

20051-4-002

42 Clements Crescent

HAMILTON

11 September, 1986

Sian Burgess
17 Malvern Road
Mount Albert
AUCKLAND

Dear Sian,

I enjoyed meeting you at the Midwives Extension Course in Massey and discussing domicillary midwifery.

On return to Hamilton, I received the enclosed letter from the WHBA. The meeting referred to took place in February.

Following your advice and offer of support to resolve the differences I have with the WHBA, I have sent the enclosed letter suggesting a meeting be set up. I hope that when the meeting is arranged your support will be forthcoming.

Yours sincerely,



Clare Hutchinson

Encs.

P.S. Did you manage to go
to Chris Kenealy and if so,
was it interesting?



42 Clements Crescent
HAMILTON
8 September, 1986

The New Zealand Home Birth Association -
Waikato Branch
P.O. Box 6090
Heaphy Terrace
HAMILTON

Dear Committee,

Thank you for your letter of 17 July, which I have read and studied carefully. I disagree with some of the statements attributed to me and inferences made.

I believe that some aspects of your Home Birth Association Beliefs, cannot be unquestionably followed. No professional person could be bound by these limitations.

I recently attended the Midwives Extension Course in Massey University and shared my experiences and differences with the WHBA with the other domicillary midwives. These were Fiona Barnett, Bronwyn Pelvin, Anne Sharplin, Chris Voaden and Sian Burgess. These domicillary midwives supported my methods of practice and ideology and urged me to continue my involvement in domicillary practice. They suggested however, that some differences of opinion between us, should be discussed and an understanding reached. They offered to support me and facilitate discussion with the WHBA in October.

If you wish this type of meeting to be set up, please contact me.

Yours sincerely,

Clare Hutchinson

c.c. Plus letter dated 17 July:
Fiona Barnett
Bronwyn Pelvin
Anne Sharplin
Chris Voaden
Sian Burgess

The New Zealand Home Birth Association

Waikato Branch
P.O. Box 6090,
Heaphy Terrace
Hamilton

17 July 1986

Dear Clare/Kay,

We appreciate that it is some time since you spoke to us and that we promised to consider your comments and to let you know how we felt. We have taken time to do this because we needed to think about what you have said.

We believe problems have occurred because of:

- (a) A misunderstanding of our 'beliefs and aims'.
- (b) A misunderstanding of our roles and expectations.

Because of this, we intend to clarify these.

We were also disturbed by the accusations you made, many of which were inaccurate and unfair and we intend to clarify these as well.

We hope that in doing so, we can find a way in which we can work to support each other in the best interest of the intending ~~homebirth parents, and to ensure that the homebirth option continues.~~

We would first like to look at beliefs and aims of the Waikato Homebirth Association. These are similar to those proposed by all Homebirth Associations throughout the country.

BELIEFS

1. BIRTH IS A FAMILY AFFAIR, AN EXPERIENCE TO BE SHARED AS THE FAMILY CHOOSES.

Birth is an experience which can be shared and which can draw a family unit together. The Homebirth Association should be educating people for family centred childbirth. Ultimately, however, it is the woman with the caring support and encouragement of her partner and family who must decide what is best for her.

2. PLANNED HOMEBIRTH IS A SAFE ALTERNATIVE TO HOSPITAL BIRTH.

Even in cases where women are considered 'high risk' that a well managed homebirth with an understanding and sympathetic midwife is likely to be safer for her and her baby than a hospital birth. This view has recently been confirmed by medical evidence.

(Refer - Marjorie Tews research.)

Homebirth is only safe when the principles of natural,

"uninterfered-with" childbirth are adhered to. Drug use at homebirths can put the baby at risk and require transfer to hospital.

3. PROVIDED PREGNANCY IS NORMAL, PARENTS SHOULD HAVE THE RIGHT TO DECIDE WHERE THEIR BABY IS TO BE BORN.

Every woman should be informed as to her state of health and that of her baby's throughout her pregnancy. With this information, consulting with her doctor and midwife, SHE should decide where her baby will be born.

4. WE ARE A PRO-HOMEBIRTH GROUP, NOT AN ANTI-HOSPITAL GROUP. This is self-explanatory.

5. BIRTH IS A NORMAL AND HEALTHY, ACTIVE PROCESS AND THEREFORE, IN THE MAJORITY OF CASES SHOULD NOT REQUIRE MEDICAL OR TECHNOLOGICAL INTERFERENCE.

Statistics and research collected by the Homebirth Association demonstrate that women give birth as a normal process, if allowed to follow their natural instincts throughout labour.

Unfortunately, New Zealanders have been conditioned to believe that birth should be either in the lying or supported sitting positions. While these positions are appropriate for a few, when women disregard their conditioning and follow their instincts, their behaviour is different.

It is the role of the Homebirth Association to help de-condition women, and the role of the midwife to help the mother give birth as she chooses. This means, that the midwife's role is sometimes passive, though always supportive and nurturing to the mother.

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6. ~~PARENTS HAVE THE FINAL RIGHT TO DECIDE WHETHER OR NOT ANY PROCEDURE SHOULD BE USED AT THEIR BIRTH.~~

Homebirth parents MUST be the 'guardians of natural childbirth'.

The 'RIGHT' to make the decisions regarding any medical procedure, is the right given to ALL patients in hospital. Ref. - 'Patients Statement of Care'.

This must be the right of all Homebirth parents too.

It is more than a right, but also a responsibility. The birth mother needs to carefully consider her impending birth, to decide what she believes is the best for her. We hope she would share her feeling/beliefs with her partner and her family and consider their part in the birth when making decisions as to how she would like it to happen. It is the responsibility of the birthing couple to educate themselves in NATURAL CHILDBIRTH and to consider alternative techniques to those they have chosen for the birth, in case they are necessary. It is they, who must finally decide whether any procedure is to be used.

7. WITH GOOD COMMUNICATION, DECISIONS ARE HAPPILY MADE BETWEEN PARENTS AND MEDICAL PERSONNEL.

While parents have the right to the ultimate 'yes' or 'no', this should NEVER become an issue if the parents, midwife and doctor are communicating properly. Medical personnel

must respect the decision made by the parents.

8. PEOPLE HAVE A RIGHT TO INFORMATION ABOUT BIRTH OPTIONS.

It is the responsibility of all Homebirth parents and the Homebirth Association to keep up-to-date with issues involving childbirth. They must pass this information on to other parents. After considering the available information, the parents can then choose the options that suit them.

9. WHEN CHOOSING BIRTH AT HOME, IT IS ESSENTIAL TO HAVE REGULAR MEDICAL CHECK-UPS.

Women choosing the homebirth option must take full responsibility for the health of themselves and their babies. Their health should be regularly monitored by their G.P. They should be conscientious about health, diet and exercise. They should not smoke during pregnancy nor take any non-prescribed drugs. The Homebirth Association can educate women at their meetings, to achieve optimum health.

10. PEOPLE CHOOSING BIRTH AT HOME NEED ADEQUATE HOMEBIRTH ORIENTATED ANTE-NATAL EDUCATION.

Psychological preparation for childbirth is crucial to the success of the birth experience.

Birth at home requires special psychological preparation. Our culture conditions women to believe that birth is a medical event and therefore, should happen in hospital. Attending Homebirth meetings and Homebirth orientated ante-natal classes is therefore important, as it gives couples the chance to meet others who believe in home and natural childbirth.

11. ~~HOMEBIRTHS PRODUCE HEALTHIER BABIES AT BIRTH, MORE SUCCESSFUL BREAST-FEEDING RELATIONSHIPS AND LESS LIKELIHOOD OF POST-NATAL DEPRESSION.~~

National statistics demonstrate and personal experience corroborates this statement to be correct. This will only be so if the previously-listed beliefs are held as well. If these are not held the mother/baby relationship may be adversely affected.

The midwife's acceptance of these beliefs is also crucial to the success of the birth experience and the days immediately following the birth.

12. WHERE MORE THAN ONE MIDWIFE IS AVAILABLE, PARENTS MUST BE ABLE TO CHOOSE WHO WILL BEST SUIT THEIR NEEDS.

The Medical Office of Health endorses this belief. Where there is more than one midwife, parents must be able to meet and choose without embarrassment, the person who most suits their needs. This can best be achieved in the neutral environment which a Homebirth meeting provides.

In the interest of the parents, it is the responsibility of the midwives and doctors to encourage parents to attend Homebirth meetings and Homebirth orientated ante-natal classes. It is unethical for a doctor to refer a woman to one midwife without offering the choice. It is unethical for a midwife to assume that any woman is her client until she has been engaged by her.

It is in the best interest of the Homebirth movement nationally, to inform parents of the precarious future of home and natural birth. These parents can then act politically to achieve a secure Domiciliary Service.

The following aims of the Homebirth Association follow from these beliefs.

AIMS

1. TO SUPPORT PARENTS CHOOSING TO GIVE BIRTH AT HOME BY INFORMING THEM OF THE FACTS OF HOMEBIRTH.

It is an important role of the Homebirth Association to inform parents of their roles and responsibilities, the midwife's and doctor's roles and responsibilities and those of the Homebirth Association. This we do through our meetings, ante-natal classes and newsletters.

2. TO SUPPORT WOMEN AND THEIR FAMILIES BEFORE, DURING AND AFTER THE BIRTH.

Support for the Homebirth parents is important as pressure against homebirth and for drug orientated hospital child-birth is great.

We support any parents exercising their right to give birth at home, even if it is seen to be acting against the desires of the medical authorities. We are aware of the 'dangers' associated with ill-prepared and unhealthy mothers and babies. While we guard the parents' right to choose the place of birth, we also encourage, through the rapport established by good communication at meetings, the couple to decide what is in the best interests of the mother and baby.

If a couple decide to stay at home, against the advice of ~~both doctor and midwife, and if the midwife decides to~~ attend the birth, the Homebirth Association would support the midwife. She would be acting in the best interests of the family, and the baby, and that it would be irresponsible for her to do otherwise.

The Homebirth Association must be primarily the consumer's advocate, as no-one else fulfills this role.

Where possible, the Homebirth Association gives parents support by:

- (a) Providing education.
- (b) Providing time to discuss issues with other like-minded people.
- (c) Helping with psychological and physical preparation.
- (d) Supporting and encouraging parents in birth choices.
- (e) Giving labour support if desired.
- (f) Giving practical support after the birth, e.g. home-help, child care etc., if required.

However, as almost all Homebirth Association members are parents involved in the rearing of young children and are involved in many other activities as well, their availability is limited.

The work of any organisation always falls on a few. It is often impossible for post-natal support to be carried out as

well as we would like. This is only an aim of our Association. The responsibility lies with the parents. If they require support, they must approach the Association. We will do all in our power to assist.

3. TO HELP HEALTH PROFESSIONALS UNDERSTAND THE NEEDS OF HOMEBIRTH PARENTS, AND TO INFORM THEM OF THE SERVICES AVAILABLE.

Education is a circular process: It is not only for parents, but Homebirth Associations, doctors and midwives too. We do what we can to achieve this by encouraging people to attend our meetings, sending newsletters and talking about our feelings and beliefs.

4. TO BRING TOGETHER THOSE WHO WANT HOMEBIRTHS, DOCTORS, MIDWIVES AND CHILDBIRTH EDUCATORS.

The Homebirth Association informs parents of the medical personnel available to them - i.e. which doctors and midwives are prepared to do homebirths etc.

We inform parents as to whether medical professionals support the beliefs and aims of our Association.

We aim to inform doctors etc., about homebirth by providing material about the Homebirth system in the Waikato. We are preparing a 'Kit' which will be sent to all doctors and will be given to other interested people to inform them of all the services available and how they operate.

5. TO INFORM PARENTS OF THE LATEST RESEARCH TO ENABLE THEM TO MAKE INFORMED, RESPONSIBLE DECISIONS REGARDING THEIR BIRTHS.

This can be done properly if parents become members of the Association and attend meetings in order to obtain knowledge from the material available. Education is the prime ~~responsibility of Homebirth parents as this is the most~~ important method of obtaining understanding and acceptance.

6. TO WORK TOWARDS A SOUND DOMICILIARY SERVICE WHICH WILL INCLUDE:

- (a) Adequate ante-natal care.
- (b) Adequate post-natal care.
- (c) Midwife or doctor attendance to births.
- (d) Sound back-up services.
- (e) Payment to domiciliary midwives comparable to that of hospital colleagues.
- (f) Home-help for homebirth families.

We have canvassed and have been actively involved in all of these, to the level possible by the committee.

As individuals, and as an Association, we have been active in campaigning for change in legislation which supports our beliefs. (A recent example is our submission to the Health Department on 'Your Pregnancy' and to the Whangarei Health Department to suggest changes in the implementation of the Area Health Board in their area.)

Political lobbying is the responsibility of homebirth parents because of the insidious ways the homebirth option is being undermined.

7. TO PROMOTE RESEARCH ON HOMEBIRTH AND TO COLLATE AND PUBLICISE HOMEBIRTH STATISTICS.

Relevant statistics will be included in the kits we are producing.

8. TO ENSURE THE CONTINUED EXISTENCE OF HOMEBIRTH AS A BIRTH OPTION AND TO WORK FOR INCREASED POLITICAL AND MEDICAL RECOGNITION.

We aim to continually maintain a high profile in this area.

9. TO SEEK: SUPPORT, IMPROVED CONDITIONS, PAY AND STATUS FOR PROFESSIONALS IN THE DOMICILIARY SERVICE.

Without the support of those sympathetic doctors and midwives prepared to attend homebirths, we do not have a homebirth option. We publicly support any doctor or midwife who supports the aims and beliefs of the Association. We cannot give whole-hearted support otherwise.

We give, to midwives who support our aims and beliefs, honorary membership of the Homebirth Association. This entitles them to free newsletters, the use of the library and help in whatever way the committee feels appropriate.

We are prepared to provide necessary equipment, travel costs to Homebirth Conferences or Domiciliary midwives' meetings. We are prepared to give personal assistance where possible and appropriate (e.g. babysitting during births).

We consider it crucial that doctors and midwives be recognised as professionals equal to their hospital counterparts. We continue to work for their cause, making submissions to all political bodies and representatives.

~~10. TO COMMUNICATE WITH OTHER HOMEBIRTH GROUPS TO EXCHANGE EXPERTISE, LITERATURE AND INFORMATION.~~

We communicate with other Homebirth groups through newsletters and share any information and research with them. Through this interchange we grow.

We hope the clarification of our Aims and Beliefs helps you understand and appreciate the role of the Homebirth Association.

Other issues brought up at the meeting, not covered, or covered sufficiently, are:-

1. BOOKING PROCEDURES

(Supported by the Medical Officer of Health.)

It is crucial for women to meet midwives, preferably more than once, at Homebirth meetings before booking in. Where choice is available, comparison is inevitable.

WHEN THE WOMAN DECIDES WHO SHE SHOULD LIKE TO ATTEND HER, SHE APPROACHES THE MIDWIFE AND MAKES THE ARRANGEMENTS WITH HER.

2. FEEES

* When the client books with the midwife, they should be asked to pay \$55 to the Homebirth Association.

We ask all homebirth parents to become members of our ..

* Association - \$10.00 - which entitles them to the national and local newsletters, use of the library and to regularly attend meetings. (All other branches ask a booking fee as well - up to \$40 in some areas. Their midwives will not book anyone unless this is paid.)

* \$40.00 - for six week's hireage of the telepager. This to be refunded to Clare if the client books with her as she hires her own bleeper.

* \$5.00 - for the midwife's kit (material the midwife uses during the birth). Clare provides this and we pay her the money.

No other Homebirth Associations pay for these. The necessary material in this kit is available on a midwifery order form (enclosed) and all other equipment is provided in sterile packs obtained from the hospitals. Homebirth parents should not have to pay twice.

We raise money for other projects such as advertising, midwives' education etc., and would hope that all Homebirth parents would assist here. However, because we do not have ANY contact with many Homebirth parents and because they may not be encouraged to join our Association, it is impossible to solicit their support.

3. 'INDEPENDENT' MIDWIFE

We are surprised at Clare's use of this title, as we consider all midwives to be independent, that is, employed by and answerable to the Health Department.

However, it is in the best interests of midwives, and of the Homebirth movement that midwives be supportive of work done ~~by the Homebirth Association and encourage all their clients to be members.~~

We resent Clare's accusations of lack of support. We have consistently offered financial assistance for equipment and travel to 'Homebirth' functions. We have baby-sat when necessary, publicised homebirth at every opportunity, fund-raised, and talked with and written to politicians in support of increased wages and conditions.

We were surprised to learn that she did not accept our aims and beliefs. For 18 months Clare attended meetings and appeared to support our aims and beliefs and the natural philosophy of childbirth. On one occasion she said that she was "a natural birth midwife not an alternative one". We find difficulty in understanding the difference between the two. Homebirth is an alternative to hospital birth.

During this time we received some negative feedback from homebirth clients she attended. For some time we ADAMANTLY supported her against these claims. Our position changed unfortunately, when repeated criticisms were borne out by the experience of well informed members.

The tone of the public meetings then changed. Open discussion regarding birth experiences became a sensitive issue. Members felt unable to honestly express their feelings,

both positive and negative, in relation to their birth experience, without it being taken as a personal attack. This made honest communication - important learning experiences - by all parties very difficult.

It then became obvious that Clare was not supportive of the 'Aims and Beliefs of the Association'. This made it difficult for us to support her.

We hoped that through continuing to encourage parents to detail the experiences they wished to achieve during their childbirth that Clare would grow to accommodate these individual elements without feeling threatened. This unfortunately was not so.

Clare told us she intended to become 'independent'. She defined independence as:-

- (a) That she would be financially independent - she would provide her own telepager (up till then we had paid the costs involved), and she would provide her own equipment.

We could not see any point in her doing this, as we had been willing to meet those costs; however, that was her choice. We did feel that once she had made this choice our financial obligation to her ceased.

- (b) That Clare would mention but not actively encourage Homebirth Association membership.

We found that almost no-one who booked through her, (and who hadn't first approached the Association) joined. This indicated that if they were not actually discouraged, they certainly were not encouraged to join. This was also evident before she became independent.

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- (c) That she would occasionally attend Homebirth meetings.

We are ALWAYS happy to have midwives attend Homebirth meetings and would hope for a positive input from them.

We do however, object to public meetings being times when detrimental statements or criticisms of the organisation are aired and we will not allow that to happen. If anybody has any complaint they are more than welcome to express this to a committee member, or ask to attend a committee meeting where the topic can be raised.

4. ANTE-NATAL CARE

Clare made very strong criticisms about ante-natal education available in New Zealand. Firstly, we feel it is our responsibility to defend both the hospital and Parents Centre in their efforts to provide good ante-natal education. We know from personal experience that much of the programmes taught have been excellent.

However, ante-natal teachers also found that what they taught in classes did not actually happen in the delivery suite - i.e. the way parents were actually treated - was another thing altogether. Fortunately this is changing.

We agree that New Zealand women have been conditioned to

believe that birth is a medical event and that pain relieving drugs are necessary. This is why we began our own ante-natal classes. We stress the importance of parents taking responsibility for the birth which is a normal physiological process. Psychological preparation is crucial and we address this through Homebirth meetings AND ante-natal classes.

Clare accused us of not involving her in our classes, but also stated that she could not be bothered with one or two couples when she could have 30-40 at the hospital. This is precisely why WE run the ante-natal classes. We don't expect a midwife to give up precious time with her family for just a few couples.

For any woman considering a homebirth, contact with the Homebirth Association and ante-natal classes is invaluable in aiding psychological preparation.

While we are prepared to devote time and energy in helping couples educate themselves, that the ultimate responsibility actually lies with THEM.

5. SUPPORT PEOPLE AT BIRTH

A woman has a right to choose who is to be with her during her birth experience. Support people may be members of her family, close friends or members of the Homebirth Association. Whoever they are, these people must be psychologically in tune with the mother's beliefs about natural childbirth and understand the options she has chosen. It is essential that the support person/people discuss their role with the parents. Some may choose to have one person; others more.

Where there are children in a family, it is wise to have ~~at least one person who is responsible just for them, a~~ person who knows them and with whom the children are comfortable. This person may best be the partner/father. This is the responsibility of the parents to decide.

The support person's role may be to meet the physical needs of all involved - e.g. heat the house, check lighting, provide food etc. OR it may be to concentrate solely on the labouring woman. It is the responsibility of the parents to decide this; not the midwife.

A support person at the birth is of great value to the midwife, enabling her to leave the birthing mother during long first stage labours without causing disruption. A midwife's time is too precious when this job can adequately be left to a support person.

Specific issues related to the Spellers' birth which Clare has raised, need to be clarified:

- (a) Glenys was asked to be a support person two weeks prior to the expected birth date.
- (b) She agreed to support the Spellers on the understanding that she would not be available on the following Tuesday for one hour, due to a long-standing commitment.
- (c) It was specifically requested that she support the birthing mother, not to act as child-minder.

- (d) Unfortunately, the labour began earlier than expected - enveloping the period of time Glenys was not available.

We realise that this was not the ideal situation, but the Spellers stated that they were prepared to accept those terms.

This will clarify understanding of the situation.

6. POST-NATAL VISITING

Members of our committee have visited a new homebirth mother, to take a meal/baking or offer to help in any way. These visits were not aimed at engendering dissatisfaction with the birth experience. We are surprised at Clare's insinuation that this would be so.

In the course of these post-natal visits some mothers spontaneously discussed their birth experience in detail - at times revealing some concern with their treatment. It was always suggested that they approach the midwife directly or discuss the concerns with her at her final post-natal visit, when they would be asked by the midwife for the 'positives and negatives' regarding their birth experience.

Almost without exception the parents have felt unable to do this. Some parents did communicate their concerns with Clare, but because of the hostile reactions, we felt it necessary to discourage parents from giving any negative comments and to concentrate on only positive aspects of their birth. Some parents were satisfied with their birth experience and we were delighted for them.

Because of a lack of available manpower, we are obliged to limit post-natal visiting to those parents who have regularly attended Homebirth Association meetings.

7. SLANDER

We took grave exception to accusations of slander. We do not as an Association or individually make slanderous comments to anyone about any professional person involved in homebirth.

It is part of our service to answer queries by members of the public honestly. Members of the Association have a right to speak as individuals who have had birth experiences, good and bad, because, these are valuable learning processes for future homebirth parents. When it is appropriate at meetings, parents are invited to share these experiences with us, but generally this is restricted to discussion time over supper.

We do NOT at public meetings (which all Homebirth meetings are) discuss the short-comings of any midwives and would discourage anyone from doing so. Likewise, we would not tolerate any public criticism of the Association at such times, as this is inappropriate. The Association cannot be held responsible for what any members, committee or otherwise, relate in private from their own experience.

An example of an inappropriate accusation was when Clare stated at a public meeting that "the Homebirth Association did not own any equipment" after we had explained that part

of the membership fees went to provide midwife's equipment. Several hundred dollars had been spent on this equipment.

8. BIRTH PLANS

The Homebirth Association recognises birth plans to be essential, because they clarify the expectations of the birthing couple and give a basis for discussion with the midwife in the hope that any misunderstanding can be avoided.

When birth plans were first proposed at public meetings, Clare found them to be unacceptable.

An example was Clare's comment to Bev and Mike Carlton that a birth plan was unnecessary. Following the Carlton's birth she stated at a public meeting that their disappointing birth was due to the lack of a birth plan.

This type of inconsistency in attitude is of grave concern to us. We are pleased however, to learn that she now accepts the importance of birth plans.

We were delighted to hear Clare say, that she has changed. However, at no other stage has she previously communicated this to us. Open communication is essential. Acknowledgement of change or growth in understanding helps this.

9. SELECTION OF HOMEBIRTH CANDIDATES

Clare accused us of not dissuading unsuitable candidates, according to Professor Bonham's recommendations, specifically multi-gravida births. This issue is not the Association's responsibility, but that of the attending midwife and doctor, as not all medical personnel acknowledge Professor Bonham's recommendations as being reasonable.

Furthermore, the Association does not recommend any one specific doctor, but will give a list to parents of those willing to consider homebirth. It is the responsibility of the parents to choose a doctor who suits them. It is surprising that Clare has not seen fit to provide us with an updated list of supportive doctors.

10. MIDWIVES TRAINING

Any midwife can do domiciliary work. A homebirth midwife differs from a hospital midwife working at home by practising natural child birth where intervention is minimal. She continually learns new labour management techniques from other midwives of the same persuasion. It is therefore essential that Homebirth midwives take every opportunity to meet to receive training from each other. Our Association heartily encourages this.

IN CONCLUSION:

We believe we should be able to expect a homebirth midwife to accept our Aims and Beliefs. She should be supportive of all homebirth parents and be the parents' advocate in a hospital situation. It is her responsibility to ensure all homebirth parents become members of the Homebirth Association.

In return, the homebirth midwife has the right to expect the Homebirth Association to support her in all issues arising from, and in all aspects of her Domiciliary work.

Yours sincerely,

Waikato Homebirth Association Committee

Glenys Wood.

~~Maureen~~ dhl

Joy Maxwell

L. Matthews

Jill F.
G. J. Parton
G. A. J. Parton.

R. Matthews