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AUCKLAND DM REPORT,

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Much 1991 energy has gone into adapting and adjusting to the changes brought about by the Nurses Amendment Act, October 1990.

Home birth women, in particular, are responding well to midwifery independence. Some DMs now have about 50% of their bookings as 'midwifery only'. This is the real meaning of 'independent midwifery'

On the other hand, considering the increase in DM numbers in Auckland, home births have proportionately declined. Many women are being led to believe that the DOMINO 'option' is having the best of both worlds. As practised in a base hospital, it is not even an option. The access contract imposes a 'risk list' and rigid protocols that allow only low risk women to have a midwife only DOMINO - women who would have done as well, or better at home. Where a minor risk factor is involved, a woman would do better to choose shared care with a GP and stay home where the status quo have no power to impose conditions and where the woman remains in control. Transfer is made if this is required.

A further abuse of the DOMINO is private consultants using midwives to provide one-to-one care for their patients. This is a shrewd move which undermines independent midwifery and betrays women:

- This practice enhances the role of the consultant, who has a private midwife at his beck and call - and for which he does not have to pay;
- Since the midwife is paid via the Maternity Benefit and uses the hospital facilities, this is a very expensive option, which undermines the 'cost effectiveness' of midwives. Cost effectiveness was the reason Treasury gave its approval to midwifery independence. This plays right into the hands of NZMA & GP Society which are clamouring loudly to have the legislation reversed.
- Since the consultant is in charge, this puts the midwife back into the role of the 'obstetric nurse'.
- This factor also betrays women as these have a higher intervention rate. Neither is it continuity of care, which is purpose of the DOMINO option.

I have great admiration for Sarah Hodgetts who had a woman referred to her by a consultant for a DOMINO. She declined the offer, explaining to the woman that the Middlemore midwives were very good and in principle, she was opposed to adding such excessive costs to the consultant's Maternity Benefit.

Most of the oldtime DMs also decline to book DOMINO births. Having tried a few at the beginning, they find it is not a satisfactory option due to the inflexible nature of the access agreement and rigid application of protocols. Many home birth GPs also are finding the DOMINO option to be very unsatisfactory.

No doubt the present DOMINO option will not last too much

longer. Ernst & Young, Management Consultants have completed their survey of Maternity Benefits commissioned by the Department of Health (DOH). If the \$69.80 per half hour for intrapartum care is not discontinued by this July it certainly will be when RHAs have to absorb the costs, 1993. It is understood that the DOH favour a 'global' fee, i.e. a total subsidy for complete care during pregnancy, birth and postpartum.

The Act also made DMs contracts with DOH redundant. This meant that the PPHN no longer had a role as monitor of DMs' practice. However, as both Anne Nightingale & Colin Mantell both expressed their intention to incorporate community midwifery under their control, the DMs clung to Carol Petersen in order to establish their presence in the Health Development Unit (HDU) as an integral part of primary health care (phc).

As such, we continued our quarterly meetings with Carol, which also provided a venue and secretarial services. Carol has now gone to Dunedin as Supervisor of Plunket. We had our last meeting early this year.

However, in response to the obstetric/hospital threatened take over, DMs made submissions to the PHC SDG. Now the Service Development Groups have been phased out, but, a number of those on the PHC SDG are now members of the 'provider' group - which is an asset. However, home birth and DMs do not need their position - and the position of all midwives - undermined by a short sighted few who continue to play footsie with consultants.

Finally, DMs obtaining their linen bundles and disposable supplies from Waitakere have received a letter outlining the cost of each item. To date, they have not received an invoice. When they do, it is their intention to challenge this as discrimination against home births since the so-called 'independent' midwives are not charged for their supplies. DMs feel that if they are to be charged, that every health professional receiving the Maternity Benefit should pay for the use of whatever board facilities they use.

Thanks to Linda McKay who does such an efficient job with the stats, even when DMs do not bother to send them in at regular intervals so she can enter them without being rushed to get hundreds done at the last minute, in time for Conference. These stats are of benefit to both DMs and the home birth movement. They are the proof and justification for both groups and were used by Helen Clark when she introduced the Third Reading of the Bill. They are therefore important and should receive due and prompt attention from DMs.

Thanks also to Marjet Pot who so efficiently chairs the DMSRC, and spends a lot of voluntary time organising meetings, writing letters and generally dealing with the business involved. The DMSRC are still as important as they were in 1988 when the concept was introduced.

Joan Donley.
11 May 1992.