

20051-4-006

Auckland Home Birth Association Inc.

P.O. Box 7093 ▲ Wellesley St. ▲ Auckland



A  
SAFE  
ALTERNATIVE

A.T. Nightingale  
Manager  
Maternity/Neonatal Services

26 April 1991

Dear Ms Nightingale

The Auckland Home Birth Association is dismayed to receive notification, via several GPs, of the newly instituted policy regarding bookings for and transfer of women who plan to give birth at home but who may be transferred to hospital.

We find the policies, as outlined in your letter of 19 April, discriminatory, unsafe and a blatant contradiction of the principles outlined in the Auckland Maternity and Neonatal Services Strategic Plan 1991 - 2001; and the Service Statement for Area Health Boards: Pregnancy and Childbirth. We realise that both these documents are still in draft form, but both clearly state that maternity services will be consumer focussed and will provide women with a range of options of care from which she can make informed choices which will ensure her of continuity and quality of care. Furthermore, the service will be maintained and developed through an ongoing monitoring process which involves consumers and service providers (Strategic Plan 1.13).

Had either homebirth consumers or practitioners been consulted regarding these "new" policies we could have informed you that attempts to implement these same policies had been made in 1986. With the support of "Maternity Action" (of which we are a member group) we laid a complaint with the Hospital Board about the discriminatory and unsafe nature of these policies. Our complaint was supported by a legal opinion which stated that, "the result of the legislation (s106 Social Security Act 1964 & s61 Hospitals Act) is that the primary right to choose one's own doctor/specialist is qualified. The Board must first consent, and may also require the practitioner to comply with its own policy. However this does not confer absolute powers upon the Board. The right to select is enshrined in statute, and confers a corresponding duty upon the Board to respect it. The Board is not entitled to act unreasonably so as to nullify the "right to select". We also presented the Chairman of the Board with statistics which showed that fewer than 20% of women who transferred subsequently needed specialist obstetric care.

We subsequently received a reply from the Superintendent-in-Chief of the Auckland Hospital Board which informed us that our complaint had been sustained and that hospitals had been instructed "that the responsibility for the medical care of women booked for homebirth remains with their general medical practitioner until he or she refers the woman to a specialist."

We therefore ask you to supply us with copies of the information on which the Area Health Board based its review of this policy. We are particularly interested in the statistics which ~~show~~ show "significant perinatal mortality". The Auckland Home Birth Association has kept homebirth statistics since its inception in 1978. In addition, since 1988 the annual practice of every domiciliary midwife has been reviewed by the Domiciliary Midwives Standards Review Committee. Part of this annual review requires midwives to present their statistics and document every transfer, giving reason for transfer, treatment received and outcome for mother and baby. Neither of these sources record any significant perinatal mortality.

The Auckland Home Birth Association and the practitioners who attend homebirths have always exercised a policy of early transfer when there are indication that a woman's labour may not continue to progress normally to an optimum outcome. As a result most women who are transferred have fairly normal births and with their babies are discharged home into the care of their domiciliary midwives within hours of giving birth.

We believe that these booking and transfer policies are retrograde and will result in a lower standard of care and less favourable outcomes for mother and baby. We ask you to supply evidence to support your apparent belief that it is safer for a woman to arrive, unbooked, in hospital and to be assessed by someone who has no knowledge of her medical background, her labour up to the point of transfer or her personal needs and desires, than for her to receive continuity of care from the GP of her choice, unless or until s/he recommends (following consultation with her/his client) that she needs more specialised care.

GPs who have contracts with the area health board are deemed competent to decide, in the case of a woman who is booked for a hospital birth, when a specialist obstetrician needs to be consulted. Why are they now considered to be incapable of making that decision regarding their homebirth clients?

Policies such as these lead us to despair about the proposed contracts between the area health board and domiciliary midwives. These policies clearly show that there is no intention of allowing domiciliary midwives to provide continuity of care for the women they transfer from home to hospital and also signal an ominous change in the terms of GP contracts. It seems to us that these policies have more to do with

gaining and consolidating power and control over birthing women and independent practitioners, than any real belief in the need to have a consumer focussed maternity service where women are equal partners in planning and decision making regarding their care. The option allowing women to consult with the obstetrician of their choice following transfer to hospital, smacks of elitism and is small comfort to the increasing numbers of women who cannot afford "private" care. It also augurs a dangerous trend toward specialist assessment of all women during pregnancy and childbirth. A practice which has no place in a service which claims as its first principle that, "Pregnancy and childbirth are natural life processes".

Homebirth parents carefully choose a midwife and doctor whom they feel will respect their right to make informed choices about their care. During pregnancy (and often between where the doctor becomes family GP), they build a relationship of mutual respect with their caregivers whose professional judgements they trust. When the need for transfer arises, women understandably prefer to be admitted to hospital under the care of a trusted and familiar caregiver who knows both their medical background and their individual wishes regarding labour and birth etc. Most of our members will be very anxious, angry and unhappy to discover that their right to continuity of care from the practitioner of their choice is being denied - a right which is still available to women booked for a hospital birth.

Because these policies have been shown to be unsafe and unlawful in the past, we trust that you will reconsider their implementation. We ask that you reply promptly detailing the policies regarding booking and transfer and how you consider these will improve outcomes for mother and baby as these uncertainties are causing considerable distress to women who expect to give birth during the coming weeks.

Yours sincerely



Brenda Hinton  
Spokesperson AHBA

cc David King - General Manager  
Ray Naden - Manager Clinical Services  
Jennifer Clark - Consumer Complaints Officer  
Helen Nagels - Chairpoerson AAHB Review Committee  
Lorraine Wilson AAHB member

*P.S. DMs please check to see that Alex Gillanders has all your stats for 1990, so that he can prepare a full record to present to conference in May.*