

12TH NATIONAL HOMEBIRTH AUSTRALIA CONFERENCE.

This HBA Conference was held at the University of Melbourne, July 12-15, 1991. It was very well organised in the imposing Ormond College and hosted by MAMA (Mothers And Midwives Action) Inc which was an interesting aspect since HBA is now a "consumer organisation". According to retiring coordinator Hilda Bastian, midwives don't need HBA now that they have the Australian College of Midwives & the Australian Society of Independent Midwives (ASIM) to speak for them. The 1990 Conference, Adelaide, ratified a constitution that will not allow a midwife to be elected to the Management Committee. (Here, N.Z. DMs formed the Domiciliary Midwives Scty Inc to challenge the N.Z. Nurses Ass'n right to make policy for home births (1981) and later became members of the N.Z. College of Midwives, but that hasn't affected their relationship with the NZHBA).

ASIM was formed in response to a "variety of political strategies" from state & federal governments and because "we were not given consideration as a group of midwives with special skills and needs within both the College of Midwives or Homebirth Australia". ASIM points out that HBA was based on the NAPSAC ideals which had a strong commitment to support & encourage midwives & doctors involved in home births. Now, however, "there has recently been both strong and subtle moves to attempt to institutionalise the practices of home birth midwives by Homebirth Australia, intimating thatindependent midwifery is inappropriate. This is the message that Homebirth Australia gives, yet documented evidence to confirm thisis yet to be produced".

Much of the 'debate' at Conference revolved around this rift which Margaret Peters saw as HBA "being torn apart by incestuous in-fighting". The in-fighting was related to the use of statistics which one midwife said should not be used against HBAustralia and home birth practitioners.

On the other hand, in her Report, Hilda made reference to the "controversy" over HBA's comments and publication of the home birth PNMR. "A concerted move by some home birth practitioners to seek to prevent the publication of this data has meant that time and resources were expended in trying to convince (these)...of the need to address these serious concerns..."

Following publication of 'Home Births in Australia 1985 - 1987' by the National Perinatal Statistics Unit (NPSU) a review of the perinatal deaths among the planned home births was undertaken as "a major priority". According to Hilda the Review Group comprised "two home birth practitioners", an obstetrician, a neonatologist, NPSU

Director and herself as coordinator of HBA. Under questioning it turned out that the two home birth practitioners were a GP and a tutor midwife!

The results of this Review were presented by Hilda as a poster to the 6th Congress of the Federation Asia Oceanic Perinatal Societies at Perth, October 1990 - resulting in media headlines: MORE BABIES DIE AT HOME THAN IN HOSPITAL HOMEBIRTH AUSTRALIA REPORTS.

The abstract of this poster presentation was sent to Marsden Wagner (WHO, perinatologist, epidemiologist). His comment was 'I think the most important conclusion should be that the very small numbers in this study make it impossible to make any definitive statements. You will note that what is said is "these findings suggest". This is important wording because the findings do not show, they only suggest a possible trend which should be further studied to find out if it is in fact true. Please note with these small numbers, even one more baby who didn't die or one more who did die, changes all the figures profoundly. The other important thing to note is the phrase "this study lacked a suitable group of low-risk hospital births for comparison". This is an extremely important statement and the authors clearly understand that they cannot make any definitive conclusions until they have that kind of comparison group. I would simply hope that this study would stimulate people in Australia to mount a study that would have proper control and proper numbers to determine whether or not there is in fact a problem here. You indicate that this abstract was part of a poster presentation.....I myself believe that this was an inappropriate thing to do to actually make a poster and have a headline that implies that there is a definite result. A study like this should not promote such a poster as it is only a very preliminary and uncertain finding. As a matter of fact, it is clear from the abstract that it is not true that "more babies die at home than in hospital", but rather that as it says in the abstract, "the findings suggest that there was an excessive number of perinatal deaths associated with fetal distress and post-term planned homebirth". That is a very different thing."

Fact or not, the 1988 perinatal deaths have now been added to this 'Review' and it has been submitted to the Australian Medical Journal. According to Hilda, NPSU is "anxious" to publish this 'information'. (I'll bet it is).

The independent midwives are very concerned about the way their stats are being used. This was confirmed by Maggie Haertsch, the midwife liaison coopted onto the Management Committee. Maggie presented a survey, 'Homebirth - who are the Service Providers?' Her survey coincided with the

national publicity about HBA's PNMR. One midwife expressed "suspicion regarding the survey" and questioned confidentiality; another said she felt "saddened and betrayed" because there had been no opportunity to "interpret morbidity statistics ourselves. For this reason I will not be sending any more in".

A researcher at Conference maintained that it was not only unethical not to refer research material back to the source to ensure that the interpretations were accurate, it was absolutely essential. Otherwise serious errors could be made.

Another midwife voiced concern that this information provided for evaluation was used as "another weapon to attack independent midwives as has been the trend by your organisation's representatives with statistics." She said that her trust in HBA "is very fragile at present. Betray this trust and you can consider me lost to your organisation for any information in future."

At Conference many midwives expressed reluctance and some outright refusal to provide any more stats. Some midwives have not been submitting stats for some time because they doubted the motives of HBA. Three Sydney midwives who account for 16% of the births in that area have not provided stats for some time. Because of this a General Meeting of ASIM stated that complete and credible stats on home birth do not exist, and refusal to supply stats is based on concern about the methods in which stats are collected, analysed and presented. ASIM also requested that these stats be subjected to an independent assessment before publication in AMJ. Dr John Stevenson feels that the situation is serious enough to consider a court injunction to prevent publication. Publication of this "stubborn anti-midwife attack" will result in these stats being quoted for decades to come by anti-home birth obstetricians & statisticians.

Henny Ligtermoet claimed that using PNMR as an assessment tool sucked home birth back into the medical/hospital system. She quoted Professor Alfred Rockenschaub of Vienna who refers to the manipulation of stats by perinatologists. She also had a letter from Dr Kathy Mead, Secretary of Health Care Committee of NHMRC & convenor of the Homebirth Guidelines Working Party, which quoted from the 1987 NHMRC Report:

"It is highly unlikely that an appropriately controlled study of home births with sufficient statistical power to unequivocally answer questions of relative safety of home birth versus hospital birth could ever be carried out".

In addition to this study there was a 'study' in S.A. of 802 home births over a period of 11 years. 1976 - 1987. involving five GPs & 11 midwives. Over this period there were 11 PN

deaths (and 2 SIDS). However, since 1987 there have been no further PN deaths; also these were compared with the average of PN hospital deaths 1982-1984 when perinatal mortality was lower than in 1970s. Furthermore, there were more than 300 home births during the survey period which were not included, apparently these stats were lost!

Midwives were also upset that Hilda (in HBA Newsletter no 27) correlated PNMR with long term morbidity. Judith Lumley who spoke on 'Understanding & Interpreting Homebirth Statistics' refuted this as an "inappropriate" concept first floated by some bloke named Nixon (not the ex-USA president).

These surveys will apparently continue. HBA & NPSU have been successful in gaining an NHMRC grant of \$26,000 to enable preparation of another report on home birth and to better establish a formal collection of data on home birth through the State & Territory authorities. Hilda has been selected for this job. Also, a grant of \$7,000 has come from CHF for an analytical survey of home birth consumers. who, by that time will not see themselves as a 'fringe' group!

One of the new members of the Management Committee said she was upset when she found out that HBA was a fringe group - she doesn't like belonging to a fringe group and will work to overcome this. She doesn't seem to understand that any group challenging the status quo is a fringe group. Once you are no longer a fringe group you have either ceased to exist or have been completely incorporated into the enemy camp, taken over, subsumed, colonised.

It will be interesting to see whether next year HBA is still an honest-to-goodness fringe group or a respectable part of the establishment!

Joan Donley.

HOMEBIRTH AUSTRALIA 1978 WAS "AN ALLIANCE OF GROUPS, PRACTITIONERS AND INDIVIDUALS"

HOMEBIRTH AUSTRALIA 1991 IS "A CONSUMER ORGANISATION"

DO WE WANT WHAT WE HAVE?

- + HOMEBIRTH PRACTITIONERS NOT ABLE TO SIT ON THE MANAGEMENT COMMITTEE AND THE SPLIT THAT THAT IS CAUSING.
- + MANAGEMENT COMMITTEE TOO SMALL TO ALLOW EACH STATE REPRESENTATION
- + RESTRICTIVE CONSTITUTION
- + CLOSED COMMITTEE MEETINGS
- + NO PROXY VOTES AT THE A.G.M.
- + A CONFUSING MEMBERSHIP/VOTING SYSTEM
- + LOSS OF ORIGINAL AIMS WITHOUT NATIONWIDE DISCUSSION
- + STATISTICS COLLECTION BANK USED TO PRODUCE PAPERS & ARTICLES THAT MAGNIFY NEGATIVE ASPECTS OF THE FINDINGS
- + MEDICAL JOURNAL OF AUSTRALIA (M.J.A.) GIVEN AN ARTICLE BASED ON STATS, WHICH REPRESENT CONSUMERS BIRTHS & PRACTITIONERS WORK...NEITHER ARE PERMITTED TO SEE OR DISCUSS BEFORE PUBLICATION.
- + H.B.A. NOT REPRESENTED ON ANY FEDERAL OR STATE HEALTH COMMITTEE, SO HOW DO WE CREATE CHANGE??
- + GOVERNMENT BODIES ASKED TO WRITE OUR GUIDELINES FOR US, MINUS DISCUSSION OR DEBATE WITH MEMBERSHIP.
- + LACK OF UNITY IN OUR PHILOSOPHY AND LACK OF UNITY OF PURPOSE IN OUR AIMS.

ALL THIS COULD MEAN THAT AUTHORITIES' INTENT ON MAINTAINING A MEDICAL MODEL OF BIRTH ARE IN A STRONGER POSITION TO GOVERN US BECAUSE OF THIS LACK OF UNITY AND THE INTERNAL DISCONTENT.

HOMEBIRTH AUSTRALIA

THE FUTURE

IF WE WANT WE CAN HAVE:-

- + UNITY VIA A CONSTITUTION THAT ENCOURAGES AND SUPPORTS IT'S MEMBERS FIRST.
- + EQUALITY OF ALL MEMBERS.
- + ACTIVE PRESSURE GROUP FOR HOMEBIRTH REPRESENTED THROUGHOUT THE NATION ON STATE AND FEDERAL GOVERNMENT BODIES.
- + FOCUS CLEAR AIMS THAT WE ARE CARRYING THROUGH.
- + VISION THAT HELPS US EXPLORE & GROW IN REGARD TO HOMEBIRTH.
- + AIM TO ALWAYS BE SERVING THE MEMBERSHIP, OPEN TO THEIR INPUT & FEEDBACK.

WHERE TO NEXT ???

- + HOMEBIRTH FOR ALL WHO WANT IT
- + FINANCIAL EQUITY IN BIRTH PER TAX \$\$
- + VOUCHER SYSTEM FOR BIRTH REFUNDS
- + DIRECT ENTRY MIDWIFERY TRAINING
- + H.B.A. NATIONAL HOMEBIRTH WEEK (BIG FOCUS)
- + ALL HBA MEMBERS A VOTE, THEREFORE A SAY
- + TASK FORCES PERHAPS EACH STATE TAKES ON ONE PROJECT WE CAN THEN ACHIEVE MORE

2ND INTERNATIONAL HOMEBIRTH CONFERENCE 4TH - 7TH OCT. 1992

THIS WILL BE A GREAT OPPORTUNITY FOR EXCHANGE & LEARNING.

H O M E B I R T H O R G A N I S E R S F U N D

Graham Gulbranson & Carolyn Young,
436 Richmond Rd.,
Grey Lynn,
AUCKLAND 2.

Dear Home Birth Practitioner,

Very many thanks to all who responded to our invitation to contribute to our joint donation as a token of thanks for the voluntary workers of the Home Birth Association.

An approximate breakdown of the hours contributed to home birth issues by these good people was as follows:

Linda McKay	30 hours a week
Brenda Hinton	10 hours a week
Marjet Pot	8 hours a week

Individuals involved in the Support groups and antenatal classes (Central Auckland, North Shore, East West and South Auckland) contribute approximately 3 hours a week per person. In all a tremendous effort by a consistently hard working group which has been a pleasure to make an acknowledgement of.

A total of \$1,775 was received from everyone which we then divided up according to the hours which had been given. We feel this is an impressive total for a fund which was set up at short notice and your response is very much appreciated.

For those who would have liked to have been involved but were distracted by Christmas there will be another opportunity in 1992. You have all indicated a willingness to contribute at the rate of \$25 per birth, thanks. Again you are reminded that such funding may be needed to be drawn on for negotiating with the Area Health Board also. Please keep a record of your numbers and if donations can be made as a quarterly payment it will make it more manageable for you and us. Cheques should be made out to "Home Birth Organisers."

Again, many thanks for your response and for the enthusiasm given to our suggestion of establishing this fund.

Sincerely,

Carolyn & Graham