20051-5-008

Graham Gulbransen MB ChB Dip Obs

GREY LYNN HEALTH CENTRE
436 Richmond Rd
Tamaki Makaurau
Auckland 1002

Phone 0-9-786 378

Points raised at an informal meeting with Ann Nightingale, Brenda Hinton, Sian Burgess, Ray Naden, John Whittaker, Neil Pattison and Graham Gulbransen; 5pm on 30 October, 1991.

Meeting called to discuss Review Cttee directive 19.4.91 through Miss Nightingale to stop booking planned home births, and for consultant assessment on transfer.

-It was agreed that unbooked patients arriving at NWH are legally 'public patients', and this is an unsatisfactory situation in terms of continuity of care, and goes against the principal of everyone being very clear as to who is responsible for management of the patient.

-We decided that AN should make a written submission to the Review Cttee to reinstate booking at NWH for planned home births, and that her submission be seen by GG and other interested members of the meeting prior to the next Review Cttee meeting (late Nov.). RN gave the opinion that the Review Cttee was very likely to accept our submission.

-Transfers: We agreed that under current directives home birth transfers should ideally

primary practitioner should contact a Team or Private consultant prior to transfer

or failing this, consultants wish to be notified on admission

if unable to contact the preferred consultant within 30 minutes of admission, the primary practitioner should speak to the Team consultant. (A folklore has evolved where the rule for women transferring from peripheral hospitals to be seen by the registrar within 15 minutes of arrival, has been applied erroneously to home birth transfers.)

the primary practitioner manages the labour until the obstetrician is contacted

NP informed us that the NWH obstetricians have met and agreed that they will all visit every patient to be assessed under this system, and that they have all been informed of this

it is the consultant's prerogative to define his/her subsequent degree of involvement in management, this is backed up by the Access Agreement

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(I am not sure what authority this meeting has to make the guidelines above - GG)

AN said she had presented 'a number of home birth transfer cases to the Review Cttee where things had gone wrong'. The R.Cttee saw home birth transfers as high risk patients, the same as transfers from peripheral hospitals.

RN and NP felt that the caesarean rate for home birth transfers of 30% compared to the overall caesar rate of <2% for home birth confirmed their high risk status.

NP said consultants have not been happy about the way home birth transfers requiring caesarean have been 'handed over' to consultants, and that consultants wish to become involved at the point of transfer.

NP indicated that if planned home births were to be booked, then transfer would require honesty on behalf of home birth practitioners - we should call a consultant and not pretend that the labour had been planned for hospital.

SB said she felt comfortable about the requirement to consult on transfer.

GG said that while he agreed with the mechanism of transfer as spelt out above, he reserved the right to make a submission to the Review Cttee allowing the primary practitioner to determine when consultation was indicated, ie a return to the pre-19.4.91 situation.

(Graham Gulbransen, Brenda Hinton and Carolyn Young have begun work on this submission, with the support of the Home Birth Assn.)