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HOMEBIRTH AUSTRALIA CONFERENCE '88 Hobart.

DIRECT ENTRY MIDWIFERY (DEM)

Catherine Willis of Cumberland College, Newcastle spoke on DEM. She provided a detailed survey carried out by the Task Force to determine whether or not there was a demand for such a course. 305 persons, mainly from NSW completed the questionaire.

Profile: 74 (24.3%) - registered midwives; 10 (3.2%) lay midwives; 4 (1.3%) - doctors 62 (20.3%) cb educators; 57 (18.7%) - cb physios; 28 (9.2%) registered nurses; 8 (3%) - birth attendants; 31 (10.4%) full-time mothers; 20 (6.4%) active in birth support groups.

90% of the sample had children; 79% had children under 10 years.

80% had HSC or a degree or diploma or other post secondary qualification.

Most had either assisted or attended births or been involved in antenatal and/or postnatal activities

Opinions on prerequisites:

36 (12%) thought nursing should be a prerequisite seeing midwifery as a branch of nursing with the same philosophy and patient care especially in the medical/surgical area. These also thought that career prospects were limited without a nursing diploma.

256 (84%) opposed nursing prerequisite arguing that midwifery had a different philosophy, and while there may be some overlap, midwifery is a profession in its own right; and the only path to midwifery autonomy is to gain control of education. To fit into a health system that maintains the status quo prevents changes in that system. They felt that DEM would improve the provision of maternity care as it would be community based, and that training nurse-midwives was wasteful of resources.

There were 12 (4%) non-responders to this question. 74 midwives responded to this question; of these 82 (72%) felt nursing was a prerequisite; 19 (26%) thought not and 3 (2%) did not reply.

This is seen as a three-year course on either a full-time or part-time basis. Theoretical studies could be carried out extramurally. Exemptions would be possible for those with previous relevant qualifications. Upon passing a final midwifery exam the candidate would have her name pn a register and be entitled to practice. NSW & WA still have a facility to register DEMs - a relic from the past when DEM training existed in Australia, NSW being the last to discontinue the course in 1965. It was noted that since then the number of lay midwives has increased. DEM training could start immediately in NSW & WA while the way seems open for accreditation of DEMs by the Australian College of Midwives which supports DEM although it is not a high priority.

DEM training is supported by consumer organisations and individual nurses and midwives. Nurse-midwife training is supported by the professional bodies and the colleges.

The Task Force recommends that student admission sgould be based on previous childbirth experience either as a mother or through working with mothers & babies; a genuine desire to practice midwifery, a positive attitude towards health, healing, birth and motherhood and completion of HSC or equivalent. Maturity, resourcefulness and communication skills are seen more important than a minimum age requirement.

Curriculum to consist of basic science, health and social sciences, research methodology and midwifery clinical & social studies. The midwifery

social studies component would include traditional and alternative practices, history of midwifery, midwifery and the law, politics of birthing, standards and ethics of practice. Clinical midwifery would be learned in the home, in birthing centres, women's health centres, small rural hospitals as well as in large hospitals. It would include such skills as massage, breathing, relaxation, dealing with normal pa i labour through non-drug support eg herbal remedies, homoeppathy, acupuncture and acupressure. It would also include dealing with the energy of birth.

Obstetric studies were seen as separate and would deal with the complications of pregnancy, labour and postnatal period.

Students would learn the importance of continuity of care through continuous care of 50 women. They would learn not only the practice pf midwifery, but also the art of midwifery.

Catherine felt that qualifications are important as being fundamental to quality and reflect how a profession sees itself and determines its independence and autonomy.

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Joan Donley
25 May 1988.

HOMEBIRTH AUSTRALIA, 88, Hobart, Tasmania

Homebirth 88 was opened by Dr Bob Brown, MP and well knwon conservationist. He was critical of both the male dominated parliament a nd the medical profession. The latter, he said, used scientific jargon to conceall errors and as a medical graduate he recalled that he had to to appear to have knowledge that he didn't in fact, have.

He sees home birth as a world-wide trend both because it gives women options in childbirth and because it is cost effective - insurance-backed home birth would be a great saving for the state. But the medical supervision of all mothers advised by the Australian College of General Practitioners is for the purpose of maintaining control. As there are too many obstetricians in Tasmania any doctors doing home births are under a lot of pressure and need consumer support against this medical hostility. Consumers will demand change when they are well informed and the medical profession have a duty to inform people

Tasmania's induction rate is 26% and Brown saw this as mainly for the convenience of the hospital and medical profession. He said that the only births in hospital should be those that are absolutely necessary and felt it is time we caught up with the Third World and saw birth as normal.

Tasmania has three domiciliary midwives, all in the south (Hobart area) wher home births are increasing. Launceston has a free standing birth centre. Goeff Crack spoke about the politics of this. He found it ironical that a news release on the Conference should be promoting a Clayton's choice as birthing centres undermined home births. He felt the Conference should be looking at support for home birth rather than promoting a birth centre.

Dr Cathy Mead discussed the National Health & Medical Research Council (NHMRC) report on home birth. The press was present when the Report was released. No members raised any queries, not even the AMA obstetrician, then were surprised at the media attention, but rallied later. As a result a Consultative Committee has been set up which includes respresntatives from the aggrieved parties. She felt that the original Working Party failed to promote better professional relationships which was one of the terms of reference, but it has stimulated debate. She provided a valuable outline of the federal & state health heirarchy.

Margaret Peters, Deputy Director of Nursing, Royal Women's hospital related how she became a practising midwife in 1975 when she was converted by the dynamics of the US nurse midwives who were standing up and examining midwifery. She learned her political awareness from them, and in 1978 formed the Australian College of Midwives (ACM) which is now working towards the accreditation of midwives as independent practitioners.

Victoria now has two postgraduate midwifery programmes of one year in tertiar institutions. The prerequisite is to be a R.N. with 12 months post registrati experience. The programme stresses midwifery and biological and behavioural sciences. In S.A. a B.A. programme in midwifery was put off due to oppositio from Prof Warren Jones, O&G at Flinders hospital.

Joy Argent, a lay midwife from Darwin told of her intensive three month hands on interneship at Casa de Nacimiento, 1511 Missouri, El Paso, Texas 79902. Casa is one mile from the Mexican border and has 40-70 moderate to high risk births per month. Joy gained extensive experience in normal births as well as breeches and twins. The clientele is 95% Spanish speaking women from Mexico who come to Casa to babies who will be American citizens. It costs the US$625 which includes antenatal care, lab w ork, birth and three postnatal visits. The course cost Joy A$1200 but the cost is now UA$2000. To gain entry it is necessary to have completed intensive theoretical knowledge and write

a five hour exam at which the pass is 70% or over. 'Internes' live on th premises in two rather primitive double rooms. You can contact Joy through the Darwin Homebirth Ass'n.

There was a session on direct entry midwifery which I'm reporting separately.

At the Plenary session the following resolutions were passed:

1) HBAustralia welcomes the NHMRC Report and urges health ministers, health departments, hospital administrators and the medical profession to immediately implement its recommendations;
2) HBAustralia supports establishment of a professional direct entry midwifery course;
3) HBAustralia supports a campaign to lobby Medicare for a rebate for midwives' fees;
4) HBAustralia supports an increased role for midwives and gps in all births in Australia;
5) HBAustralia supports a move to have midwifery legislation in Tasmania and Victoria upgraded to legislation in other states;
6) HBAustralia encourages campaigns to educate consumers on the role of the midwife in normal birth and the role of the obstetrician in complications of birth;
7) All Homebirth groups should attempt to sponsor one delegate to the annual national conference;
8) HBAustralia urges all members to lobby local MPs and hospitals to improve reception of and attitudes to home birth transfers;
9) HBAustralia encourages participation of trainee midwives in home birth practices.

I presented a paper on the New Zealand home birth scene and our Auckland video was shown and received favourable comment.

Joan Donley

Homebirth dangers dispelled

HOBART MERCURY 21-5-88

National co-ordinator blames ignorance for myth

IGNORANCE is one of the main reasons that some members of the community believe that home births are dangerous, according to the national co-ordinator of Homebirth Australia, Ms Hilda Bastian.

Speaking at the national homebirth conference in Hobart yesterday, Ms Bastian said that much of the criticism of home births came from obstetricians and people who took advice from them.

"The trouble is they practice in hospitals where there is a lot of intervention and stress which in turn causes complications," she said.

"Obstetricians have been trained to look for complications and how to treat them with surgery and forceps."

Ms Bastian said that in contrast, homebirth midwives help minimise risk through their knowledge of natural birth and by encouraging general health of the mother.

"Homebirth mothers are very well motivated towards that," she said.

Ms Bastian said the infant mortality rate for homebirths, of 5.3 per 1,000, was about half the national average of 11 per 1,000.

Year-by-year statistics for homebirths are not considered because of the small number of homebirths. There are about 1,000 a year in Australia. Tasmania had more than 60 last year.

Ms Bastian said the reduced mortality rate for homebirths was partly due to women, who are likely to have complications, do not proceed with homebirths.

Tasmania and Victoria are the only states where, by law, midwives have to practice under the supervision of a doctor.

The ninth annual conference — the first to be held in Tasmania — continues today and tomorrow at the University of Tasmania.

Ms Hilda Bastian