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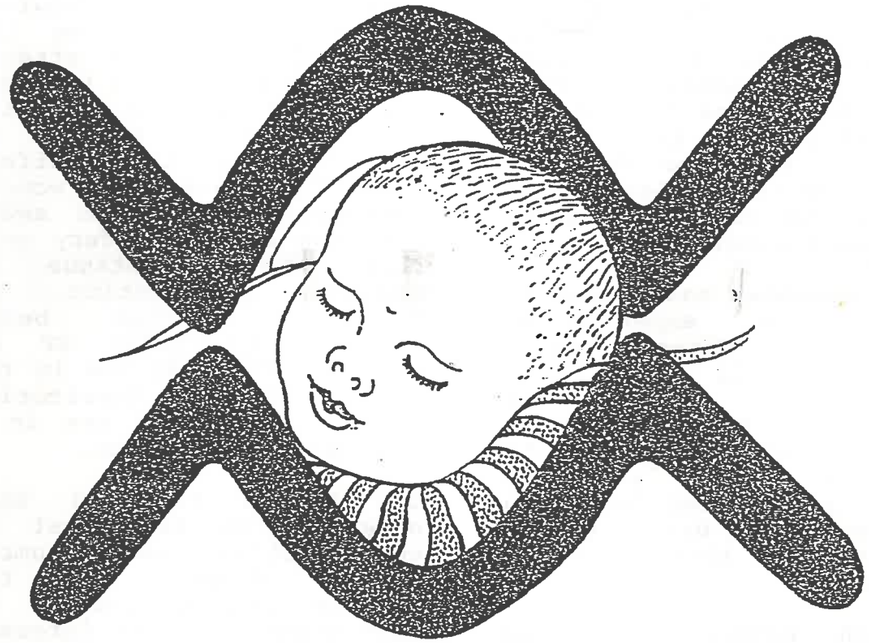
MATERNITY ACTION FOCUS:

1. To oppose the unnecessary medicalisation of childbirth
2. To emphasize & facilitate the partnership between consumers and health professionals
3. To highlight the need for and availability of birth options and choices (ie.homebirth,small hospitals,birthing centres)
4. To encourage families to participate fully in their pregnancy, birth and parenting
5. To share information & ideas; and to explore alternative patterns of care

MATERNITY ACTION

Save The Midwives



JULY/AUGUST 1993

NUMBER 28

DIRECT ENTRY STILL NEEDS YOUR SUPPORT

The Associate Minister of Health, Katherine O'Regan has formally given her approval for two more direct entry midwifery intakes at Otago Polytechnic and the Auckland Institute of Technology. This means that these two places can offer the three year course in 1994 and 1995 and that students completing and passing the courses will be registered midwives.

As the Minister has chosen to retain the experimental status of direct entry training until the final evaluation in 1995, it is necessary to keep writing to health and education ministers as well as local MPs on an ongoing basis to keep them up to date with the importance of this programme to women.

Although Katherine O'Regan has given approval for further intakes, funding for these intakes is dependent on approval by the Minister of Education. The Minister of Education, Lockwood Smith now needs to receive your letters as well. He needs to know that support for direct entry is very strong and that there is a community expectation that DEM will not only be continued, but will be made available in other centres throughout the country.

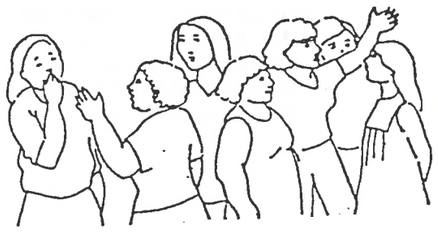
You can write to him freepost (so you don't need a stamp) at Parliament Buildings, Wellington. . Send copies of your letters to Katherine O'Rehan and to your local MP.

Professional and territorial issues resulting from the legislative change to midwifery status continue to make headlines. Midwives appear to have become the focus of relentless attacks from doctors despite the fact (or maybe because of it!) that increasing numbers of women are choosing midwifery care. There are still women, however, who are not aware they can have midwifery only care. Women continue to report information on birthing options being censored by their GP or feeling like they are in the middle of a territorial dispute when they are in a shared care situation.

The bottom line is that maternity services must be women-centred and consumer-driven. Respect for the dignity and uniqueness of each woman includes informed choices and consent as well as services that reflect our collective obligations under the Treaty of Waitangi.

Judi Strid

PS Thanks to those of you who have contributed information and articles for this newsletter. Your input is always welcome.



She also suggests the increased risk of Down Syndrome with rising maternal age has been generalised to encompass other birth outcomes. The assumption is that if older women are at risk for one adverse outcome, they are probably at risk in other ways as well. Mansfield argues that outcomes need not be related and that 80% of Down Syndrome births are actually to women under 35!

She concludes with a plea for research on delayed childbearing that will use refined research skills and eliminate potential sources of bias so women will have accurate information to base informed decisions on.

BITS & PIECES

SALAD AIDS CHILDBIRTH

Women in Los Angeles are convinced that a romaine and watercress salad served with a secret dressing at a local cafe helps them go onto labour when they are overdue. Hundreds of expectant mothers have journeyed to the cafe and the owner serves the salad to between 50-60 pregnant women a day. The secret dressing includes balsamic vinegar which a local obstetrician acknowledged could make the uterus contract. Interestingly, the obstetrician noted the need to separate science from anecdotes!

MISCARRIAGE

A Canadian study has revealed that pregnant women may increase their risk of having a miscarriage if they work night shifts. Researchers at Montreal's McGill University compared the experiences of 331 women who miscarried between May 1987 and November 1989 with 993 pregnant women who did not miscarry. The researchers found that women who worked an évening or night shift were four times more likely to miscarry than women who worked a day shift or did not work at all. While the study doesn't doesn't look into the causes of high miscarriage frequency among night workers, interruption of the diurnal cycle could produce hormonal imbalances.

CHLAMYDIA AND PREGNANCY

An American study suggests that the use of erythromycin treatment of chlamydia in pregnant women reduces the occurrence of premature rupture of the membranes, premature contractions and birth and small-for-dates infants. A placebo-controlled trial is now required for confirmation of these findings.

There is presently no consensus on the effects of chlamydial infection in pregnant women and no study has yet been carried out to compare the outcome of treatment during pregnancy versus no treatment. The study involving erythromycin was a retrospective one involving 323 infected women.

UPRIGHT BIRTH POSITION

Studies have shown that abnormal foetal heart rates are around one-half as common among women delivering in a vertical position. Others have shown advantages in term of umbilical artery pH values.

BREASTFEEDING REDUCES EAR INFECTIONS

An American study of over 100 infants found that breastfeeding can reduce the risk of infant ear infections by half. Infants fed only breast milk for the first four months of life suffered only half as many severe or recurrent middle ear infections during their first year of life as infants who were never breastfed. Exclusively breastfed babies had 40% fewer infections than infants who were breastfedand also given other foods before they were 4 months old. Babies fully breastfed at 6 months have a 60% reduction in ear infection risk.

DOES INCREASING MATERNAL AGE INCREASE THE RISK?

Current mythology would have us believe that birthing babies becomes `increasingly dangerous' as women get older. Although this claim has been around for hundreds of years it starts to look shaky when the evidence is examined. An article written by Phyllis Mansfield and published in Mothering Magazine looked at the available research on the matter and the way in which poor research methodoloy has perpetuated the myth.

104 studies of the relationship between advancing maternal age and eight particular pregnancy outcomes were critically evaluated. The studies covered the period from 1917-1983 and were assigned to one of three evaluative catagories.

Category one:
Studies that controlled for birth order and employed statistical tests to determine differences between older and younger women met the requirements for this strongest category.

Category two:
These were studies that employed a satisfactory design but failed to employ statistics.

Category three:
This category included studies with inadequate epidemiological designs (no comparison groups, no controls, inadequate sample size, and so on) who also failed to employ statistics.

The eight pregnancy outcomes were determined because of their presumed association with older women's pregnancies. They included:
infant mortality
perinatal mortality
maternal mortality
toxemia
placental complications
low birthweight
cesarean
duration of labour

Only 10% of the 104 studies met the requirements for category one and were therefore methodologically sound. 29% (30 studies) qualified for category two and the remaining 61% (63 studies) fell into the methodologically inadequate category three.

Poor research apparantly prevailed right up until 1970 and not a single category one study existed prior to 1957. The stronger designs in recent studies are attributed to computer technology, statistical sophistication and attention to epidemiologic features. Studies with these strong designs have been less likely to find a link between older women and increased obstetrical risks. While 37% of category three and 48% of category 2 studies found increased risks for older mothers, only 28% of category one studies found this result.

A suggested difference in the findings is that well-designed studies separate out factors such as preexisting chronic diseases, prior infertility, special medical treatment resulting in doctor-induced complications as well as low socio-economic status, a predictor of pregnancy complications.

When the categories are combined, cesarean is the only one of the eight complications to show an increase with age in more than 50% of all studies investigating that relationship. However, this finding is not necessarily evidence of increasing complications as women age, but reflects instead a tendency for doctors to order a cesarean because a problem is anticipated (because the mother is over 35) or to `safeguard the long-awaited offspring'.

Mansfield states that the methodology of most of the studies is so flawed that no serious conclusions can be drawn. She does note that when proper controls and statistics are introduced, the maternal age affect diminishes or disappears which suggests age has been confounded with other more powerful predictors in the earlier studies. Under these circumstances she suggests the `at-risk' mythology has been perpetuated by the medical profession apparantly unaware of newer conflicting data.

EVALUATION OF DEM

Two experimental direct entry midwifery (DEM) programmes commenced in 1992 following the announcement of Associate Minister Katherine O'Regan's approval at the end of 1991. An evaluation requirement was one of the conditions of her approval. Auckland Institute of Technology is offering a three year diploma course and Otago Polytechnic a three year degree course. Both institutions took on a further intake of students at the beginning of 1993.

Although the Nurses Amendment Act 1990 provided for the establishment of experimental direct entry midwifery programmes, the Ministry of Education has responsibility for funding the programmes.

Ongoing evaluation of the programmes is being undertaken because of the experimental nature of the courses and to assess whether they produce desired outcomes at an acceptable cost. There are a number of specific objectives relating to market demand, satisfaction with the programme as well as DEM graduates performance and consumer satisfaction.

In June 1993, Ernst & Young Consultants produced the first interim report *Programme Evaluation Experimental Direct Entry Midwifery Programmes*.[1]

The timing of this part of the evaluation has been criticised as it is somewhat difficult to obtain a meaningful outcome within the first year of a three year course. However, the report claims its main purpose at this stage is to comment on progress and trends and to identify any potential problems or issues. Some of the issues identified include:

* An excess of applicants over available places
* Demand from other polytechs to establish programmes
* Midwifery continues to be a political and contentious issue
* This is an interest in distance learning
* Rural workforce needs require midwives who are nurses
* There is support and enthusiasm for DEM although this is not unanimous amongst all the participants
* Secondary care services prefer nurse/midwives but DEMs are considered desirable for domiciliary services.

The report is relatively innocuous although it was interesting to note that some people interviewed see DEM as reinforcing an extreme feminist perspective.

These people apparantly believe we are seeing the far swing of the pendulum from the `medical model' capture of childbirth to `feminist' capture of childbirth! The report doesn't raise anything new, is a bit out of date with global trends and reflects no sense of the herstory behind the establishment of DEM.

1.For information, copies of the report and to make comments write to Sharon Alexander, Ernst & Young, PO Box 490, Wellington.

NEWS FROM THE COLLEGE OF MIDWIVES

INTERNATIONAL CONFEDERATION OF MIDWIVES CONGRESS

The International Confederation of Midwives 23rd Triennial Congress was held in Vancouver in May 1993.

There were over 2400 delegates in attendance and approximately 84 countries represented. It was history in the making as ICM had never held a congress in a country where midwifery was not recognised. The Minister of Health, Elizabeth Cull announced at the opening of the congress that her government would endorse the recommendations made by the Health Professions Council and legalise midwifery.

18 New Zealand midwives attended this congress, seven of whom presented papers. The NZ College of Midwives is a member of the Confederation and New Zealand was represented by President Sally Pairman and Coordinator Karen Guilliland.

They took to the ICM Council a position paper on consumer involvement in midwifery to support a remit from New Zealand that would involve changes to the ICM constitution.

The position presented by the NZ College of Midwives is that midwifery is a profession based upon a partnership between women and midwives. In keeping with this belief:

1. the midwifery profession should reflect the needs of women in society.

2. women should be involved in the development and maintenance of the midwifery profession.

3. midwifery associations should encourage women/consumers to participate in the activities of their professional organisations.

A detailed rationale on this partnership was provided along with suggested changes to the constitution which would both recognise the requirement for this partnership in the NZ setting and enable other countries to follow this model.

The position statement was endorsed by the ICM Council but unfortunately the constitutional changes proposed were not accepted. However, the partnership model was seen as a model to aspire to for a number of countries which shows a considerable breakthrough in thinking.

Karen was re-elected as the ICM Representative to the United Nations Bangkok Office.

PUBLICATIONS

The NZCOM Breastfeeding Book is a must for both women and midwives. Called Protecting, Promoting and Supporting Breastfeeding the book provides up-to-date and accurate information.

UPDATE ON ULTRASOUND

A special edition of the **ASSOCIATION FOR IMPROVEMENTS IN THE MATERNITY SERVICES** (AIMS) journal has been produced that is devoted to ultrasound. AIMS describes a number of reasons for giving ultrasound such special attention. These include:

1. Scans originally intended for women with potential problems are now given to almost every pregnant woman and are part of routine care.

2. There is no adequate evidence that this is beneficial and huge resources are involved.

3. The number of scans per baby has increased

4. The machines have become more powerful and there is inadequate information or control on levels of output.

5. Many scans are carried out by staff who are poorly trained and do not understand potential risks and how to minimise them.

6. Scans are being used on more women in very early pregnancy when the major organs of the foetus are being formed.

7. With the development of the vaginal probe ultrasound now gets nearer to the baby where there is less intervening protective tissue.

8. There is more use of doppler ultrasound to study blood flow in the uterus and the baby. This is a more intense form of ultrasound and may carry more risk.

9. Some clinicians and researchers are exposing women and babies to long periods of ultrasound - an hour or more.

The journal provides a detailed critique of the concerns women have about ultrasound, information about the different reasons for its use, risks and ethical issues as well as recommendations that should be considered in relation to its use.

Copies of the journal can be obtained for 5 UK pounds from: Jean Robinson
56 Lonsdale Road
Oxford OX2 7EP, UK

"The casual observer might be forgiven for wondering why the medical profession is now involved in the wholesale examination of pregnant patients with machines emanating vastly different powers of an energy which is not proven to be harmless to obtain information which is not proven to be of any clinical value by operators who are not certified as competent to perform examinations."

MERE HM, 1987

separation from the baby and family and wanting to maintain control. More than half of the women indicated they wanted privacy, disliked hospitals generally or wanted total care by a midwife. Over half of the women who had given birth in a hospital previously indicated dissatisfaction with that experience as a reason for choosing to give birth at home. Most of the women believed that home was a safer or equally safe place as a hospital to give birth. The main attendant was generally a registered midwife, with lay midwives and doctors attending about 10% of the births. Most of these women believed that registration was essential or important for birth practitioners. Almost all of the women would prefer to birth at home in a future uncomplicated pregnancy.

JAPAN

A Japanese company is offering parents compact disc recordings of their children's birth. For between $425 and $600 UD Corporation, a music software company in Osaka promises to invade a couple's most intimate life moment by capturing all the sounds of the labour and birth in full stereo. They will even arrange to take their microphones out of the birthing room and into the homes of relatives who might want to include congratulatory messages.

CALIFORNIA

In California, it is currently a misdemeanor to practice midwifery without a license. However, there is no process for obtaining a license, just a requirement to have one. No matter what kind of training she has had, in California a midwife is a criminal. In contrast, a midwife working in the nearby state of New Mexico is not only legal, but receives third-party reinbursement. The California Association of Midwives (CAM) continues to meet with politicians to discuss the introduction of licensing legislation. Past efforts to demonstrate the safety of midwifery practice have been frustrated by documents from other states being rejected but ones from California are not considered to have established credibility.

never give up

The book should go a long way to reducing the inconsistant information women are given about breastfeeding. The cost of the book is $19.95 or $22 including P&P.

The NZCOM **Handbook for Practice** is available for $5. It is something every midwife should have and is relevant to consumers as well. It outlines the scope of practice of the midwife, standards for practice, guidelines for referral and the complaints mechanism.

To order these publications and to join the College of Midwives (there is a special rate for consumer membership) write to the Board of Management, PO Box 21-106, Christchurch.

STANDARDS REVIEW COMMITTEES

Domiciliary Midwives Standards Review Committees have been functioning in a number of areas for quite some time. With the increase in independent practice some committees have extended their role to take on independent midwives although in Auckland because of the numbers, there is 1 DMSRC and 3 IMSRCs. Discussion is continuing on standardising the review form midwives are asked to fill out detailing aspects of their practice as well as a consumer evaluation form. It is also hoped that the College will be able to facilitate the establishment of review committees in areas where they do not yet exist.

CENTENNIAL 1993 Women's Suffrage

SUFFRAGE NEWS

This year has been full of activities, displays and publications dedicated to the celebration of women and their achievements over the last 100 years as well as their inspiring efforts to obtain the vote. Most areas have a regional suffrage committee to coordinate activities and let women know what is going on.

Standing in the Sunshine

The history of New Zealand women over the last 100 years has been documented in a book by Sandra Coney called ***Standing in the Sunshine***. A television series is also being produced based on the book. The book will publish previously unseen photographs and unheard accounts that include childbirth and maternity services.

Kate Sheppard National Memorial Appeal

When NZ women won the vote in 1893, it was an event of international significance. Ours became the first country in the world to grant women voting rights equal to those of men.

The NZ women's suffrage movement was born in the late 1870s. It achieved its aims under the inspired leadership of Kate Sheppard of Christchurch.

Described as the `Emmeline Pankhurst of New Zealand' and the `woman whose life and personality has made the deepest mark on NZ history' there is no public memorial anywhere in the country to her or to the suffrage movement.

Born in Liverpool in 1848, Kate (Malcolm) settled in Christchurch in 1869, where she married and became active in social work. She joined the Women's Christian Temperance Union in 1885 and, from 1887 to 1893, led its campaign for votes for women. The Founding President of national Council of Women (1896), she also travelled widely overseas meeting feminist leaders and speaking at suffrage meetings.

Kate campaigned for divorce law reform, equal pay, proportional representation, women police and women JPs, for physical education for girls, increasing the age of consent (then 12) and against child labour. She died in 1934.

An appeal has been organised for a memorial to Kate Sheppard to be situated on the bank of Christchurch's Avon River. It will be in the form of a simple and impressive wall which will support a large bronze brass relief. Panels will depict Kate and other leaders of the suffrage movement as well as including a history. A time capsule with the names of all donors will be enclosed in the memorial wall.

To make a donation to the memorial appeal and/or to order Kate Sheppard notepaper ($6 per pack) send money to PO Box 13 273, Christchurch supplying your name and address.

Merchandise

Suffrage merchandise is available from PO Box 13-185, Christchurch. Official logo souvenirs include:

* enamel logo bow in 2 colours $10
* round logo pins (green or white background) $6
* black leather key rings with white logo pin $12.50
* silk batik scarves in gold, green, violet, burgundy, powder blue (27" & 33" long) $30 (33" square) $40
* sterling silver logo brooch $70

Discount for orders of 10 or more and add $3.50 postage.

Affirmative Action, Box 12-361, Wellington also has a range of suffrage goods available. These include:

* biros with suffrage slogan (medium point blue ink) $1 for 1 or 10 for $7
* pens white with purple (suffrage slogan) $2.95 or 10 for $22
* Buttons with Kate Sheppards portrait $1.50 each or 10 for $10
* Kate Sheppard cards $4.95 pkt or 6 pkts for $20
* Camellia cards $5.95 pkt or 5 pkts for $20
* The Great NZ Suffrage Colouring-In Book $6.95 or 4 for $20
* Postcards (Votes for Women) $2 or 10 for $15
* Kate Sheppard Camellia poster; laminated $8 or 3 for $20; unlaminated $5 or 3 for $10
* Teatowels with suffrage verse or with epicene women notice $6.95 or 5 for $30

Write for details of teeshirts, sweatshirts, teaspoons, umbrellas, stickers, notepads and rulers.

the medical model is inappropriately imposed on women and recommends changes to address the disrepectful way women are treated. The recommendations are comprehensive, detailed and far reaching. They include statements such as the policy of encouraging all women to give birth in hospitals cannot be justified on the grounds of safety. Routine interventions are not advised and the need for women to be better informed highlighted. The importance of continuity of care is strongly recommended along with the need for every maternity practitioner to be issued with a copy of `Effective Care in Pregnancy and Childbirth' (Murray Enkin et al). Mothers and babies are not to be separated and community support services are to be appropriately developed. The policy of closing small rural hospitals is to be abandoned and options for women to be expanded.

AUSTRALIA

DISCRIMINATION AGAINST PREGNANT WOMEN

An Anti-Discrimination Board in NSW, Australia has found that many employers in Australia think pregnant women are ugly and unable to work effectively. Women's groups have been angered by the findings of widespread workplace discrimination against pregnant women which is against the law. The study found that employers regarded pregnancy as acceptable grounds for dismissal or transfer to jobs involving less public contact.

The Board found that many employers were ill-informed about pregnancy and still considered maternity leave to be a drain on business finances. This is despite evidence that only 2% of workers were on maternity leave at any one time, and many women with part-time, casual or non-award jobs were ineligible for the leave. The situation did not improve when women returned to work.

Many employers believed new mothers would constantly take time off to look after their children and training to allow new mothers to further their careers was often withheld.

WHO GIVES BIRTH AT HOME AND WHY

In 1986 a 3-page questionnaire was distributed to women who had planned to give birth at home. The findings were published in the Homebirth Australia newsletter earlier this year. Of the 552 women in this Australian survey[2] who planned to give birth at home, 34.6% were giving birth for the first time. The women were older than the Australian average at the time of giving birth, and were more likely to have been better educated and born overseas. Family incomes were lower than average , but both women and their partners were more likely to be in professional occupations than Australians generally. They were also more likely to be vegetarian and more successful at breastfeeding.

90% indicated three reasons for choosing a home birth; wanting a natural birth, no

2. *Who Gives Birth at Home and Why?* A survey of 552 women who planned to give birth at home is published by Homebirth Australia Inc, PO Box 198, East Maitland, NSW, 2323 Australia and available for $A12.95

OVERSEAS

CANADA

Efforts in Vancouver to legalise midwifery and create an independent profession have resulted in a further success.

The following is an excerpt of the news release from Elizabeth Cull, Minister of Health, 10 May 1993. The Minister intends to adopt the recommendations as made.

`The Council recommends that a College of Midwives be established to recognise midwives as legitimate self-governing health professionals in British Columbia. The government's first priority will be to appoint a board that will set regulations and standards to ensure midwife-assisted birth is a safe option for the women of BC.

Midwives will be part of the health-care team. Healthy women with normal, low-risk pregnancies may choose to have their pregnancy, childbirth, perinatal needs and infant care attended to by a midwife. Women who want a midwife-assisted birth will be advised to see a physician in their first trimester.

Women will be able to choose to have midwife-assisted births in hospitals, private birthing centres, and eventually, at home. Based on the best research available the Minister fully supports home birth under well-defined circumstances. She will initiate a pilot project to determine the most effective administrative arrangements relating to midwife-attended home births before allowing home births province wide.'

The Midwifery Task Force will continue to work with the government on an advisory basis. The government has been supportive of consumer input and the efforts of the people of British Columbia to legalise midwifery.

Auckland domicilary midwife Joan Donley spent 5 months in Ontario invited by the Health Ministry as an expert and international consultant helping to set up a College of Midwives and midwifery training programme.

UK

DEFENSIVE BIRTH PRACTICES

The Royal College of Midwives UK claims that an increasing number of babies are being born by caesarean section because medical teams are worried about being sued if normal births go wrong. More technology is being used to monitor births and the number of caesarean operations has doubled in the past 15 years. Ironically, the number of court cases brought against hospitals in connection with births has also increased. This increase in defensive practice reduces choices for women and increases risks to them.

HOUSE OF COMMONS REPORT

The report on maternity services from the House of Commons Health Committee has been a welcome one for women in Britain who have finally been listened to. The report clearly identifies the lack of science in the way birthing practices are carried out by practitioners, criticises the way in which

SMOKEFREE CELEBRATION OF WOMEN IN MUSIC

The New Zealand Symphony Orchestra will celebrate Women's Suffrage Year with a special concert on the theme of `Women in Music' at the Auckland Aotea Centre on Wednesday December 8th at 8pm. The concert will be conducted by leading women conductor Odaline dela Martinez and feature a programme of music by women composers. The programme will include Dame Ethel Smyth's Serenade in D, Amy Beech's Gaelic Symphony, and Little Symphony by New Zealand's Jenny McLeod.

The concert will be preceded by a free seminar. Book now for the special price of A Res ($23) or B Res ($15). A transaction fee of $6 applies to all mail and phone bookings. BASS, PO Box 5440, Wellesley Street, Auckland or ph (09)307-5000 for credit card bookings.

A painting by Lynn Callaghan of the Kate Sheppard camellia bred in Taranaki features on the suffrage centenary note cards .

COMING EVENTS

MIDWIFERY: A FAMILY AFFAIR

Australian College of Midwives 8th biennial conference in Adelaide, South Australia 15-17 September 1993.
Contact: K English, GPO Box 2471, Adelaide, SA 5001
ph (08)267-5466
fax(08)267-4031

NZ WOMEN'S FEDERATION FOR WORLD PEACE PREVENTING TEENAGE PREGNANCY

A seminar has been organised at 7.30pm on September 19th to discuss issues affecting teenage children. Issues will include HIV/AIDS, STDs and premature pregnancy prevention. The evening will include a slide show and discussion on the proposed programme for schools. A special welcome to parents with teenage children. White Heron Hotel, 138 St Stephens Ave, Parnell. For further information contact Pamela Resnick ph 445-6010 or Ruth Cleaver ph 827-0631.

THE 11th ANNUAL INTERNATIONAL CONFERENCE 1993 - THE MIDWIVES ALLIANCE OF NORTH AMERICA (MANA)

October 14-17 1993 in San Francisco, California. Spinning Tales, Weaving Hope, Hilando Historias, Tejiendo Esperanza. (Write to Judi, CPO Box 853, Auckland for a copy of the programme or ph (09)416-5023 evenings.

BIRTH & BABIES IN THE 21ST CENTURY
November 5,6,7 1993 at the Centra Hotel in Auckland.
This is a conference for midwives, doctors, obstetricians, paediatricians, physiotherapists, birth educators and those with a special interest in birth within a multicultural society. Speakers include Shelia Kitzinger, Judith Mair, Patricia Buckfield, Ellamein Emery, Hilary Tupling and Gillian Turner.

For further information write to
PO Box 52-065
Kingsland
Auckland 3.

24th TRIENNIAL ICM CONGRESS
Held every 3 years, the next ICM congress will be in Oslo, Norway 26-31 May 1996. For further information write to
Team Congress
PO Box 6
N-6860 Sandane
Norway

MIDWIFERY TODAY
3rd Annual West Coast Conference
3-6 march 1994 in Oregon, USA

1st Annual East Coast Conference
8-11 September 1994
New York, USA

For information on these events write to:
Midwifery Today
PO Box 2672
Eugene
Oregon 97402
USA

U P D A T E O N ORGANISATIONS

HOME BIRTH ASSOCIATION
The 1993 national home birth conference was held in Invercargill. The theme for this conference was `**Keeping the right to choose'.**
The following remits (in brief) were passed and letters sent to the appropriate Minister's and agencies (eg RHAs)

The Home Birth Associations' of Aotearoa

1. oppose the suggested proposal to withhold Family Support payments from parents who do not immunise their children.

2. oppose the establishment of rigid protocols or `risk lists' which would restrict the woman's free choice of who her caregiver/s would be and where she could give birth.

3. oppose the routine use of ultrasound scanning during pregnancy.

4. demand that funding for 20 hours minimum of home help is provided to be used over the 6 week postnatal period.

5. strongly urge the cot death research ptogramme inform all women that research supports the safety of a baby sharing a bed with parents who don't smoke.

6. strongly recommend the experimental status of the DEM programmes be removed.

EFM A DISMAL FAILURE
London Medical School obstetrician John Spencer has made a public statement claiming that electronic foetal monitoring is a disppointing failure and in the last 30 years has not lived up to its promise to reduce the number of babies who die or suffer brain damage during labour.

Dr Spencer said the $20,000 machines, which are used widely in hospitals, had led to a rise in the number of healthy babies being delivered by caesarean section only because doctors had mistaken small irregularities in the infant's heart rate as dangerous signs of distress. Some of these signs are now believed to be natural changes that take place in the baby during labour or when the mother stands, lies down or takes pain killers during labour.

It is also now known that a baby is naturally denied oxygen for several seconds during a contraction - a process similar to an adult holding its breath.

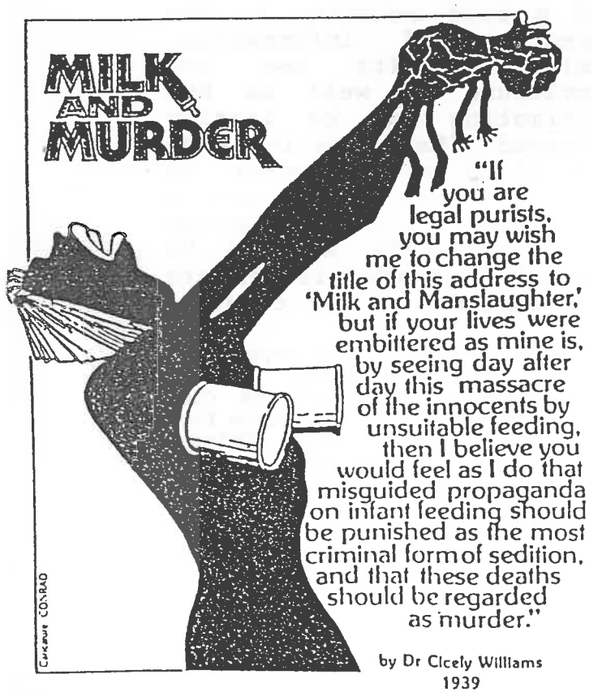
INVESTIGATION OF BABY DEATHS
A quarter of newborn babies who die at National Women's Hospital are now undergoing an autopsy ina move by the Auckland coroner to audit the work of medical staff. The strict new reporting procedures follow the death of a baby at the hospital neonatal unit because of an accidental drug overdose. 2-3 newborn autopsies now take place each month compared with no more than 1 a year previously. Although this move has caused distress to families, the coroner is defending his decision on the grounds that doctors need auditing.

STITCHES BAD NEWS
London midwives have conducted a study which shows that women experience less pain and are able to resume sexual relations more quickly if they are not stitched up after childbirth. The study of 75 women in south-west England found that four out of ten women experienced no pain when tears were left unstitched. Another 44% experienced only mild pain. 47% of those with stitches complained of moderate to sever pain. Within a week of birth, 74% who had a tear without sutures felt comfortable compared with 20% who had been sutured. Sexual intercourse was resumed within six weeks by 63% of those not stitched- more than double the number of those with stitches.

Bulk orders can be obtained at cheap rates if ordered by September 14th. First 100 copies $4, 100-200 $3.50, over 200 $3.

IN THE NEWS

The New Zealand Lactation Consultants Association April newsletter notes the death of Dr Cecily Williams who died last year in England aged 98. She was a pioneer paediatrician and stood out amongst her colleagues as an advocate for breastfeeding. She saw breastfeeding as an essential part of the solution to malnutrition, infection and overpopulation. She was the first head of the Maternal Child Health Services for WHO and is remembered for her stunning speech in 1939 to the Singapore Rotary Club entitled ` Milk and Murder'.



VITAMIN K
Germany has passed a law banning the use of IM Vitamin K following the announcement of the research linking IM Vitamin K with child cancer.

Australian newborns will no longer be injected with vitamin K because of the link with childhood cancer. Instead, babies will be given 3 oral doses in their first few weeks, under new national guidelines.

UNIVERSITY TO OFFER NURSING MASTERS
Victoria University will offer a postgraduate programme in nursing and midwifery from next year. The University report that demand for postgraduate programmes is high. The new programme is expected to enrol about 27 students in the first year. Massey University has the only other graduate nursing programme.

FERTILITY DRUGS LINKED TO CANCER
Claims that fertility drugs may increase the risk of ovarian cancer have been referred to the Adverse Reactions Committee by the Department of Health. The committee has considered USA reports where case-controlled studies showed that white women who had used clomiphenecitrate or human menopausal gonadatrophin had three times the risk of invasive ovarian cancer than women without a history of infertility. When comparing women who have never been pregnant, those who had taken fertility drugs were 27 times more at risk.

FEDERATION OF WOMEN'S HEALTH COUNCILS AOTEAROA-NEW ZEALAND

The Federation is the only national women's organisation with a specific focus on women's health. To contact the women's health council or affiliated women's group in your area write to CPO Box 853, Auckland (ph 09 520-5175, fax 09 520-4152. Information papers are also available from this address. These include spiral bound copies of the following:

Accident Compensation: A Women's Issue
Compiled by Sandra Coney $6

Ensuring the Cervical Screening Programme Survives the Health Changes $6

Consumer Consultation, Representation and Participation $5

Abortion Services and the Health Changes $8

In Recognition of Older Women
Compiled by Audrey Fenton $8

A Health Commissioner for New Zealand $8

National Gathering on Women's Health

The Federation held a major national women's health gathering at Takapuwahia Marae in Porirua early in August as a special suffrage event. The conference was held on the 5th anniversary of the release of the Cartwright Report (5 August 1988).

Direct entry midwifery students attending the gathering received unanimous support from those present for their efforts to have the course changed from experimental status to an ongoing regular course. This support was displayed in the presence of Associate Minister of Health, Katherine O'Regan.

Also of importance to women at the gathering was the fate of the Health Commissioner Bill which was drafted in response to the recommendations of Judge Cartwright following the Cervical Cancer Inquiry at National Women's Hospital in Auckland. The Judge saw the need for a Health Commissioner under the umbrella of the Human Rights Commission to ensure the rights of health consumers were protected and to prevent another `Unfortunate Experiment' from happening. The Commissioner could receive complaints from consumers as well as health professionals such as midwives with concerns for a class or group of patients. This would have been an advantage for nurses working at National Women's Hospital who saw what was going on but felt powerless to do anything about it.

Health Commissioner Bill
Consumers are very concerned at what has happened to the Bill since it was first introduced to Parliament in 1990. The latest development has been the introduction of a Supplementary Order Paper (SOP) which proposes sweeping changes to the original Bill.

The Paper shifts the focus from the rights of health consumers to the discipline of health professionals. It also undermines the independence and strength of the Health Commissioner by:

- removing her ability to prepare and make changes to the Code of Health Consumer Rights without the approval of the Minister of Health

- allowing the Commissioner's proceedings to be challenged, reviewed and taken to court

- removing the Commissioner's right of entry to access information needed to deal with a complaint

- and requiring the Commissioner to consult with health professional bodies over the course of action for a consumer's complaint.

The strong network of advocates around the country was to be under the umbrella of the Office of the Health Commissioner. However, as a result of opposition from doctors, the SOP proposes the advocates be controlled by a Director who is an employee of the Ministry of Health. The complaints process has been changed in ways that will disadvantage the consumer and the requirement to take into account the Treaty of Waitangi has been removed.

The bottom line for health consumers is that unless the Bill provides the means to improve the existing situation and protect their rights there is actually no point in having a Bill.

URGENT ACTION NEEDED
As the National Government is trying to rush these changes into legislation there is an urgent need for individuals and groups to write to Bill Birch, Minister of Health, Parliament Buildings, Wellington (Freepost) so he is made awre of the strength of feeling within the community.

T-shirts in mauve with the **WOMEN BE STRONG** pictorial logo are available in a range of sizes (S,M,L,XL,XXL) from the Federation for $25.

CHILDBIRTH EDUCATORS NEW ZEALAND (CENZ)
have produced an Auckland Directory of Childbirth Education 1993. The directory provides contacts for childbirth classes, the type of classes available and the qualifications of educators. The directory will be updated every 6 months.

AUCKLAND MATERNITY SERVICES CONSUMER COUNCIL
have undertaken an ambitious consultation project to develop consumer focussed quality indicators for the RHA. The quality indicators will cover prenatal, antenatal, labour/birth, postnatal, policies and protocols, teaching in the maternity setting and research.

monopoly privileges of doctors, continue to argue that GPs are capable of dealing with complications and should be paid a higher fee. By focussing on the risk factor in pregnancy, the doctors sought during the hearings to establish themselves as indespensible and more valuable. Bill Birch announced a 10% increase in fees along with a number of changes to the maternity benefits schedule. The Medical Association are angered by the Minister's decision and are planning court action in an attempt to obtain a judicial review of it.

HEALTH INFORMATION PRIVACY CODE 1993 (Temporary)

The Privacy Commissioner, Bruce Slane, has issued a temporary code relating to health information under the Privacy Act 1993.

The code provides specific guidance for anyone working in any part of the health sector who deals with health information. The rules in the code are enforceable and are interpreted and applied like a statute. A commentary is included to assist understanding and provide clarification.

The code deals with the purpose of collecting health information, the source of the information and the collection of it from the person concerned. It deals with the manner of collection, the storage and security of the information and a rule relating to the retention of information, limits on its use and disclosure as well as how information can be legally accessed. There are rules on the right of a person to request a correction and a requirement for information to be accurate and up to date. Unique identifiers are also included in the code.

The code is a must for anyone who deals with personal health information. A copy of the code with a commentary is available from the Office of the Privacy Commissioner. Send $9 to
PO Box 466, Auckland
ph (09)302-2160
fax (09)302-2305 or to
PO Box 10-094, Wellington
ph (04)472-2059 fax (04)472-7516

MINISTRY OF WOMEN'S AFFAIRS
Te Ohu Whakatuku of the Ministry of Women's Affairs has produced a beautiful poster to celebrate Maori women in the Year of Indigenous People. The poster depicts Maori women of different generations. The background is a kiwi feather clock with the red colour `kuru', which is the colour of prestige, knowledge and rangatira. Wahine Maori, Wahine Tu, Wahine Pakari depicts Maori women rising up, gaining prominence and being powerful and effective. Ko Papatuanuku te matapuna o te ora refers to Papatuanuku as the source of all life. Copies of the poster are available from the Ministry at PO Box 10-049, Wellington.

COMMUNITY CARE: NZ Health & Social Services Directory 1993/94
This directory is available for $40 & $2.50 P&P from Snedden and Cervin Publishing, PO Box 44-101, Pt Chevalier, Auckland ph 849-6129. The directory lists the details of over 5,000 health and social service organisations under more than 100 different catagories. This first edition will be updated annually.

RESTRUCTURING OF THE HEALTH SYSTEM

MEDICAL CERTIFICATES
On July 1st an amendment was made to the Social Security Act enabling midwives to complete medical certificates relating to pregnancy and childbirth for sickness benefit purposes. The following instructions have been sent to all Income Support Service District Offices.

Section 56(1) - Medical Certificates for Sickness Benefit due to Pregnancy may be signed by Midwives

Recent changes to the Nurses Act recognise midwives as independent practitioners. A midwife with a current practicing certificate will have the authority to provide certification of pregnancy for Sickness Benefit applications. A listed of registered midwives with practicing certificate is held by SCOPE.

MATERNITY BENEFIT
Under Section 51 of the Health and Disability Services Act 1993, Regional Health Authorities (RHAs) the funders of the restructured health system will be responsible for paying out the maternity benefit. A rollover approach has been adopted as an interim measure until a contract system is put in place. The COM is closely involved with negotiations involving the maternity benefit.

Doctors continue to be disatisfied and critical of the independence of midwives as well as being very diligent about protecting their own interests.

JOINT RHA REVIEW OF MATERNITY SERVICES

The four regional health authorities set up to purchase health services on behalf of the government have joined forces with a project to review maternity services. The proposed agenda is to look at ways to contain maternity-care payments (which are reported to have risen from $50million to $90million in the past 3 years) while maintaining choices for women. This is clearly a project about cost containment!

The planning group of RHA managers have commissioned Coopers and Lybrand Consultants to conduct a consultation process with women's groups, providers, academic institutions and professional bodies to address issues likely to impact on future contract arrangements and to define the requirements for care in pregnancy and childbirth. Of particular interest to the RHA are issues relating to quality, access, information and resource allocations.

Coopers and Lybrand have prepared a Maternity & Related Issues Paper for groups to comment on. The paper asks detailed questions about service delivery during antenatal, perinatal and postnatal periods as well as calling for comments on standards, monitoring and resources. Copies can be obtained from Suzanne Snively, C&L, GPO Box 243, Wellington.

HEALTH EDUCATION MATERIAL

The Public Health Commissioner (PHC) is now responsible for 95% of the health education print material, previously the domain of the Department of Health. These materials include a collection of over 250 books, pamphlets, posters and stickers on a wide range of public health issues. The Ministry of Health has responsibility for the health education items concerned with personal health and regulatory issues.

Currently, the Commission is reviewing the system of production, management, storage and distribution and hopes to have a permanent arrangement in place within a few months. In the meantime, individuals and health professionals should contact the health promotion/health education staff in their local CHE.

MATERNITY BENEFIT TRIBUNAL

The Minister of Health, Bill Birch and the Department of Health supported the recommendation of the Maternity Benefits Tribunal that midwives should be paid the same as doctors for attending women during pregnancy and childbirth. Recognition and acceptance of midwifery care as an equity issue is a major achievement for women.

The Medical Association, ever vigilant in defending the