

REPORT

SIXTH NATIONAL HOMEBIRTH AUSTRALIA CONFERENCE,
APRIL 5-8, 1985, SAWTELL.

Held in a natural bushland setting this well organised Conference had everything - plenty of space for children, nutritious food, beautiful weather and people from across Australia, full of friendship and enthusiasm - anxious to get stuck into the issues confronting homebirth. The Conference theme was 'Homebirth, A Family Experience'. The organisers - Mid North Coast Homebirth Support Group, 29 Park Beach Rd, Coffs Harbour 2450, are to be congratulated on their organisation and efficiency.

The Conference was opened by Henny Ligtermost who was the catalyst in the founding of Homebirth Australia (HBA) in 1978. Henny, a Childbirth Education teacher for 25 years is from Perth (1A Shoalwater Rd, Shoalwater 6169, (095) 272 033) where she set up the Midwifery Contact Centre in 1956. Henny had had two homebirths in her native Holland, but when she wanted a homebirth in Perth for her third baby this was not available - so she made it available. That's Henny! And her talk was about the right of women to have freedom of choice in childbirth. However, when this right conflicts with the vested interests of the obstetricians, then this freedom is undermined - mainly through the harassment of supporting practitioners. Providing statistics she showed how homebirth has grown in recent years. Between 1970 - 1982 there were 5384 planned homebirths in Australia. The PNMR is 25 - 4.6% compared to the national PNMR of 13.2% (1981). Yet it is on the basis of perinatal mortality that the obstetricians attack homebirth practitioners.

As more and more women opted for homebirth i.e. control was beginning to slip from the control of obstetricians, the harassment increased. This organised campaign began with the deregistration of Edith Gosling who had done over 1000 homebirths with only four perinatal deaths. In quick succession followed charges against two lay midwives, Capricornis, North Queensland who were charged and fined \$572 by NRB for 'operating outside the law'; Terry Stockdale of Tasmania was deregistered for one year; Nell Williams of Gold Coast, Qsld, had her case dismissed - as the babe was stillborn, i.e. never breathed the coroner had no jurisdiction! And finally, the case of Dr John Stevenson of Melbourne who was deregistered last year. All these were basically attacks on homebirth.

Obstetricians have opposed natural childbirth from the days of Grantly Dick-Read and his Childbirth without Fear. Henny recounted how, when he wrote his book he gave it to a leading obstetrician to read. This obstetrician said, "You're not going to publish that, are you?" When Read replied he was the obstetrician said, "If you do it will ruin your career because it's true." However, it was the obstetricians who ruined Read's career. First they discredited him in U.K. Finally he obtained a post in South Africa. British newspapers announced, 'Famous Doctor leaving for South Africa'. The B.M.A. immediately charged Read with advertising. It took him two years to clear his name so he could again practice - starting from scratch. Henny knew Read and it was he who suggested she should become a childbirth educator.

Henny also made reference to the undermining of midwives in general. In W.A. midwives were legally downgraded by being classified as 'midwifery nurses' by an Act of Parliament. The interesting point is that this Act was railroaded through on Xmas eve, 1983, the same night the Nurses Amendment Bill was railroaded through the N.Z. Parliament. Surely this is not coincidence. (The Nurses Amendment Act says that a nurse, whether she has a midwifery qualification or not, can supervise or carry out maternity care. This undermines the role of the midwife in maternity care.) Apparently

the degradation of the New Zealand midwife came in for a lot of discussion at the ICM Congress, Sydney in September, 1984. Henny made reference to the "hypocrisy of the system". When she was setting up the Midwifery Contact Centre she asked the health authorities if Australian hospital midwives were qualified to do homebirths. They were upset by this doubt and assured her they were O.K. Now they are saying these midwives are not competent to do homebirths.

Michel Odent recently visited Australia. Henny was impressed with his starting antenatal meetings with singing. She thinks HBA should come up with a homebirth song!

HOME BIRTH AUSTRALIA - What is it? Where is it going?

A lot of time and discussion went into these questions in both scheduled and unscheduled sessions. The HBA brochure says: "Homebirth Australia is an alliance of groups, practitioners and individuals who are concerned that Australian parents remain free to choose how and where they give birth. As well as campaigning for greater public awareness and acceptance of homebirth we seek to provide communication and support Australia-wide..." It then lists the services provided and the contact address: P.O. Box 107, Lawson 2783, (047) 59 2014. Subscription to the quarterly newsletter is \$A10 (\$5 for pensioners and unemployed).

After all the brainstorming, discussion, consensus the above definition still applies. During one session each person was asked to give a brief definition of what HBA meant to her/him. Only one, a man, suggested a hierarchical structure - "a figurehead to lend authority". The comments of each were written on a board, then the key words were picked out and written up. Finally these were arranged into five categories:

- 1) Group, organisation, lobby, united, catalyst
- 2) Freedom of choice, health, homebirth
- 3) Power, political action, directing, empowering
- 4) Support, knowledge, practitioner, contact, information, resource, share.
- 5) Loose-knit, alliance.

It was agreed that all homebirth groups in Australia should incorporate 'Homebirth Australia' into their name, eg 'Birth & Beyond' - member of/affiliated with HBA. It was also agreed that HBA would continue to function through Task Forces with members of each task force living in the same area to facilitate communication.

Communication, Publicity, Data Collection - Hilda Bastian, Blue Mts Statistics - Mark Donohue (Central Coast) / Hilda Bastian Medicare Research & lobby, Boo Chevalier, 58 Miller St, O'Connor 2641

Hilda will also canvass all private health schemes
Collation of information on status of midwifery in each state -
Genni McGregor, c/ Homebirth Group Melbourne, P.O. Box 2
Northcote 3070, 836 8230.

Kit for lobbying hospitals for midwives to practice in hospitals as private practitioners - Jan Pilgrim, Blue Mountains.

Finance was a major problem. More subscribers to the National Newsletter would help to offset the cost of that. A standard letter is to be prepared for midwives to give to new mothers explaining the need to support the homebirth movement by subscribing to the Newsletter. Rosey Smart, Adelaide midwife with a very new baby will do this. Rosey, 14 Kentwood Rd, Morphettville 5162, (08) 384 7026. A collection was taken up.

Homebirth week will be the last week of October. A common theme for Homebirth week was agreed upon - midwife autonomy. During one of the brainstorming sessions it was suggested that somebody should have a baby in Parliament. By the time the Conference ended, one midwife who is expecting her fourth baby on 29 Oct decided she would

do just that. A number of other midwives also decided to be in Canberra at that time - coincidentally, of course! The full moon is 29 Oct - so keep an eye on your TV.

REPORTS

The Mid North Coast Homebirth Support Group hosted the Conference. This group combines Coffs Hbr and Bellingen. They need a midwife as both theirs are having babies. There is only one supportive doctor - in Bellingen. They are trying to establish a birthing centre. Even though the Health department seems to be softening its approach to birth outside the standard labour ward, money is hard to get.

Brisbane's Queensland Home Midwifery Ass'n, 10 Ruth St, Highgate Hill 4101, (07) 44 4687, is growing. In 1984 there were 13 homebirths. To date for 1985 there have been 15. Brisbane has offered to host the next Conference. All midwives in Qsld are under threat which has prompted hospital midwives to be supportive of domiciliary midwives. Recently a local doctor made a complaint to Qsld NRB against Brisbane midwife Judy Shields because she was "encroaching on his territory". Instead of being hauled over the coals Judy met with support, in fact she was treated as a "guest of honour".

The Gold Coast Homebirth Group, 23 Warrina Cres, Burleigh Heads 4220 (075) 35 4479 (Nell) is now operating to establish a Birth Centre. With their three midwives retiring, women are birthing on their own or going to the small local hospital where they have to sign a form accepting full responsibility! Isn't it amazing how paranoid these professionals are about a normal physiological function? June van Breukelan of Gloucester, near the BHP coal mining city of Newcastle said their small hospital had only 52 births last year because doctors referred women to obstetricians in Newcastle.

Nimbin's Birth & Beyond, Cullen St, Nimbin 2484, (066) 88 6339 (Andrea) has been in existence for seven years. It has established a strong community influence as well as exerting an influence on the local hospital. The Centre offers a wide range of support - ante- and postnatal clinic, birth preparation classes, yoga, counselling, women's health, herbal clinic, family planning, pregnancy tests and a lending library. Three of their midwives are either pregnant or have new babies - an "occupational hazard". It was good to see Jillian De Laile (Brodie) there with her new baby. She is still training birth attendants.

In a workshop 'Why Homebirth?' Nimbin midwife Heather Gulliver said women are choosing homebirth because there is increased consumer questioning of modern obstetric 'interventions' which are equated with 'safety'. Also, modern contraceptive methods provide women with the freedom of 'conscious conception', and such women see the corollary to this as reclaiming the responsibility for their birth experience. This is viewed with surprise and antagonism by the obstetric medical professionals, who cry "Irresponsibility!"

Wagga Wagga Homebirth Support Group, P.O. Box 886, Wagga Wagga 2650, (069) 22 7623 (Lynn) has a midwife, Virginia Moyjes. On 7 Nov 1984 their Riverina Leader printed an article 'In My Opinion' on homebirth in which reference was made to the high infant mortality rate in the past and which still exists in the Third World today, therefore "only the expert care provided by a maternity hospital" can satisfy the safety requirements, as "life is too precious to ignore them." He seemed completely unaware of the difference between infant mortality and PNMR, or of socioeconomic factors.

Melbourne Homebirth Ass'n, Inc reported they were down but not out, suffering financial collapse and burn out in the battle to have John Stevenson re-registered. (They now have a 'Committee for the Re-registration of John Stevenson'). Meanwhile Peter Lucas' homebirth practice is under increasing pressure. Their long-term aim is to set up a women's self-help centre. The encouraging report from Melbourne is the beginning of unity between home and hospital midwives. These midwives are even attacking the Victoria Nursing Council in an effort to improve midwife autonomy. Many are attending their Midwives Section meetings in an effort to influence legislation. These aspects came out at a combined meeting of midwives and consumers organised by the Melbourne Homebirth Group. Besides parents there were six midwives from Peter's practice and 34 hospital midwives. They saw that they needed each other and had to work together. A number of the hospital midwives displayed an interest in homebirths and in apprenticing to a domiciliary midwife. At one time Queen Victoria hospital proposed to set up a domiciliary unit for midwifery training but these plans have been shelved or disbanded. Instead Victoria is embarked on regionalisation (closure of small hospitals). Parents are preparing to attend these meetings. The Melb Group are also researching the early Victorian midwifery history.

Re John Stevenson, 35 Domain St, South Yarra 3141, 26 5533, legal aid have told him he owes them \$97,000 and have placed a caveat against his assets, i.e. his house. In addition there are Medical Board costs, plus Court costs which could bring his indebtedness up to \$300,000. The Conference brought a resolution demanding a summit inquiry into his deregistration. The feeling was that this attack was primarily an attack on homebirth using John's so-called "negligence" as the weapon.

Darwin Homebirth Group, P.O. Box 41252, Casuarina 5792, (089) 88 1580 (Shirley), has a growing homebirth movement but no midwife since February. They feel that they have made their Government aware of homebirth by approaching the Women's Advisory Council and by making a submission to the Government about the lack of antenatal care.

Adelaide - Mid-North Homebirth Support Group, 14 East Terrace, Clare 5453, (088) 42 2733 (Helen) has five midwives and five doctors who meet every month. They have a delegate on the NRB. Adelaide midwives are forming a branch of the U.K. Association of Radical Midwives.

Tasmania - Homebirth Tasmania, 125 Argyle St, Hobart 7000, (002) 23 5348 (Terry) and Tasmanian Natural Birth Group, c/ 34 Paterson Street, Launceston 7250, feels they were pulled together by the attack on homebirth and Terry's deregistration. Terry is midwifing again now and was invited to speak to the first & second year postgraduate nurses at Launceston T.C.A.E. She spoke on 'Benefits of Homebirth in the Community'. Tasmania has a very progressive doctor - Hugh Carpenter - who is State Director of RACGP Family Medicine Programme in Tasmania. He recently published an article in Australian Family Physician, March 1985, p 207 on 'Domiciliary Obstetrics'. In it he says, "If responsible home births were promoted, something approaching 30 per cent of total births could fall into this category. The total number of births in Australia is one quarter of a million annually. The saving therefore is potentially of the order of \$83,000,000..." He recognises that his article "might not be acceptable to the RACOG nor does it conform to the present position of the Council of the RACGP. Neither of these bodies currently accepts any case for planned home births." He feels his article "could provide a responsible basis for discussion between parties who presently share no common grounds, the mothers who insist on having home births and the doctors who refuse to accommodate this insistence." John had xeroxed copies of

this article available. Thanks, John.

Blue Mountains Homebirth Support Group, P.O. Box 43, Leura, 2781, (047) 82 3816 (Tracey) have formed a Patients Rights Group to lobby the local hospital to permit a birth attendant (midwife) other than the partner to attend hospital births. Their midwife, Geneth Frame has done 34 births in hospital and 16 at home in the past year. Jan Pilgrim spoke to the NSW Progressive Midwives Ass'n - this is a recently formed branch of the NSW Nurses Ass'n which is a strong union. Membership costs \$72 p.a. and covers any legal costs in case of law suits. Blue Mountains have donated their library to the local library.

Homebirth Access Sydney, P.O. Box 66, Broadway 2007, (02) 660 8208 (Yvonne) provides a centrally organised information collection and dissemination service on childbirth issues. But it is looking at where it is headed. The battles are many and it's the same dedicated people doing all the work. They have updated their Media package.

Hunter Valley Homebirth, 115 High St, Morpeth 2321, (049) 33 1696 (Marion) are looking for a midwife.

Canberra Homebirth Ass'n, P.O. Box 88, O'Connor 2601 ACT, (062) 47 6448 (Kim) are looking for a midwife by August when their full time midwife, Joy Gibbs, is cutting back. Boo Chevalier provided their stats from 1976. For 1984 there were 57 homebirths of which 22 were first babies, 4 episiotomies, 22 sutured tears and 8 transfers to hospital during labour. Since Dec 1976 there have been 306 homebirths in Canberra. Boo was in agreement with Odent that the personality of the midwife is very important in labour. She feels that the 'vibe' of the midwife can be a determining factor in transferring a woman to hospital, but she finds that meetings with midwives to get this point across end in frustration. Their group get invited to talk to hospital midwives.

Canberra's major effort this year has been directed towards re-analyzing a submission to the Federal Government for the inclusion of domiciliary midwifery fees as a fully refundable item on the basic medical benefits schedule. At Conference some midwives feared that who pays the piper calls the tune and could undermine what little autonomy they have left. There is to be a workshop on Medicare at next Conference. The Government is currently reviewing the Medicare Benefits Schedule. Under the present system there is a compulsory one per cent levy in taxes to finance Medicare, yet parents paying into refundable private schemes are paying twice. While I was in Australia the Gov't lost the industrial dispute with the doctors over Medicare. Doctors found that Medicare caused a 20 % drop in private patients who discontinued their private schemes to be fully covered by Medicare. In pre-Medicare days, according to the Sydney Morning Herald (9.4.85) specialists received about 70% of their income from treating their private patients in public hospitals, offsetting this hand-out by treating public patients free. Moves in the past to get doctors to accept hourly payments or sessional rates for treating public patients was resisted by the doctors who saw accepting the public dollar as acquiescing in the socialisation of medicine. NSW doctors led the militant action because they carry out a high level of private practice in public hospitals. Now the State and Federal Governments have to cough up an extra \$26m p.a. in payments to hospital doctors and \$150m over three years to upgrade teaching hospitals. And for the first time hospital doctors will be able to charge a fee for service for the treatment of patients without private health insurance! They lost their public reputation but nicely lined their pocket books.

While in W.A. a midwife who worked in a hospital told how the doctors were ripping off Medicare. Apparently they get a package deal for forceps delivery, episiotomy etc. However, if there is a 3rd degree tear this is considered a surgical repair and they get extra. Therefore, although the tears are only 2nd degree they are recorded as 3rd degree! I suggested that consumers should obtain these stats then confront the doctors on their competence.

Perth has three support groups which are involved in both political lobbying for homebirth and in the anti-nuke issue. The Birthplace Support Group Inc, P.O. Box 159, Inglewood 6052, 444 3983, reported that homebirth is growing here, and more doctors are becoming involved. They have 10 midwives who work either independently or from the Midwifery Contact Centre, 464 Stephen St, Maddington 6169, (09) 459 6372 (Josie van Dijk) but still they need more midwives.

I gave a report from New Zealand which is included as an appendix. I feel there should have been more time for reports and discussion as these are the essence of what's going on at the grass roots. Much of the detail was obtained from talking after session. I put this as a suggestion in the box for next year!

The Task Forces, the people who did all the hard slog during the year reported. Blue Mountains carried the heaviest load - physically and financially. The Communications/Publicity Task Force produced an excellent quarterly newsletter, produced a pamphlet to answer enquiries about homebirth and published the proceedings from the last Conference as 'The Birth Revolution' (\$9.95). They also organised a mail order book sales service, joined NAPSAC, made a list of all homebirth practitioners and joined a press cutting service. Information on homebirth was published in Parents Magazine, Grass Roots, National Times, Nature & Health and Australian Health & Healing. Key workers here were Hilda Bastian and Wendy Whitton.

Data Collection Task Force, Mark Donohue, P.O. Box 85, Ourimbah 2258, (043) 59 2554, presented graphics of Aust. homebirth stats for 1983 and Australia & N.Z. homebirth stats 1977 - 1982. For 1983 there were 1208 homebirths in Australia: NSW - 526; Vic - 254; WA - 125; Qsld - 109; SA - 83; ACT - 61, Tas - 41; NT - 9. NNDs were: Vic 5, Tas 4, SA 2, NSW 2, ACT 1, Qsld 1, WA 1 = 16. Mark is a member of Central Coast Homebirth Group. Unfortunately some misunderstanding and tension existed between him and Hilda. This was openly discussed and satisfactorily settled.

Direct Entry Task Force is in the hands of Linda Tully, 2/2 Albert St, Petersham 2049. Establishment of a direct entry midwifery course has been a recurring theme at Conferences. It appears that such a course is a possibility next year. This results from a number of factors: 1) The NSW NRB is in a panic about the large and growing number of lay midwives; 2) The Colleges of Advanced Education are overstaffed with high salaried nabobs which they are unable to off-load so they are looking for students by inventing new courses. Already the NSW Colleges have taken over all basic training courses for nurses and by 1990 expect to take over midwifery training. Similarly in Qsld. The Qsld Homebirth Group has been approached to nominate a member to a nursing study group at Qsld TCAE with a view to developing a nursing programme which includes homebirth. They feel this is due in part to the Q bureaucrats in government who are supportive of birth alternatives.

It was estimated that the course would need a minimum of 20

students who could expect to pay \$5,000 p.a. for three years. One question was how would these students gain clinical experience without becoming technologically oriented 'obstetric nurses'? One suggestion was that they should work in the community from a free-standing birthing centre. That left the question of whether birthing women would welcome the intrusion of a student midwife. This fear was laid to rest by Jonny Spinks, c/ Amata Homeland Health Service, PMB Amata, via Alice Springs 5751, an English midwife and a member of the Association of Radical Midwives. From her experience she found that women welcomed the student midwife because she was the thread of continuity, whereas the hospital midwife who made the initial visit may or may not turn up for the birth.

Lay midwives and their position was also discussed. Catherine Willis, 79 Archbold Rd, East Lindfield 2070 would welcome any information on this topic.

There were many interesting and very worthwhile workshops which I have not the space to cover. Because of the controversial nature of waterbirth I shall report this workshop which was taken by Alice Scholes, a midwife (lay) from Blue Knob, NSW. To date she has done 21 waterbirths being 'guided by the little souls wanting to come to earth via water'. She says this is not a 'head trip' but rather a response to the therapeutic power of water, as a conductor of energy, especially psychic energy which aids bio-energy (although cold water is best for psychic energy). She referred to it as "allowing water prana to get back in touch with the healing power of the elements." Alice referred to Ivor Charkovsky's claim that a lot of energy is expended just coping with gravity. Relieving a woman of that energy expenditure during labour minimises stress.

Alice set up her pool - a 5ft square wooden structure lined with heavy removable waterproof material. She feels a bath is inadequate. Water should be up to the woman's chest and at body temperature. The room should be warm. Most mothers get in when the contractions get strong. Although she delivers the baby into the water she is still 'exploring' the idea of keeping it under. However she feels this is the parents' decision - if they are keen they will be guided. Alice feels that bonding is effected through the mother floating and playing with the baby (rather than by suckling). Showing a slide of a mother trying to suckle her newborn she said the mother was "fussing with breastfeeding."

She sometimes delivers the placenta in the pool but finds that women don't like being in the water after the birth, then they want to "reconnect, get warm and dry." An acupuncturist advised that immersion in water after birth depletes kidney energy. (I should imagine this would depend on the temperature and volume of the water as both temperature and pressure evoke a reaction from blood vessels, nerves and metabolic function.) For the baby, Alice sees waterbirth as a "gentle transition" from no gravity to gravity which Charkovsky insists is a big load on the baby's system. Since Charkovsky has been doing waterbirths for 25 years, I wonder how much of his experimentation had to do with the relationship between gravity/weightlessness and putting a man into space; and how much was really related to mothers and their babies? Also, Odent finds that mothers tend to leave the pool when birth becomes eminent. (For the last eight years, without input from Charkovsky, Auckland domiciliary midwives have been using the therapeutics of water, in baths during labour. However, the aquatic mammals, whales & dolphins, have valved blow holes to prevent water seeping into their airways, yet they nudge their newborns to the surface as quickly as possible so they can fill their lungs with air!

Ultrasound.

As usual Henny was a mine of information. She had current material on ultrasound. One was her own compilation, 1984, of statements from a wide range of 'experts', pro and con, on ultrasound, and a copy of an article from the U.S. Caesarian Prevention Movement's newsletter, The Clarion, v2, no 3. The Midwifery Contact Centre keep stats on ultrasound outcomes in relation to EDD. There is a film, 'The Fetal Effects of Ultrasound' by Doris Haire who calls ultrasound the DES of tomorrow.

The Conference wound up with two further resolutions:

- 1) Homebirth Australia demands independent practitioner status for midwives in all areas of midwifery practice including the hospital, the home and birth centres Australia-wide;
- 2) Homebirth Australia affirms the parents' right to choose how, when and where they give birth.

The Conference atmosphere was positive, friendly and sharing. Although I have highlighted the political aspects there was plenty of fun and entertainment - swimming in the sea during breaks, a moon dance on the night of the full moon, films, an impromptu concert and many stimulating workshops. (I did one on the Nutritional Aspects of Postnatal Depression). What came through for me in the final analysis was that women/parents are becoming stronger and standing firmer which is resulting in more public awareness of the reasons for and advantages of homebirth; and the obstetric contrived threat to midwifery worldwide is producing a unity between ALL midwives. These are two very strong and dynamic developments. With a realistic analysis of all the factors involved, the crisis in the health system can be used to our advantage.

Joan Donley
3 Hendon Ave, Auckland 3, New Zealand.

12.5.85.

P.S. I should mention that I attended the Conference representing the Auckland Homebirth Association.

In August Elaine Norling, 83 Albert Drive, Killara 2071, (02) 467 1224 could be visiting N.Z. Elaine is involved in rebirthing, is an art therapist and was International Coordinator, I.C.E.A. 1982 - 84

REPORT FROM NEW ZEALAND TO HOMEBIRTH AUSTRALIA CONFERENCE

April 1985

1984 was a year of battles on many fronts for the home birth movement in N.Z. Following last year's Australian Conference, we, in N.Z. held our Annual Conference at Christchurch. As I mentioned last year, Auckland was concerned about the hassles we were encountering as a result of the hierarchical structure we had imposed upon ourselves as a result of our constitution - which I might add had been drawn up by Auckland and was pretty basic. We submitted a remit to Conference to wind up the incorporated association. In an explanatory letter to the 12 branches we said that we felt the "a national communications network would work best, so that we would never have to spend time complying with useless formalities in a constitution which hamstring everyone and takes away branch autonomy, replacing it with an hierarchical structure which just doesn't work with a small association in a long thin country." We felt we had wasted too much energy on constitutional amendments which were really power struggles for control when the real struggles were actually going on at the grass roots. We proposed a loose structure based on common aims and goals. We lost that motion by a narrow margin. However, we proposed to affiliate with the NZHBA and to continue to edit the national newsletter. The second proposal was accepted. Therefore, I am here today representing the Auckland Homebirth Association.

So much for the internal struggle. On April 1st the Nurses Amendment Act became effective. This was a blow to ALL midwives in N.Z. as it undermined the role of the midwife in the maternity services. Section 54(2) of the Act provides that a nurse (whether she has a midwifery qualification or not) can supervise or carry out maternity care. Representation was made to the new Labour Minister of Health who replied that the purpose of the Act was to establish minimum standards, and he understood that the Nurses Association considered that such supervision should be carried out by a midwife, therefore it was not necessary to make any further amendment. It has been suggested that if that requirement were specified there would not be sufficient midwives in N.Z. to fulfill the requirements - which says much about the present level of midwifery training in New Zealand!

Another restriction imposed by this Act was to prevent direct entry midwives from registering with the Department of Health as domiciliary midwives. They can still work in hospitals where they can be supervised by nurses. However, we did manage to get two direct entry midwives registered and working in Auckland before the April 1st deadline. Both were N.Z. women who had gone to England to do the direct entry course.

The Nurses Amendment Act did have its good aspects. It politicised the hospital-based midwives as nothing else could have done. Through their only organisation - the Midwives Section of N.Z.N.A. - they are fighting back, especially in Auckland and Christchurch. In Auckland the Section midwives came out in force to defeat one clause of the NZNA Policy Statement on Nursing Education which recommended that the current technical school 'Midwifery Option' course be retained. This clause was later also defeated, by a narrow margin, at the NZNA Annual Conference. While the midwives saw this as 'a step in the right direction' towards midwifery again being a separate course, the NZNA were upset as they saw this recommendation as 'integral to the Policy Statement and its development'. Since then the Section have met with the NZNA Executive and made a strong case to have the midwifery course separated

from the Advanced Diploma and directed towards the preparation of the beginning practitioner in midwifery. At the same meeting the Section also challenged the NZNA about the rumour that the latter were seeking to abolish the midwifery register - and gained Executive support for its retention. However, the midwives still do not feel strong enough to form an independent organisation as the Australian midwives have done.

As a result of this struggle the relationship between the hospital and domiciliary midwives has improved beyond all expectations. We are fighting the same battle for survival. This has been reflected in the attitudes of hospital midwives towards women transferred from home during labour.

In Auckland we have eight domiciliary midwives and the number of doctors is also increasing despite the 'squeeze'. We recently had a meeting between our home birth doctors and domiciliary midwives to come to terms with 'standards'. I prepared a paper in advance, so this time we were able to agree upon a 'statement of philosophy' based on the NAPSAC Five Standards. This confirms: the right of a woman to choose a home birth; that labour is a normal process in a healthy woman free from any major physiological condition and that spontaneous labour is a trial of labour whether in hospital or at home; that the usual obstetric criteria apply as regards acceptance and transfer; that in case of transfer this should be made while both mother and baby are in optimum condition; and in controversial areas, such as maternal age and parity, the right of the doctor to make an individual decision should be recognised.

In this area we are working against time as our G.P.s are coming under increasing pressure to give up all obstetric practice. A further move in this direction was Auckland Hospital Board's 'Strategic Plan' which, among other things, calls for the final and complete regionalisation of all maternity and neonatal services in its area wherein 20 percent of all N.Z. births occur. This means closure of four rural maternity hospitals and conversion of a Level 1 to a Level 2. This would provide one Level 3 hospital, three Level 2 hospitals and no other alternatives! This will automatically eliminate the family doctor doing obstetrics as s/he will have no base from which to practice. That, in turn, will eliminate the domiciliary midwife since every woman has to be under medical supervision, and it's a foregone conclusion that no consultants are going to stick their necks out to cover home births!

What AHB does sets the trends for the whole of N.Z. because it is the power base of the Post-Graduate School of O&G. So, while they say their 'aim is to provide the option of specialist service for all who may need it even if some elect against it' in reality they are removing any opportunity to elect against it! Women in some outlying areas will have to travel 108 km to a Level 2 hospital to avail herself of this 'option'. The alternative is to have her baby in the car on the way, or stay at home without medical coverage and be subject to \$1000 fine.

About the time that AHB's Strategic Plan became public, the Rosenblatt Report was presented to the Department of Health - and was promptly embargoed. We managed to obtain a leaked copy - which we have generously distributed far and wide! Roger A. Rosenblatt is Associate Professor of Family Medicine, Seattle, U.S. His Report 'Regionalisation of Obstetric & Perinatal Care in New Zealand, A Health Services Analysis' is based on Board of

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Health computerised statistics 1978 - 1981. He says, 'obstetric practice appears to be very safe in the small New Zealand maternity hospitals and further closures cannot be justified on the basis of quality of care' and 'there is no evidence to suggest that small hospitals are unsafe'. In fact, Rosenblatt found that g.p. obstetrics is "surprisingly" superior to specialist obstetrics for low risk mothers. At the moment one of our members is challenging the suppression of this Report through the Ombudsman on the basis of the Freedom of Information Act.

You no doubt heard about our snap election in July when we got a Labour government. Within a few months Labour held Women's Forums throughout N.Z. to determine the needs of women. It then set up a new Ministry of Women's Affairs. In the Forum Policy Statement, Labour promised to "urgently assess the present provision of maternity services in New Zealand, to ensure the interests of the woman and her child are paramount." It even said it supports the option of planned home births and therefore the need for an expanded domiciliary midwife service'. Sounds great, eh? But what happened? Right away letters to the new Minister of Health evoked replies that sounded like echoes of the previous minister. Of course, any minister merely reflects the policy set down by his department which has been built up over the years by those lobbies holding the greatest political power - in this case the O&Gs. Recently a Woman's Board of Health was appointed. It has 12 members - 10 women, 2 men. Three people on this Board represent the maternity interests - the two men who are O&G specialists and one woman who represents the NZNA. Two of these were on the now defunct Maternity Services Committee which brought down reports opposing home birth, and advocated regionalisation of maternity services. We are forming an Advisory Committee to advise this establishment Board on the needs of women as WE see them.

Finally, the last act of the outgoing National Minister of Health was to sign the 17 percent pay increase for the domiciliary midwives which had been granted two years earlier. By giving a pay rise to a handful of domiciliary midwives while the price freeze was still in effect, a precedent was set, thus opening a can of worms for the new Minister in relation to other health workers. We now get three antenatal visits @ \$5 each, labour - \$50 (up from \$36) and 12 postnatal visits @ \$8.50 each (up from 14 @ \$7.25) - a total increase of \$25.50 (from \$141.50 to \$167). Big deal!

Home birth parents and midwives are not the only ones dissatisfied with the health system. The Public Services Association has just brought out a Discussion Document and are calling for an enquiry into the health services. There is currently an inquiry into the Social Welfare services. For this we have prepared a submission calling for a home help service to be made available to all home birth and early discharge mothers.

In Auckland we are just about finished making a video of home birth.

Our annual N.Z. Homebirth Association Conference is being held in Nelson, May 11 and 12.

Joan Donley
March 1985

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BRONWEN PELVIN
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