

MINUTES OF MEETING HELD 30 SEPT. 1991 AT YWCA OF
MIDWIVES, DOCTORS, and CONSUMERS, SPONSORED BY AIBA

PRESENT: Joyce Cowan, Anna Bannister, Alison Keran, Angela Clark, Tess Grant, Marilyn Y? Nula Allman, Mavis Bullock, John Hilton, Glenda Stimpson, Graham Gulbransen, Sian Burgess, Phil Railton, Linda McKay, Kate Jaunay, Bridget Morison, Viv Gordon, Marie Nicklin, Jan Curow, Marjet Pot, Jenni Churton, Candace Bagnall, Maggie Cropper, Mick Eason, Brenda Hinton, Barbara Harvey, Heather Waugh. (apologies for any misspelled names)

Meeting facilitated by Candace Bagnall.

Report from Brenda Hinton on previous meeting between hospital midwives and domiciliary practitioners. consensus was that not much had been really accomplished at previous meeting - issues such as legal status of practitioners after home birth transfers was meant to be addressed by Helen Naygle, but to date no result has come through.

Aim of meeting was to clarify issues surrounding transfers and begin to establish lines of communication from the various occasionally opposing groups. People divided into "interest groups" of hospital midwives, dmws, home birth g.p.s and consumers and brainstormed the issues they would like to see sorted out. These were:

- trust and communication
- hospital drs involvement in transfers & the team approach
- what choices do home birth clients have when transferring
- continuity of care
- resolution of "booked/ unbooked" issue
- scope of practice
- consistency in all DUs after protocol is made
- legal rights of patients
- finding fault (esp. retrospectively)
- informed consent
- how does it become official (documented) when a patient chooses a practitioner?
- possibility of negotiation/ consultation between practitioners
- documentation: antenatal, previous ob history, & labour records
- lack of acknowledgement for hospital practitioners
- what is it about hospital mws that makes dmws defensive?
- areas of responsibility for independent mws in hospital

Several of these issues are to do with management decisions and as such should not be discussed in without managers present.

Management has a definite plan of what is to take place; the structure is set down: at present with a transfer the consultant or private ob must arrive within 15 minutes of the arrival of patient + mw or gp and will then decide whether the mw or gp can continue to be the caregiver. This decision must be documented.

Discussion about trust & communication: need for consistency of approach to client and hb practitioner; the need to make transfer as smooth as possible. Hospital mws have certain assessments they need to make before the consultant arrives - difficulty with mws being 'obstructed' by variations in style of midwifery, e.g. questioning the need for procedure, need a structure to use dmws' knowledge of client to assist in decision-making process. At present rule '65 clause 33 says the dmw can speak on behalf of client but is not part of decision-making process; this is felt by some to be a serious waste of resources.

Discussion on documentation: difficulty for dmws to get full records, though clients can get xerox copies of notes. hospital can write elsewhere for further info, especially if previous labour/birth was complicated.

Midwives & Doctors meeting notes (continued)

It was agreed that a subcommittee consisting of at least one from each of the interest groups should meet to address the issues marked with "M" and try to devise a 'handover structure' before the next, larger meeting.

AHBA will arrange venue and date and issue invitations. Those interested in being on the subcommittee should contact either Graham Gulbransen or Marjet Pot.

Closing round was positive, most people expressing pleasure that so many people had taken the time to come along to try to make things better.

- reminder to remember that the client is the central person, not the issue of "who's got the power".
- the need for complementing rather than competing skills: interpersonal + technical skills.
- acknowledging the hard work of AHBA in getting changes made.
- reflection on the casual nature of NZ society, in contrast to more formal handshaking/ introductions in Europe & U.S.A., or even the bowing ceremonies in Japan; this can make people feel ignored or "in limbo" during the transfer.
- Access Agreements may change some of these issues somewhat.

Donations were requested to help subsidise the cost of hiring the room, paying facilitator, etc. which have previously been carried by AHBA.

Meeting closed 10 pm.