

20001-113-015

AUCKLAND HOME BIRTH ASSOCIATION

P.O. Box 7093 Wellesley Street Auckland



28 November 1987.

Ms Joy Bickley, Secretary,
Maternal & Infant Health Committee,
N.Z. Nurses Association,
P.O. Box 2128,
Wellington.

Dear Joy Bickley:

Ref 25.5.31

Enclosed herewith answers to questionnaire re Maternal and Infant Health, even though, to date we have not received this questionnaire - we obtained it by alternative means! It seems puzzling that a consumer group who has been so actively involved in maternal health care should not have received this questionnaire.

Yours sincerely,

Nicolette Emerson
Secretary.

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Question: What do you feel about the service provided by midwives?

Answer: There are two aspects to this question:

(a) domiciliary midwifery and

(b) midwifery in hospital.

(a) As homebirth mothers we find the domiciliary service professional, caring, personalised and supportive. It is an educating, collaborative experience to have a planned home birth.

We feel that every mother has a right to this quality of care. Any downgrading of this service, we feel, undermines the wellbeing and health of mothers and babies and trivialises the role of the midwife.

(b) As mothers who have also given birth in hospital we identify these problem areas: (i) lack of midwives in hospitals leads to inadequate support in labour, nurses doing midwives' jobs, conflicting advice and an impersonal changing of staff. Such factors can prevent the birthing mother from functioning effectively and this often leads to interventions; (ii) The hierarchy existing within hospitals, combined with the downgrading of the midwife's role in birth prevents the midwife from acting effectively.

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Question: Is there any further comment you wish to make?

Answer: We feel that appropriate midwifery training is crucial to realistic midwifery services. This requires adequate clinical experience. We would support establishment of community well women health centres throughout the country where midwives would monitor antenatal care as well as using these units as birthing centres and from which a domiciliary midwifery service could be run.

In acquisition of clinical experience in hospitals we would point out that too many obstetricians are being trained in relation to our requirements (1 obstetrician : 750 births)*. If their numbers were reduced to a more realistic level, more clinical material would be available for the training of midwives AND more women would have normal births.

We oppose nurses carrying out midwifery services as they are currently allowed to do under Section 54, 1983 Amendment to Nurses Act 1977. Such nurses are not trained in midwifery skills. We urge amendment of this Section and also that the autonomy of midwives be legally restored.

*At 1:750 for 1985 with a birth rate of 52.060 we would require 69.3 obstetricians. In fact there were 133 O&G specialists according to NZ Medical Workforce statistics - an oversupply of 63.71

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Question: What service would you like midwives to provide in the future?

Answer: In the interests of continuity of care we would like to see midwives playing a major role in clinical antenatal care. We realise that greater midwifery antenatal involvement would require restoration of autonomy to midwives and this we urge. We feel that midwives adopt a more preventive/supportive approach to childbirth than the medical model. They, therefore, should be fully supporting every women in labour and providing the same continuity of care in the post-natal period.

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Question: In what ways are you currently involved in decision-making about midwifery services?

Answer: As a political lobby and articulate parents we have played a major role in having domiciliary midwifery accepted by the resistant medical profession. Choices for Health Care notes, 'The ability of pressure groupsto make some headway against the medical establishment demonstrates their growing influence.' (p 56)

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Question: In what ways could you be involved in decision-making about midwifery services?

Answer: We intend to continue lobbying for a wider role not only for the domiciliary midwife, but for all midwives and therefore feel that we should be well represented on any decision-making body concerned with maternal and infant health. We are also making our voices heard concerning improvements in midwifery education. We support direct entry midwifery training as passed by the 1987 Labour Party Conference (Remit 163 (f)), and separate midwifery education for those with a nursing background. We oppose any dual option in this latter area, eg separate midwifery education plus continuation of the midwifery option within the ADN.