

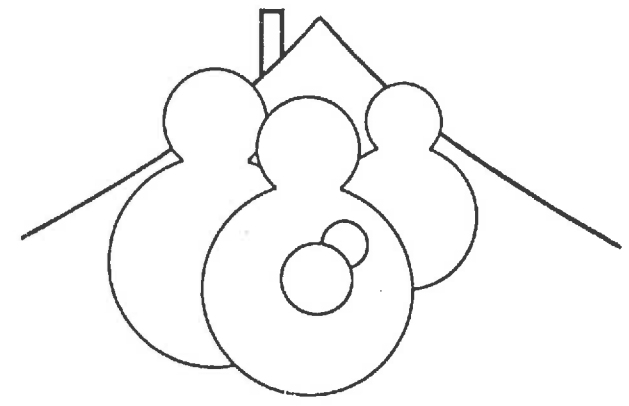
Maggie

# HOME BIRTH



Maggie Banks,  
14 Eton Drive,  
Hamilton.

Waikato Home Birth Association  
P.O. Box 12-099  
HAMILTON



## Waikato Newsletter

ATTENTION ATTENTION ATTENTION ATTENTION ATTENTION ATTENTION  
CHANGE OF MEETING VENUE

As from and including the public meeting in August we shall be meeting at the Womens Health Action Centre which is on the corner of Collingwood and Milton St in the city. There is ample off street parking just off Milton St which takes you to the back of the premises. Entry will be through this rear entrance. Should you require any further directions please phone Glenys on 551842 and she will post you a map.

Some of you who have recently had homebirths and those of you who have homebirths in the past will have recently received a copy of a survey being undertaken by a student midwife Theresa James. Firstly I apologise that there was no explanation as to the source of where the names came from with this survey but I wish to assure you that we maintain strict control over giving members names and that this access to names is in no way abused. We would hope that members would support these sorts of projects by student midwives but be assured that you are not obliged to take part if you do not wish to. If anybody has any queries please phone me on 551842 - - Glenys.

Monthly meetings of the Association are held on the  
second Monday of each month at 7.30pm at  
30 Brookview Ct, Hamilton  
ph 551-342

May 90

Waikato Home Birth Association  
P.O. Box 12-099  
HAMILTON

Newsletter Contact  
Joanne Hodgson  
ph 557-742

Dear Members

Welcome to the latest issue of the newsletter.

The next public meeting will be held on Monday 9-7-90 at 7.30pm at 30 Brookview Court.

The topic for the evening will be "Getting the best out of your Midwife or G.P."

STOP PRESS STOP PRESS ...  
Congratulations to Joanne and Alan Hodgson on the birth of their son today, July 4th. A beautiful birth at home, beautifully done.

### Committee Members:

Active Committee members are:

Glennis Parton - 551842  
Joey Matthews - 554290  
Christine Dawson - 493905  
Joanne Hodgson - 557742



START EARLY AND EXERCISE FOR LIFE



KIWIBABY

## PARENTS

### THE WAIKATO SPORTS FOUNDATION EXERCISE PROGRAMME FOR BABIES

The aim is to introduce an exercise concept to all babies in the Waikato Region

#### WHAT IS AN EXERCISE PROGRAMME FOR NEWBORN BABIES

It will assist each baby to become more aware of its body and movement through:

- Good touch activities
- Baby massage
- Baby exercises
- Games involving movement
- Bathing and pre-swimming activities
- Watching adults and older children exercising
- Mixing with peer playmates

#### HOW WILL YOUR BABY BECOME INVOLVED

- Introductory programme at birth "Kiwi Baby"
- Involvement in community groups
- Sequential programme which will lead into
  - Daily exercise for school children
  - KiwiSport
  - Sports
  - Recreational opportunities

#### RESOURCE AVAILABLE

- Newborn Exercise Adviser for
- Information and advice
  - Group instruction eg. massage
  - Group programmes
  - Videos, book list

#### CONTACT:

GAEL MUTHU  
WAIKATO SPORTS FOUNDATION  
PO BOX 46  
HAMILTON  
PHONE 382-657

June 1990

# STOP PRESS

START EARLY AND EXERCISE FOR LIFE



**KIWIBABY**

Parents - watch out for your free Kiwi Baby Manual and Bag which will start to be distributed to the parents of all newborn babies born at Waikato Hospital soon.

Outlying maternity services will be brought into the scheme later this year.

(More information overleaf)

### WHAT IS THE KIWI BABY PROGRAMME?

A parent education programme teaching beneficial ways of handling and interacting with your baby for the first 12 months of life. Includes instruction on:

- deep warm bathing
- baby massage
- baby exercises - graded sections
- baby games - graded sections
- suitable toys - graded sections
- building communication skills and much more

### WHO IS RUNNING THE PROGRAMME?

The Waikato Sports Foundation is developing this programme as a pilot for the Hillary Commission for Recreation and Sport, Waiora Waikato, Waikato Area Health Board is supporting the scheme. The programme content has been thoroughly researched and developed by a Physiotherapist who specialises in baby development, in consultation with a wide range of other baby care experts. This Physiotherapist will continue to oversee the development of the programme.

### WHAT WILL YOUR PARTICIPATION INVOLVE?

- Accepting and using your free manual.
- Allowing us to take your name and address for the purpose of evaluating the programme, sending you more education information and a new programme when your child reaches 12 months of age. Your name and address will not be passed on to any other organisation.
- Voluntary participation with other parents for informal baby exercise groups.

## For Sale

Buggy

Steelcraft reversible  
very good condition - \$150.00

3 in 1 Pram

Very good condition - \$150.00

Contact - Jay Maxwell phone 555931

## Midwives:

Liz Carlow - phone 49000

Maggie Banks - phone 64612

# REMITTS PASSED AT

May 13th, 1990.

## REMITTS PASSED AT THE CONFERENCE.

1. That the Home Birth Groups of Aotearoa congratulates the Minister of Health for introducing the Nurses Amendment Bill. We urge the Members of Parliament to pass this amendment to provide an independent, autonomous midwifery profession responsive to the choices of the birthing women of Aotearoa. We recognise autonomous midwifery as a step towards enabling Maori women their birthing options as guaranteed under the Treaty of Waitangi.
  
2. That the Home Birth Groups of Aotearoa oppose the routine use of ultrasound scanning in pregnancy on the basis that:
  - a) The use of ultrasound has not been proven to be safe. The National Council on Radiation Protection and Measurements states "the safety of ultrasound under any circumstances should not be assumed."
  - b) Studies in Scandinavia show that routine ultrasound scanning does not make a difference to the outcome of a pregnancy. (Reference: Department of Community Medicine, University of Trondheim, Norway.)
  - c) Full information about the risks and benefits of ultrasound scanning is not being given prior to women giving informed consent for the procedure.
  - d) National standards for the use of ultrasound are not being enforced.
  - e) The standards of safety of ultrasound machines is not regularly monitored in Aotearoa.
  - f) Users of ultrasound have not necessarily been adequately trained in its use.
  
3. That the Home Birth Groups of Aotearoa support and encourage direct entry midwifery training throughout Aotearoa.

## THERAPEUTIC MASSAGE

Acupressure	Sports massage
Polarity Massage	Shiatsu
Aroma Therapy	Total Body

Reflexology (Hot towels)

ENQUIRIES TO LYNETTE HALSALL  
68-254 (Hamilton)

## Advertising

Volunteers are required to distribute our pamphlets in doctors surgeries, playcentres, libraries etc in the suburbs of Hamilton & in the Waikato if possible.

If you are able to assist in any way please contact a committee member.

# Midwives claim 'rightful role'

By Adeline Ferguson.

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

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

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

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

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

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

Anu Sparx, the Whangarei woman

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

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

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

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

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

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

Whangarei obstetrician Dr Graham Parry said he knew it was only a matter of time before midwives claimed their

rightful role in childbirth, and doctors were only called in in an emergency.

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

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

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

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

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

# THE CONFERENCE

4. When the Nurses Act is revised, the Home Birth Groups of Aotearoa urge the Government to decriminalise birth in order to enable all women to birth in the way we choose.
- \* 5. We demand urgent action to be taken to appoint a patient advocate, responsible to the Director-General of Health, for every hospital in Aotearoa.
6. We endorse the existing Domiciliary Midwives Standards Review Committees as effective monitoring bodies and urge all groups to ensure a Domiciliary Midwives Standards Review Committee is set up in each Health Development Unit.
- \* 7. The Conference is concerned that the National Survey on cot deaths carried out by the Cot Death Society does not differentiate between unplanned out-of-hospital births and planned homebirths. The Home Birth Groups of Aotearoa believes this deliberately misleads the New Zealand public as to the safety of planned home births.
8. The Home Birth Groups of Aotearoa call on all Area Health Boards to provide funds for paid home help to support women choosing home births and planned early discharge from hospital.
9. The Home Birth Groups of Aotearoa oppose the transfer of domiciliary midwives to the supervision of secondary care services, i.e. hospital managers of maternity services, within Area Health Boards. Domiciliary midwives are primary health care workers and should remain under the supervision of the primary health care division of Area Health Boards. Any change to the conditions of employment without consultation with the Domiciliary Midwives Society contravenes their contract.

# STATISTICS

## HOME BIRTH STATISTICS 1989

1989 was another year recording a large increase in domiciliary births. A total of 773 forms have been received, plus some planned hospital births - those people who would have liked a home birth but knew before labour commenced that they would have to deliver in hospital. Planned hospital births have not been included in these figures, but transfers in labour have.

Stop press - today 9/5/90 I have just received another 101 forms for births in 1989, bringing the total up towards 900.

The figures are shown as percentages of these home births, which shows the proportions or relative likelihood of each category.

### DETAILS OF MOTHERS

Marital status:  
 married/defacto 91.7  
 single/unmarried 6.7  
 separated 1.4  
 divorced 0.1  
 widowed 0.0

Ethnic group:  
 Caucasian 89.7  
 Maori 6.7  
 Pacific Islander 1.7  
 Australian Aboriginal 0.3  
 Asian 0.3  
 Other 1.3

Highest education:  
 primary 0.3  
 secondary 1-2 years 4.3  
 secondary 3 years 15.2  
 secondary 4+ years 25.3  
 tertiary - undergraduate 28.2  
 tertiary - graduate 25.7

Outcome of previous pregnancy:  
 all babies live born 78.9  
 still birth 0.5  
 miscarriage 12.3  
 termination of pregnancy 8.3

### PREGNANCY

Smoking:  
 never in pregnancy 90.4  
 0-5 cigarettes per day 6.6  
 6-20(1 pack) per day 2.9  
 over 1 pack per day 0.1

Procedures in pregnancy:  
 none 49.5  
 ultrasonic scan 49.5  
 amniocentesis < 20 weeks 0.3  
 amniocentesis > 20 weeks 0.4  
 cervical suture 0.1  
 other 0.3

### LABOUR AND DELIVERY

Place of birth:  
 home 89.0  
 hospital 11.0

Labour onset:  
 spontaneous 97.7  
 medically induced 1.4  
 surgically induced (ARM) 0.8  
 medical and surgical 0.1

### Procedures in labour:

none 42.6  
 pain relieving drugs 4.2  
 rupture of membranes 14.5  
 acupunctue 5.1  
 homeopathic remedies 35.3  
 episiotomy 3.0  
 sutured laceration 22.5  
 other 0.4

Positions used in 2nd stage:  
 squatting or sitting 51.5  
 kneeling 40.7  
 standing or walking 18.6  
 lateral 5.7  
 hands and knees 31.7  
 dorsal 6.9  
 both 3.5  
 other 1.1

Presentation:  
 vertex 96.6  
 pop 2.2  
 breech 0.7  
 other 0.5

Type of delivery:  
 spontaneous cephalic 94.1  
 breech 0.4  
 forceps 1.4  
 ventouse 0.3  
 elective caesarian 0.4  
 emergency caesarian 3.3  
 other 0.1

Complications of labour:  
 none 82.0  
 foetal distress 3.0  
 prolonged labour 7.3  
 retained placenta 0.8  
 antepartum haemorrhage 0.7  
 postpartum haemorrhage 4.3  
 cord prolapse 0.0  
 other 5.4

Complications of puerperium:  
 none 89.3  
 urinary tract infection 0.5  
 genital tract infection 1.5  
 breast infection 4.8  
 venous thrombosis 0.1  
 secondary pp haemorrhage 0.0  
 post natal depression 0.3  
 other 4.4

Intervention for mother:  
 Birth at home -  
 remained at home 85.4  
 transfer for treatment 1.4  
 accompany baby to hospital 2.2

Birth in hospital -  
 normal discharge 10.5  
 prolonged treatment 0.4

### BABY

Sex:  
 male 51.1  
 female 48.9

Feeding at 2 weeks:  
 breast milk only 97.2  
 breast plus supplement 1.7  
 bottle 1.1

Morbidity:  
 none 93.8  
 extreme prematurity 0.0  
 jaundice with phototherapy 2.0  
 infection 3.4  
 birth injuries 0.0  
 other 1.2

There were six deaths - three still births and three deaths after birth.

For further information contact me at:

"Maryhill"  
 RD 1  
 Outram  
 South Otago  
 Phone (024) 892 827

Alex Gillanders.