

EQUITY WITHIN THE MATERNAL AND CHILD HEALTH SERVICES.

- MAORI WOMEN, ESPECIALLY YOUNG URBAN WOMEN, REPORT DIFFICULTY IN GETTING SATISFACTORY MEDICAL CARE. (1)

- YOUNG, URBAN MAORI WOMEN SEEK MEDICAL ATTENTION LESS OFTEN THAN OTHER WOMEN.

- MOST WOMEN IN A 1984 STUDY (2) HAD A STRONG SENSE OF MAORI IDENTITY AND THAT ABOUT 20% EITHER USED, OR SAW THE NEED FOR TRADITIONAL MAORI HEALERS.

- ANOTHER 1984 STUDY (3) ASCRIBED 67% OF THE EXCESS MORTALITY IN THE MAORI POPULATION TO SOCIO-ECONOMIC AND LIFE STYLE FACTORS. THE SAME STUDY CONCLUDED THAT THE LARGE MORTALITY DIFFERENCES REFLECTED A SERIOUS FAILING IN THE HEALTH SERVICES, AND THAT ACCESS TO THE HEALTH SYSTEM FOR ALL MUST TAKE INTO ACCOUNT CULTURAL DIFFERENCES, LANGUAGE DIFFERENCES AND BELIEFS ABOUT HEALTH CARE.

- THE SOCIAL CHARACTERISTICS DISPROPORTIONATELY REPRESENTED IN THE PREGNANT ADOLESCENTS AT MIDDLEMORE HOSPITAL (AUCKLAND) OF BEING MAORI, UNEMPLOYED AND UNMARRIED ARE THOSE OF AN UNDER-PRIVILEGED SECTION OF THE COMMUNITY.

- THOSE WOMEN IN GREATEST NEED OF EARLY ANTE-NATAL CARE DO NOT HAVE A GENERAL PRACTITIONER AND/OR THE PRESENT SYSTEM OF REPORTING PREGNANCY TO A DOCTOR MAY ACT AS A DETERRENT TO RECEIVING SUCH CARE. (4)

- AN AMERICAN STUDY IN 1984 (5) SUGGESTS THAT FURTHER IMPROVEMENT IN THE POST NEONATAL MORTALITY RATE MAY BE POSSIBLE BY IMPROVING ACCESS TO HEALTH CARE.

\* MIDWIVES AS A GROUP ARE UNDER-UTILISED BY THE HEALTH SYSTEM IN NEW ZEALAND.

\* MIDWIVES SHARE WITH THE MAORI THE BELIEFS THAT HEALTH ENCOMPASSES THE SPIRITUAL, MENTAL, PHYSICAL AND THE FAMILY ASPECTS OF EACH INDIVIDUAL. EDUCATION AND HEALTH PROMOTION IS THEIR MAJOR ROLE.

\* MIDWIFERY SERVICES COULD BE REORGANISED TO ALLOW MIDWIVES TO BE RESPONSIBLE FOR INDIVIDUAL WOMEN CLIENTS THROUGHOUT ANTENATAL, LABOUR, POSTNATAL AND HOME CARE. THIS PROVIDES THE CONTINUITY OF CARE THAT IS ESSENTIAL IN MAINTAINING ALL DIMENSIONS OF THE INDIVIDUAL. IT ALSO GIVES GREATER OPPORTUNITIES FOR EDUCATION FOR PARENTHOOD.

\* MIDWIFERY CENTRES COULD BE ESTABLISHED IN THE COMMUNITY USING EXISTING FACILITIES, e.g. PLUNKET ROOMS, MARAES, HOSPITAL CLINICS.

\* DIRECT SELF REFERRAL OF CLIENTS TO THESE CENTRES IS POSSIBLE.

\* MAORI AND POLYNESIAN MIDWIFERY TEAMS COULD CATER SPECIFICALLY FOR WOMEN OF THEIR OWN CULTURE.

\* PRESENT LEGISLATION PROHIBITS MIDWIVES ACTING AS PRACTITIONERS IN THEIR OWN RIGHT. (NURSES ACT 1977 SECTION 54 a) WE WOULD LIKE TO SEE THIS CHANGED.

\* ACCESS TO THE MATERNITY SERVICES IS ONLY THROUGH A GENERAL PRACTITIONER - MIDWIVES, AS EXPERTS IN THE NORMAL LIFE PROCESS OF BIRTH, SHOULD BE AN ADDITIONAL ACCESS POINT TO THE SERVICE.

\* RE-INTRODUCTION OF A DIRECT ENTRY MIDWIFERY COURSE WOULD ATTRACT A WIDER RANGE OF INDIVIDUALS INTO THE MIDWIFERY PROFESSION AND MAY BE A MORE APPROPRIATE MODE OF ENTRY FOR MAORI AND PACIFIC ISLAND WOMEN.

#### REFERENCES :

(1) & (2) MURCHIE E. RAPUORA - HEALTH AND MAORI WOMEN. AUCK. N.Z. MAORI WOMENS WELFARE LEAGUE 1984.

(3) SMITH A.H., PEARCE N.E. - DETERMINANTS OF DIFFERENCES IN MORTALITY BETWEEN N.Z. MAORIS AND NON-MAORIS AGED 15-64. N.Z. MED. JOURNAL 1984 97:101-8.

(4) LANCET. MARCH 1987 p665.

(5) MUIN J. KHOURY ET AL. - TRENDS IN POST-NEONATAL MORTALITY IN THE U.S.A. J.A.M.A. JULY 1984 p367-372.

#### INFORMATION REQUESTED :

A) WHERE DID THE MOVE FOR CHANGES TO THE NURSES ACT ORIGINATE ? (1977 SECTION 54 a)

B) WHO DID THE WORK FOR THE OBSTETRIC REGULATIONS 1986 ?

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