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Papatoetoe, Auckland
2.9.84

Dear Bronwyn

Thank you very much for keeping me posted as to what's happening with the Domicillary M'wives Soc.

Hope your Australian trip was refreshing & stimulating. Sounds like a bit of an adventure to me!

Met Kay Barnside a while back & she's now practising domicillary work in South Auckland.

I've been pretty preoccupied with my baby who became quite sick at 4 mos old with what turned out to be a urinary tract infection & hyponatremia. Tests revealed a blocked right ureter & bilateral urinary reflux. The first problem has been corrected surgically & Evelyn is doing blooming. Still awaiting the

2nd one. It's been quite an experience for all of us. For me particularly it's really challenged my beliefs in alternative healing methods + orthodox. Also pretty shattering feeling so vulnerable + intimidated in the hospital (all in all Evelyn + me lived there for 4 1/2 weeks!) - good experience in that it made me aware that the crap one comes across in obstetrical units just carries on throughout the system. Apparently there's a hospital liaison group for parents which I'd like to find out more about with the view to getting involved.

Currently am registering as a domiciliary midwife specifically to help a friend have her baby here in our house - that way I don't have to wake Evelyn + take her out with me at night! So what I'm saying is that at the moment it's a once.

But I find myself reconsidering taking on more clients. I must admit that the fact m'wives get more money now with the view to a possible further increase is a big deciding point. I want to help to earn money so we can buy our own place.

My husband is a self employed electrician so his hours are flexible & could help with childcare if need be. For his work we've installed an ansaphone which could help me if I'm out & about in that I could leave a recording of phone nos. as to where I am & ring while out to see if there any messages. For me these solves 2 major stress factors I experienced before. The paranoia of being tied & on call for the night ^{not having to cope with kids} & freak out ^{next day} when out & about that I hadn't been near the phone at home for 3-4 hrs. & rushing back in case someone had been trying to reach me!

Really had seriously considered hospital midwifery but ~~wasn't~~ ^{(know I'd} get a lot more joy & satisfaction from domicillary work.

Your request for suggestions regarding monies led me to several thoughts which you may or may not consider appropriate to discuss with the Minister but here they are.

Re Antenatal visits - perhaps one visit could be considered to be time spent talking to lady on telephone - I find I did a lot of this - support & passing on info over the period of her pregnancy. At least perhaps some consideration for the time spent on the telephone. Also support group meetings & other public meetings could be ^{considered} as ~~ante-natal~~ ^{visit}.

Labour - compensation for time spent with a woman in false labour.

Perhaps a basic fee for labour day ^{& dinner} plus extra when hours

involved extend beyond what averages out to about \$^{\$5.86 (volume)}~~5.86~~ an hour ie if basic fee was \$50.00 & the labour & delivery took 18 hours then that would be an hourly rate of about \$2.70 so, extra payment of \$40. \$68^{if not more!} (Probably go down like a ton of bricks but if our pay is to be brought on par with hospital midwives not totally unrealistic!)

I like the new arrangements re more antenatal visits & flexibility re postnatal visits. I think a midwife should not to be tied to a set ^{number} ~~rate~~. A multip may not need visiting after a week whereas a primip or anyone for that matter may need more visits especially in the first few days. \$ compensation for all ^{postnatal} ~~antenatal~~ visits + no hard & fast rule ^{about} ~~by~~ leaving to visit for a certain minimum. I do agree with the idea of at least 2

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in the first 24 hours.)

Also what about asking for Ministerial support of hospitals providing the needy with basic emergency equipment such as intravenous equipment & suturing material.

Best of luck

bye for now

regards

Gillian

P.S. Please find cheque enclosed for my sub to the society.