

The 1984 Homebirth Australia (HBA) Conference was held in the beautiful Blue Mountains (Springwood) - a two hour drive from Sydney - over Easter, 20-23 April. Hosted by the energetic and dedicated Blue Mountains Homebirth Support Group, the venue was in the peaceful, wooded St Columba's Conference Centre - a former seminary - with all facilities in one place. It was a delightful setting both for the 300-odd adults and the many children who gloried in the space and the sunshine.

The Conference was exceptionally well organised with adequate time for Reports from all areas - from Darwin to Tasmania. There were a variety of - but not too many - workshops: Vaginal Birth after C-Section, Rebirthing, Siblings at Birth, Nutrition, Political Skills, Immunisation, Aboriginal Child Rearing, Active Birthing in England, Development of the Child, Statistics and Lay Midwifery. For most workshops papers were prepared and these had been printed and were distributed at registration - this was very helpful as it reduced note-taking.

The theme of the Conference was "Uniting Nationally". A backgrounder on the consensus reached at previous conferences had been prepared and was distributed - a valuable aid.

The host group felt there should be constitutional organisation rather than the loose "national alliance of all homebirth groups in Australia and New Zealand ... to increase public awareness of homebirths and related issues" as determined at Canberra, 1981. The 1982 Conference at Melbourne had included among its aims and objectives: "e) Constitution necessary" but had also seen HBA as "a National Organisation for communication and support and also to organise a response to misinformation and political moves against homebirths". (Melbourne Newsletter).

The 1983 Conference, Sydney, had sought to put these loosely defined aims into practice by compiling a resource list, collating Australian and New Zealand homebirth statistics, improving communication between the various homebirth groups with each group bringing to the next National Conference a report of their activities and ideas. To support the communications network, each group was to send 10% of their finances to the National Convenor (Henny Ligstermoet).

The recent de-registration of two homebirth practitioners - Dr John Stevenson, Melbourne and Terri Stockdale, registered midwife, Tasmania with another midwife, Nell Williams, Gold Coast threatened, had heightened the political consciousness of HBA and the feeling that a hierarchical structure was necessary to impress the enemy. To this end the Blue Mountain Group had prepared a provisional constitution - hierarchical in nature.

Three sessions were devoted to discussion of pros and cons of hierarchical versus non-hierarchical structure. In the initial session of 12 discussion groups, 10 came back favouring a non-hierarchical structure. The consensus of these groups was that HBA was a philosophical concept with its strength lying in its grass roots organisations. The National Conference would bring these grass roots groups together to make major decisions, provide support, information and skill sharing and set the tasks for the following year. The National Conference would act as the on-going catalyst. A geographically close collective should be elected at each Conference to carry out the 'tasks' which were seen as an improved communications network achieved through an updated resource list, data and stat collection and a regular newsletter. It would also organise support in cases of impending witch hunts. (Of course the success of this would depend on the initiative of the local groups to inform the collective of their activities, stats, etc, and need for support).

In the general discussion speakers made such points as a structured federal organisation would draw energy from the grass roots where the activity was taking place and that figureheads could be shot down.

I was able to tell the Conference of our unfortunate experience in New Zealand where energy and time - both in short supply - had been

diverted into unproductive constitutional wrangles.

In the workshop on 'Skills in Health Advocacy' Chloe Refshauge, Lecturer in Preventive and Social Medicine, University of Sydney, recounted the success of a non-hierarchical group activity in which she had been involved. The hierarchical opposition had difficulty in relating to a collective with no "president" or "secretary". To meet their expectations the collective put up a "president" or "secretary" for the occasion. As these were frequently different people the opposition was confused - which is a valuable political tactic. When a collective of eight confronted them on one occasion they were completely unable to cope. (This is like guerrilla warfare. When confronting a powerful enemy it is suicidal to place a limited force in traditional battle array to be shot down by the superior force of the enemy).

Chloe said this collective adopted a system of 'teaming' - on any project there were always two or preferably three people involved and one of these was a person with no previous experience. In this way they trained many activists who are now leading struggles on other issues throughout Australia.

On the other hand Chloe referred to an article 'The Tyranny of Structurelessness' from 'Science for the People'. This pointed out that structurelessness becomes a way of masking power and forms the basis for elites. It outlines "some principles that are essential to democratic structuring and are also politically effective".

1. Delegation of specific authority to specific individuals for specific tasks by democratic procedure...
2. Requiring all those to whom authority has been delegated to be responsible to those who selected them ...
3. Distribution of authority among as many people as is reasonably possible. This prevents monopoly of power and requires those in positions of authority to consult with many others in the process of exercising it. It also gives many people the opportunity to have responsibility for specific tasks and thereby to learn different skills.
4. Rotation of tasks among individuals ...
5. Allocation of tasks along rational criteria...ability, interest and responsibility have got to be the major concerns in such selection.
6. Diffusion of information to everyone as frequently as possible. Information is power. Access to information enhances one's power.. The more one knows about how things work and what is happening, the more politically effective one can be ...
7. Equal access to resources needed by the group ... skills and information are also resources...and can be equitably available only when members are willing to teach what they know to others.

"When these principles are applied, they insure that whatever structures are developed by different movement groups will be controlled by and responsible to the group. The group of people in positions of authority will be diffuse, flexible, open and temporary. They will not be in such an easy position to institutionalise power because ultimate decisions will be made by the group at large. The group will have the power to determine who shall exercise authority within it".

And after all the discussion and brainstorming this in fact is how it worked out! At the final session (which I missed as I had to catch a plane) it was decided that the priorities were communication and data collection. The Blue Mountains Homebirth Support Group took on the responsibility for communications. They will put out a regular broadsheet/newsletter. All information should be sent to Hilda Bastian, 51 Honour Ave, Lawson N.S.W. 2783. If communication networks are going to work every group must keep Hilda and Wendy informed about what is happening in their area!

Data processing was taken on by the Central Coast groups, who have access to a computer and word processor. Mark Donohue is the key person

here but I do not have his address. Perhaps send this information through Hilda.

Barbara (Boo) Chevalier earlier took on the task of raising funds for John Stevenson's and Terri Stockdale's court cases. Please send funds to Boo at 58 Miller Street, O'Connor A.C.T. 2641.

So the workload was democratically distributed among geographically close collectives. Their success will depend on your co-operation.

In view of the downgrading of midwives and the mounting opposition to home birth, Barbara Kernick's paper on direct entry/lay midwifery was a highlight of the Conference. Barbara is a Sydney birth attendant (i.e. lay midwife) and a paramedic at Leichhardt Women's Centre. Her excellent paper was the result of the concern about lay midwives expressed at the 1982 Melbourne Conference and the proposal put forward at the 1983 Sydney Conference to research the various aspects of lay/direct entry midwifery and develop proposals which could become one of the national goals.

Barbara pointed out that most lay midwives began practice to meet a need in their respective communities. There are now quite a large number of skilled birth attendants operating all over Australia. (One actually works in a birthing centre in Tasmania. On the other hand one of the charges against John Stevenson (Victoria) was for working with lay midwives.) In N.S.W. the penalty for lay midwifery is a fine "not exceeding" \$100. Also there is no law against 'quackery' in N.S.W....

Barbara felt that most of the lay midwives would "welcome with open arms an opportunity to gain recognised 'Qualifications' if this could be done without a huge cost to their "integrity, emotional well-being, values and principles, personal life and probably finances". For some or all of these reasons, she said, the present venues for gaining qualifications are not viable - working within a male-dominated, rigid hierarchical institution where the focus is on 'unwellness' and pathology would be soul destroying, if not impossible. Three years of general nursing and one year of obstetric nursing (usually called midwifery) is viewed by many as being irrelevant to attending home births she claimed.

She pointed out that it is the lay-midwife who attends births in traditional societies. Lay midwives are the primary care-givers on The Farm in Tennessee and referred to Lewis Mehl's study of 1,010 homebirths 40.2% of which were attended by lay midwives ('Statistical Outcomes of Homebirth in the U.S.: Current Status' from 'Safe Alternatives in Child-birth' Stewart & Stewart.

Mehl's criteria for selecting lay midwives for the study were

- 1) Having attended a minimum of 50 deliveries in a training capacity with a more experienced midwife;
- 2) Having attended a minimum of 50 deliveries as the most experienced attendant;
- 3) Having been involved in midwifery for two years or more;
- 4) Keeping reasonably complete records;
- 5) Having knowledge of all the obstetrical and paediatric problems discussed with them; and
- 6) Having evidenced, in our opinion, good obstetrical judgement on complicated cases they managed.

Barbara referred to the literature written by lay midwives: "Spiritual Midwifery", "Birth", "With Heart and Hands", "Special Delivery". (And, I might add "The Paper Midwife".)

...It would be a good idea if each state sent to Barbara/working committee relevant information re the legal status of lay midwives, and the penalty for delivering a baby at home without the prescribed supervision. In N.Z. under the Nurses' Amendment Act, 1983, the penalty was increased from \$200 to \$1000 and includes ante/postnatal care as well as delivery when performed without medical supervision "except in an emergency".

She discussed the cultural and social/political forces in any society which shape the basic physiological process of birth. In Australia the "social norm is birth in hospital with male obstetricians having a high degree of influence and power ... (while) ... the prevailing premise is one of hospital personnel knowing what is best". The Royal Australian College of O & G "deem home births to be unsafe" and women "should be discouraged from home confinement". On the other hand they find "in general... it is completely unacceptable to suggest that parental wishes should take priority over professional decision where, in the opinion of the obstetrician, such decisions clearly affect the wellbeing of the mother and her foetus".

Barbara argued that homebirths are changing the experience of childbirth. As a result of positive birth experiences women are gaining greater strength to grow, demanding autonomy and self-determination and challenging oppressive values and practices. The homebirth movement, by its very existence, is rejecting the 'shaping and patterning' our society deems appropriate to impose at birth.

But she queried "how deep and effective can this rejection be when it is within that very same system homebirth attendants are trained? It is from that system that standards of practice are set for homebirth attendants. It is that system that judges and penalises the work of homebirth attendants. THAT SYSTEM has, in the last three years, robbed the homebirth movement of three committed homebirth attendants and it is in the process of trying to take more."

Barbara urged that "it is time to move from the defensive position", from working in the unhealthy atmosphere of fear and oppression. The logical answer, she said, is for the homebirth movement to set its own standards, training requirements, principles and methods of review of practice.

This was taken up. It was argued that Barbara's paper, which included the Association of Radical Midwives' working paper on direct entry training, should form the basis of a submission to the N.S.W. Health Department which is currently formulating its stand on homebirth. A task force/working party of volunteers (from Sydney) was formed to carry out this task and also to set standards and guidelines for the long term aim of forming a Homebirth Registration Board (HRB) and a Homebirth Education Board (HEB).

"Shoot for the stars" as one delegate said!

There were many practitioners at the Conference - doctors, midwives and birth attendants. We had two very valuable experience sharing sessions. Terri Stockdale who was deregistered for a year by the Tasmanian Nurses' Registration Board was there (She went to a lady in labour, found no fetal heart. When the lady preferred to remain at home instead of transferring to hospital, she delivered her at home - but she never notified the doctor). Meanwhile (to Nov. 1984) her bookings are being handled by other midwives while Terri is talking about homebirths to teenagers in college, nursing mothers and is trying to establish in Hobart a Birthing Centre like the one in Launceston. There the midwives hire a room (in the nurses' home) have outfitted it themselves and work in conjunction with doctors.

Dr John Stevenson, Melbourne, was also present. As his appeal against de-registration is still pending the case is sub judical so I cannot report on it. After the appeal has been heard I will write a report for the National Newsletter about the jiggery pokery involved in both John's and Terri's cases.

But the feeling prevailed that the witch hunts had been sparked off as a result of the Australian P.M.'s daughter having a home birth in Melbourne. Such people are seen as role models; just as it was important in UK for Lady Di to have her baby in hospital in the wake of the Short Report which recommended that all births take place in hospital! So the Royal Obstetrician manipulated that, even against the royal tradition and current wishes of the queen.

The interesting thing about the practitioner's exchange was that each one had developed some preventive procedure to avert the routine crisis obstetrics practiced by the technocrats. John Stevenson was particularly helpful. Over many years of normal birthings he has evolved physiological and mechanical explanations for his empirical observations - which differ from the standard texts! He is writing a book on normal obstetrics.

I found the Conference very stimulating. There was something for everybody - from serious discussion, through videos to entertainment - a bush walk and a bush dance replete with belly dancers! I would like to express my thanks to the Blue Mountains Homebirth Support Group who put so much well-aimed energy into making this Conference the success it was.

The next Conference venue is still undecided but will probably be shared among groups in Northern New South Wales.

I can do no better than to end this report with a quote from Homebirth Australasia Newsletter No.7 sent out by National Convenor, Henny Ligtermoet:

"I want to point out the screaming need for unity! We simply MUST drop our little pet likes and dislikes, we must learn to see that the overriding need is to see the possibility of a free choice for all parents; we must even learn to see that our own ambitions, be they for our group or for ourselves, take second place when it comes to every parent's right! Unity is strength; unity plus caring for each other will achieve our aims and selfish pursuing of our own importance will get us nowhere."

P.S. Thanks to Theresa for typing these stencils so efficiently and quickly.

J.D.

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