, and in order to maintain our independence.

We would draw your attention to the 25% pay increase in maternity benefits to doctors and hospitals as from July 1, 1980. To fail to include a similar pay increase for obstetric nursing services is both discriminatory and illogical and is calculated to depress the availability and quality of domiciliary midwifery service. This ommission should be corrected immediately and back-dated in line with the increase to doctors and hospitals.

"4) THAT provision should be made for greater ante-natal involvement in conjunction with the GPs; and both GPs and domiciliary midwives should be granted greater involvement with their patient in case of transfer; and that the midwife be treated as a responsible witness, so that the patient is not subjected to a further 'trial of labour' as has happened in the past.

"5) THAT domiciliary practice should be supported by adequate 'home aid' service or provision for Social Security benefit for the father of the baby - whether married to the mother or not - to enable him to assist in the care of that mother and her infant.

"6) THAT domiciliary patients should receive from hospital boards the same benefits as hospital patients, e.g. perineal pads, and that midwives be provided with such items as rubber gloves, syringes, suture material etc. and even instrument and bowl sets on the same basis as they now receive sterile linen packs.

"7) THAT domiciliary midwives remain under the jurisdiction of the Department of Health, and to this end that the Department subsidise the training of sufficient midwives under the new scheme to take over the midwifery supervision duties of the Principal Nurse.

"8) THAT consumers have more say at the decision making level. At present there are 14 members on the Maternity Services Committee of which 13 are professionals (six are O & G representatives), with one lone consumer voice crying in the wilderness."

Signed: Joan Donley, Carolyn Young, Irene Hogan, Rhonda Evans, Sian Whit
Maureen Murphy

SCANDALS SECTION

Hot on the heels of the news of police raids on pyramid parties (what a great fundraising idea!) come the dark and insidious stories of even fouler crimes. Small,defenceless children being cheated right from the word go (or from the time of birth as they say in medical parlance) of their rightful place in the golden New Zealand sunshine. So when on a midnight hour you hear that knock on your door, don't be caught with you subscriptions down, fill in the form below add a mere $5 (does anyone ask less for conscience money these days?) to the envelope and post the lot off to the Secretary of your local Home Birth Association. Do not send subscriptions to the National Association. The addres of the local branches are on page 9 of this newsletter.

NAMES:.....

ADDRESS.....

..... PHONE.....

To the Sectrary of the ..... Branch of the New Zealand Home Birth Association, please find enclosed $5.00 for the 1980-81 subscription to the Association.

SIGNED.....

OCTOBER ISSUE

The next newsletter of the NZHBA will come out in October of this year. It is vitally important that we get information from all regional HBAs for this issu It is also important that members write in with their ideas on what the Associ ion should be doing, etc. The Deadline for the next issue is September the 6th so write it down on your calender. All letters, articles, reports, criticisms and humourous asides for the newsletter should be sent to;

The Editor,
NZHBA Newsletter,
P.O. Box 7093,
Wellesley St.,
AUCKLAND