
* POSTAGE PAID *
* Christchurch NZ *
* Permit No. 2843 *

Sian Burgess
17 Malvern Rd
Mt Albert
AUCKLAND 3
Subs Paid Up To: 90



New Zealand College of Midwives
PO Box 21-06 CHRISTCHURCH



New Zealand
College of
Midwives

NEWSLETTER

Volume 2, Number 3 : September 1989

NZCOM Journal

Anne Oakley Tour

Biculturalism

BOARD OF MANAGEMENT

Karen Guilliland President
Kathy Anderson Finance Co-Ordinator
Jacqui Anderson
Del Lewis
Julie Hasson
Lynda Batley

NATIONAL COMMITTEE

<i>Lynley McFarland</i>	<i>Northland</i>
<i>Glenda Stimpson</i>	<i>Auckland</i>
<i>Maureen Leong</i>	<i>Waikato/Bay of Plenty</i>
<i>Julie Kinloch</i>	<i>Eastern/Central Districts</i>
<i>Kathy Glass</i>	<i>Wanganui/Taranaki</i>
<i>Carey Virtue</i>	<i>Wellington</i>
<i>Norma Campbell</i>	<i>Canterbury/West Coast</i>
<i>Suzanne Johnson</i>	<i>Otago</i>
<i>Margaret McDonald/ Rosemary Hansen</i>	<i>Southland</i>
<i>Sharron Cole</i>	<i>Parent Centre</i>
<i>Marcia Annandale</i>	<i>La Leche League</i>
<i>Celia Grigg Sowman</i>	<i>Maternity Action Alliance</i>
<i>Marjorie Toker</i>	<i>Nelson</i>

NEW ZEALAND COLLEGE OF MIDWIVES

MEMBERSHIP FORM

Regional Information

NAME : _____

ADDRESS : _____

TELEPHONE : _____ Home _____ Work _____

PLACE OF WORK : _____

TYPE OF MEMBERSHIP:

FULL MEMBER (Registered Midwife Full or Part Time)	\$52.00	<input type="checkbox"/>
FULL MEMBER (Student Midwife or Registered Midwife on Maternity leave or Unwaged)	\$26.00	<input type="checkbox"/>
ASSOCIATE MEMBER (Other interested individual)	\$52.00	<input type="checkbox"/>
ASSOCIATE MEMBER (Unwaged interested individual)	\$26.00	<input type="checkbox"/>
AFFILIATED MEMBER (Other Groups e.g Parent Centre, La Leche League, etc)	\$26.00	<input type="checkbox"/>



National Information

P O Box 21-106, Christchurch

NAME : _____

ADDRESS: _____

TELEPHONE : _____ Home _____ Work _____

PLACE OF WORK : _____

Practicing Certificate Index Number (if Registered Midwife): _____

Type of Membership: Full Associate Affiliate

Name of Group if Affiliate Member: _____

NZNA Member: YES NO

PLEASE FILL IN AND SEND BOTH PORTIONS OF THIS FORM AND MONEY TO YOUR
 LOCAL REGIONAL TREASURER
 NEW ZEALAND COLLEGE OF MIDWIVES

ADDRESS :

From The Board of Management

TEN STEPS TO SUCCESSFUL BREASTFEEDING

A JOINT WHO/UNICEF STATEMENT (1989)

Every facility providing maternity services and care for new-born infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health-care staff.
2. Train all health-care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.
6. Give new-born infants no food or drink other than breast milk unless medically indicated.
7. Practise rooming-in — allow mothers and infants to stay together — 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies and soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic.

Dear Members,

We are sure, now that Spring has sprung, you will all be full of enthusiasm to deal with the latest midwifery issues. Please see your respective chairperson SOON before the enthusiasm passes.

NATIONAL MIDWIVES DAY will probably have been and gone by the time you receive this newsletter. We hope it was a great success for all regions. No doubt more people are aware of midwives and midwifery issues, perhaps even the under fives!

The exciting news is that the NZ College of Midwives Journal will be available from your regional committee from the 01st September. Read on for further information.

The second National Committee meeting has been and gone. It was good to see everyone again and catch up with what's happening in the regions. As usual, a lot of work was generated.

Please note that the NZCOM Biennial Conference dates have been changed to accommodate a more appropriate venue. It is now AUGUST 17,18, and 19, 1990. The incorrect Box Number for the Conference Committee was advertised in the last newsletter. The correct address is:

Conference Committee
Otago Region of NZCOM
P O Box 6243
Dunedin North

Also omitted in the last newsletter were the addresses for obtaining the "MIDIRS": How To Find Out Pack" and a number of the books and videos. These addresses are printed further on in this issue.

Many thanks to the members who have sent articles and information to the newsletter for printing. It makes this job a lot easier plus it's a great way to get your message around the country.

NB: The next newsletter is planned for the beginning of November. A letter will be sent to all regions when a more definite date is known. Apologies for this newsletter being later than anticipated.

Board of Management



NEWS & VIEWS

MAXWELL - Delyth (nee Lewis) and Colin are delighted to announce the arrival of Daniel James. Born at home on August 24, 1989. Heartfelt thanks to all concerned.

Congratulations Del and Colin (Del is one of our hard working BOM members) and a big welcome to Daniel who will be a playmate and diversion for Nicholas at our weekly BOM meetings.



NEW ZEALAND COLLEGE OF MIDWIVES JOURNAL

The Journal is now available from your Regional Committee. The first issue focuses on the beginnings of the College and is full of great reading.

The Journal signifies an important step in the promotion of midwifery in New Zealand.

Cost of 1st Issue - \$4.00

NZCOM Membership

Breakdown of numbers as at 28th August 1989:

Southland	28
Otago	47
Canterbury/West Coast	130
Nelson	36
Wellington	62
Wanganui/Taranaki	53
Eastern/Central Districts	62
Waikato/Bay of Plenty	74
Auckland	224
Northland	23
TOTAL MEMBERSHIP	735

It's looking good, folks!

NZCOM BALL POINT PENS

Don't forget to buy your NZCOM pen from your local committee for \$1.00



0830 - 1000	CONCURRENT SESSIONS Visits to Royal Darwin Hospital Darwin Private Hospital Bagot Community Health Centre Urban Community Health Centre
0830 - 0915	"Birth Without Drugs" Joy Argent & Ann Cholmondeley, Darwin Homebirth Group
0915 - 1000	"Homebirth in Australia: A Viable Option?" Hilda Baston, National Coordinator, Homebirth Australia
1000 - 1030	MORNING TEA
1030 - 1100	"Intervention vs Interference" Barbara Marie Butler, Nursing Lecturer S A I T Adelaide
1100 - 1200	"The Politics of Women's Health" Liza Newby, Private Consultant Phillips Fox, Barristers & Solicitors, Perth
1200 - 130	LUNCH
1300 - 1330	"Pathways for Midwifery Education: Seeking the Wizard of Oz" Nan E Cook Phillip Institute of Technology
1330 - 1400	"Direct Entry Midwifery" Catherine Willis, School of Biological Science Cumberland College of Health Science, NSW
1400 - 1430	"Apprenticeship: The Traditional Approach to Learning" Shea Caplice Independent Midwife, Homebirth Practitioner
1430 - 1500	AFTERNOON TEA
1500 - 1530	"Yesterday's Future - Today's Reality" Margaret H Mabbitt, Associate Director of Nursing (Midwifery) Royal Women's Hospital, Melbourne
1530 - 1600	Closing Remarks Margaret Doherty Assistant Secretary Nursing Department of Health & Community Services, NT

Registration

Please complete and return to:
Teresa Raines - Conference Convenor
ACMI, NT Branch, PO Box 41781, Casuarina NT Australia 0811

Surname GUILLILAND
Given Name KAREN
Preferred name on badge KAREN GUILLILAND
Address 136 SPRINGFIELD ROAD, CHRISTCHURCH
NEW ZEALAND Postcode _____ Phone 559 579

Registration Fee (Lunch, morning/afternoon tea - 3 days)	\$280.00	_____
Early Registrations (Before 30/4/89)	\$250.00	<u>250.00</u>
Daily Registrations (Lunch, morning/afternoon tea incl.)	\$95.00	_____
College based Student Registrations (Proof of full time study required)	\$140.00	_____
College based Student Day Rate	\$50.00	_____
Conference dinner and pre-dinner drinks	\$45.00	<u>45.00</u>
Total		<u>\$295.00</u>

Cheques Payable to: ACMI N.T. Branch

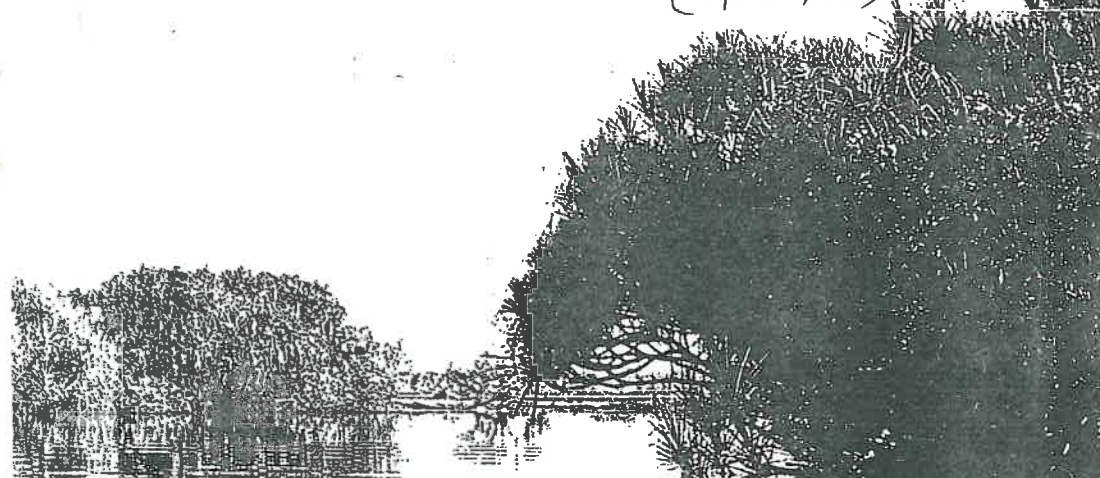
Accommodation

Delegates are requested to book their accommodation through the conference convenor, however individual bookings through the accommodation houses can be made. As accommodation is at a premium during this period, we would suggest that accommodation bookings be made early to avoid disappointment. Please number your choice in order of preference:

Beaufort Hotel	Twin Share	\$110.00	<u>7</u>
Don Hotel	Twin Share	\$70.00	<u>6</u>
	Double	\$70.00	_____
	Single	\$65.00	_____
Darwin Hotel	Double	\$65.00	_____
	Twin Share	\$65.00	<u>5</u>
Peninsula	Studio (6 people)	\$72.00	<u>2</u>
Apartments	Studio	\$63.00	<u>4</u>
	Motel	\$53.00	<u>3</u>
Larrakeyah Lodge	Single	\$35.00	<u>1</u>
	Twin	\$47.00	<u>5 nights</u>

Arrival Date 19th June Departure Date 25th June
Number of nights required 6 nights
If sharing a twin please state the person's name

(Deposit \$70)



NEWS & VIEWS (cont'd)

HOW TO FIND OUT PACK

The How to Find Out Pack is now available. Costing a mere £2.95 this is an invaluable guide to key midwifery books, journals, indexes, databases, and government statistics. It is essential reading for any midwife interested in research or who has to write an essay, give a talk or challenge hospital policy.

The mysteries of libraries are explained and the reader is taken through a step by step guide to conducting a literature search. Helpful hints on how to organise your own filing and retrieval system are also included.

**Address : MIDIRS
Westminster Hospital
Dean Ryle Street
London SW 1P 2AP
ENGLAND**

LACTATION RESOURCE CENTRE, NURSING MOTHERS ASSOCIATION OF AUSTRALIA

- Provides current information on Breastfeeding, subscription is optional.
- Service includes:- library with 5000 Journal Articles, 300 Books, 2000 Breastfeeding Case Histories.
- Computer searches
- Trained staff who are happy to deal with telephone enquiries.
- Subscription includes:- "Breastfeeding Review", NMAA Journal
- Quarterly listings of new information
- Breastfeeding information packs
- Cost : A\$50 and A\$20 for postage.

For more information write to : LACTATION RESOURCE CENTRE, NMAA
P O Box 231
Nunawading
Victoria 3131
Australia

WEDNESDAY 21 JUNE 1989

0800 - 0900 REGISTRATIONS

0900 - 0930 OFFICIAL OPENING
THE RIGHT WORSHIPFUL THE LORDMAYOR OF DARWIN, MR ALEC FONG LIM, AM

0930 - 1030 "The Midwife as an Agent of Change"
Ruth Lubic, Director Maternity Centre Association, New York

1030 - 1100 MORNING TEA

1100 - 1200 "Marketing Midwifery"
Jane Hardwicke-Thompson (Mrs)
Independent Midwife (Private Practice)
Business Manager/Company Director

1200 - 1300 LUNCH

1300 - 1330 "Reflective Midwifery Practitioner-Professional Development"
Mrs Aloisia Sledzik
Senior Lecturer, Coordinator Midwifery Studies
LaTrobe University, Department of Nursing

1330 - 1430 Concurrent Sessions
"Old World Revolution"
Jane Edwards & Robyn Thompson
Melbourne Midwifery Specialist Service
or
"Midwives - Do we Meet Women's/Consumer Needs?"
Ms Marilyn Doobbyn, Lecturer, School of Nursing,
Curtin University of Technology
Ms Chris Massey, Clinical Nurse Specialist, St John of God
Hospital

1430 - 1500 AFTERNOON TEA

1500 - 1530 "Historical Perspectives"
Lesley Barclay, Principal Lecturer, Sturt Campus
South Australian College of Advanced Education

1530 - 1600 "Bringing Pressure to Bear"
Carol Ann McVeigh, Lecturer/Midwife
Department of Nursing, LaTrobe University

1630 - 1700 "Multiculturalism & Midwifery"
Maggie Haertsch, Apprentice to Independent
Midwifery Practitioner, NSW

THURSDAY 22 JUNE 1989

0830 - 0900 CONCURRENT SESSIONS

"The Midwife as a Prenatal Educator"
Mary Cecilia Martin, Lecturer, The University of Wollongong
or

"Appropriate Moral Knowledge: An Area of Concern for Midwifery Teaching Practice"
Mrs Zevia Schneider, Lecturer
School of Nurse Education & Administration
Phillip Institute of Technology

0900 - 1000 "The Midwife as an Antenatal Educator"
Ruth Lubic, Director, Maternity Centre Association, New York

1000 - 1030 MORNING TEA

1030 - 1100 "A Little Bit of Love Goes a Long Way"
Bronwyn Peebles, Queen Alexandra Division of the
Royal Hobart Hospital

1100 - 1130 "What Makes Patient Teaching Difficult in a Post-Natal Ward"
Bev Taylor, Lecturer/Clinician in Nursing
School of Nursing, Deakin University

1130 - 1200 "Physical Examination and the Midwife"
Pauline Glover, Lecturer
School of Nursing Studies, Sturt Campus
South Australian College of Advanced Education

1200 - 1300 LUNCH

1300 - 1330 "When Cultures Clash"
Carol Ann McVeigh, Lecturer/Midwife
Department of Nursing, LaTrobe University

1330 - 1400 "Perinatal Needs of Indochinese Women & Their Families - a Cross-Cultural Study"
Maryanne Loughry, Psychologist, Sturt Campus, S A C E

1400 - 1430 CONCURRENT SESSIONS

"The Agonies & Ecstasies of Practising Midwifery in Remote Areas"
Doris Kubisch, Community Nurse Consultant/Coordinator,
Women's Health, Rural Health
Department of Health & Community Services, NT
or
"Continuing Antenatal Care in Rural Tiwiland"
Elizabeth Fitzpatrick, Rural Community Health
Nurse, St. Gerard Majella's CHC, Bathurst Island
or
"Women's Business - Midwifery in the Bush"
Helen Matthews, Rural Community Health Nurse
Carol Jangalea, Senior Aboriginal Health Worker
Department of Health & Community Services, Maningrida, NT

1500 - 1530 AFTERNOON TEA

1530 - 1800 ACMI ANNUAL GENERAL MEETING,
BEAUFORT BALLROOM

1800 Sunset Pre-Dinner Drinks

1930 Conference Dinner (set menu & drinks includ
Diamond Beach Casino Poolside



Future Events

1. SUFFRAGE DAY

September 19th

2. ANNE OAKLEY TOUR

PROMINENT BRITISH FEMINIST, SOCIOLOGIST AND WRITER, Anne Oakley will be touring New Zealand September 1989. She is well known for her work in the area of women's health and childbirth issues, and for her books "The Captured Womb" and "The Sociology of Housework & Housewife". Itinerary arranged by Dr Sally Casswell, Community Health Department, Auckland Medical School, phone 795 700 (Forum details as follows).

EFFECTS OF SOCIAL INTERVENTION IN PREGNANCY - 19 September
12.30pm - First Floor Lecture Theatre, Nt Women's Hospital, Auckland.

FEMINISM & MOTHERHOOD - 19 September
7.00pm - Lecture Theatre 1.401 Engineering Department, Auckland University.

PERINATAL MORTALITY : A SOCIAL PROBLEM? - 20 September
1.00-2.00pm - Cole Lecture Theatre, Auckland Medical School.

SOME PROBLEMS OF THE SCIENTIFIC METHOD & FEMINIST RESEARCH PRACTICE - 21 Sept.
9.00am-5.00pm - Auckland University Conference Centre.

PUBLIC & PRIVATE LIVES - Women's Book Festival Public Meeting - 22 September
1.00pm - Ellen Melville Pioneer Women's Hall, Auckland.

WOMEN, TECHNOLOGY & REPRODUCTION - 23 September
1.00-5.00pm - Conference Room, 208 Ponsonby Road, Auckland.

CONSEQUENCES OF OBSTETRIC TECHNOLOGIES : SOCIAL, PSYCHOLOGICAL & MEDICAL
26 September. 12.30pm - Nt Women's Hospital, 1st Floor.

WHO CARES FOR WOMEN? SCIENCE VERSUS LOVE IN MIDWIFERY TODAY - 30 September
10.30am-5.00pm - Colquhoun Lecture Theatre, Dunedin Hospital.

Topic to be arranged 2nd October - 2.00pm, Memorial Theatre, Wellington.

SEXISM - DOES IT EFFECT HEALTH CARE? - 3 October
1.00pm - Lecture Theatre, Auckland Medical School.

SOCIOLOGY OF HOUSEWORK REVISITED - 4 October
11.00am-1.00pm - Sociology Department, Room 919, Auckland University.

PROMOTING THE HEALTH OF CHILDBEARING WOMEN/WOMEN & MIDWIVES AN EMPOWERING PARTNERSHIP - 4 October
7.00pm - Marion Davis Library, Auckland Hospital.

CONSUMERISM & THE FUTURE OF THE PERINATAL HEALTH SERVICES - 5 October
10.00-11.00am - Auckland Public Hospital.

BIRTH AS A NORMAL PROCESS : THE SOCIOLOGICAL PERSPECTIVE - 5 October
12.45pm - First Floor Lecture Theatre, Nt Women's Hospital.

The Australian College of Midwife's AGM was short and sharp. There was little discussion - decisions had been made at executive levels and the AGM endorsed these. Amendments to policy statements were ratified.

The open forum following the AGM was interesting - several calls for midwives to become more active in marketing midwifery; concern over midwifery education; the nurse versus the midwife discussion; all of which have been aired in New Zealand midwifery circles.

I venture to say it would appear that overall, we have more consensus on where we think midwifery should be going, more midwives involved in active birth, more consumer involvement and less opportunities for further education.

It was a great conference and I urge everyone to attend the next one in Perth 16-18 September 1991. The Western Australian midwives are expecting us!



*Their Excellencies The Governor-General
and Lady Reeves*

invite

Karen Guillard

to a Reception at Government House, Wellington

5.45 p.m. - 7.00 p.m. on 12 September 1989

Dress: Lounge Suit (or Uniform), Short Dress

*An early reply is requested addressed to the Slide-de-Camp in Waiting
Government House, Private Bag, Wellington*

PLEASE PRESENT THIS CARD ON ARRIVAL AT GOVERNMENT HOUSE

I guess there have to be some perks to being President!

Enjoy yourself, Karen. 😊

Independent practice had been the only midwifery model up until the early 20s and we gave up so quickly! Perhaps the saying "You don't value something until you lose it" can apply here!

The cross cultural papers were of personal interest as I have been investigating learning environments and teaching methods for different racial groups as part of my ongoing tutor training. I was extremely impressed with the women who presented these papers. They gave insights into Muslim, Indo-Chinese and Aboriginal women that were heart warming. These midwives had worked long enough with these women to be able to give us more understanding of the different needs of women from other countries.

Midwife, Helen Mathews, and Aboriginal Health Worker, Carol Jangalea, presented a resume of their work amongst the Aboriginal settlement of Maningrida, Northern Territory. All the midwives working with Aboriginal women expressed their love for these extremely shy, gentle people. Carol talked quietly but with conviction of her role as a health worker even though she told me later she had felt frighteningly nervous facing all those people.

As these sessions were concurrent, I was sorry to miss the other two papers but reports back from Doris Kubisch's session said it was wonderful. Doris spent 22 years working in the outback, mostly with Aboriginal families, and gave a moving account of some of her experiences. The phrase "women's business" pervaded these sessions and many Aboriginal women apparently intersperse their own beliefs with the western approach.

The Conference was not one of challenge - most of the papers presented were non controversial. The most obvious challenge came from Catherine Wills with her call for Direct Entry Midwifery. She presented a reasonably balanced, well researched discussion in my opinion, however, she picked up audience body language and interpreted 3 or 4 people leaving as that of resistance, I presume, as her presentation became more aggressive as she proceeded.

I think, listening to following discussions, that she interpreted this resistance correctly especially from the academics. However, there was strong support from many midwives also. It's interesting to note that the consumers appeared to appreciate the political importance of Direct Entry - something that was lost on many of the more academic midwives, most of whom achieved their qualifications in advanced nursing programmes.

Future Events (cont'd)

- 3. **BIRTH, BREASTS & THE PASSAGE TO MOTHERHOOD** - Shiela Kitzinger
 25 September 1989
 Lecture Theatre B2B
 Auckland University
 7.30pm Cost \$10.00

If there is enough interest, a workshop will be organised on the 26 September.

TOPICS :- *Childbirth and Culture*
Birth and Violence Towards Women
Waterbirth

COST :- \$60.00 (approx), Maximum - 30 persons

CONTACT :- *Lynda Williams*
16 McEntee Road
Waitakere
West Auckland Ph: (09) 8109-442

- 4. **FREEDOM FROM HARASSMENT CONFERENCE**
 9-10 November 1989
 Auckland

The Conference will address issues of equal opportunity and sexual harassment.
Enquiries to: P O Box 6751
Wellesley Street
Auckland

- 5. **NEONATAL SEMINAR : STABILISATION & TRANSPORTATION OF THE NEONATE**
 25 November 1989 08.00am-5.00pm
 Christchurch Women's Hospital

Topics include:- Transport Trends
Aviation Medicine
Panel Discussion

Speakers :- *Dr Rosemary Johnson*
Dr Brian Dallow

Cost :- \$30 (half day registration \$10)

Contact :- *Angela Poat*
c/- Neonatal Unit
Christchurch Women's Hospital
Christchurch phone (03) 644-699

- 6. **1990 NATIONAL HOME BIRTH CONFERENCE**
 Whangarei

Calling for ideas, input, suggestion, fundraising.

Contact :- *Agnes Hermans*
24 Pah Road
Onerahi
Whangarei

Future Events (cont'd)

- 7. **NZ COLLEGE OF MIDWIVES BIENNIAL CONFERENCE**
17-19 August 1990
Dunedin

The Conference Committee are requesting:

- abstracts
- ideas for theme, speakers and workshops
- ideas for fundraising

Enquiries to: Conference Committee
Otago Region of NZCOM
P O Box 6243
North Dunedin

- 8. **INTERNATIONAL CONFEDERATION OF MIDWIVES 22ND INTERNATIONAL CONGRESS**
7-12 October 1990
Kobe, Japan

Deadline for abstracts - 31 January 1990.

Enquiries :- ICM International Congress
Nursing Association International Relations
8-2
5-ChromeJingumae
Shibuya
Tokyo, Japan

- 9. **FOURTH INTERNATIONAL CONGRESS ON WOMEN'S HEALTH ISSUES**
8-10 November 1990
Massey University
Palmerston North

Theme: Women as Health Providers within a context of culture, Society and Health Policy.
- Call for abstracts, due 15 January 1990.

Enquiries:- Fourth International Congress on Women's Health Issues
Department of Nursing Studies
Massey University
Palmerston North

- 10. **AUSTRALIAN COLLEGE OF MIDWIVES 7TH BIENNIAL CONFERENCE**
16-18 September 1991
Perth
Western Australia

'Birthdays Birthways'

While not opposed to physical examination per se, there are inherent problems with forever broadening a role without careful review of the consequences. The question of nursing diagnosis is still a debatable one for some and many midwives also struggle with the problem base approach to a healthy well woman. Once again, however, there was not time to challenge the speaker - she may well have had answers for me.

Both these nurse-orientated papers ironically though, followed Jane Thompson's Marketing Midwifery - there did not appear to be a mainstream consciousness that using the word midwife is a marketing ploy. It doesn't mean under valuing the nurse - just highlights the midwife. Jane is the ACMI's publicity officer and faces a tall order judging by the comments overheard that indicated a lack of understanding of the need to advertise! I couldn't help feeling that the NZCOM's strategies for midwifery consciousness raising could be well utilised in Australia.

All the papers with this political focus contained advice which we have already achieved - most rewarding. Our size and geographical advantage must be acknowledged of course but our commitment to include consumers in the College was something most midwives I talked to had never given a thought. The idea, however, was received with thoughtful agreement.

Liza Newby, a lawyer with the DOH talked about the politics of women's health - very little of which was news to us but the Australian midwives gave her a standing ovation. It obviously touched in the Australian midwife an increasing awareness of the need to politicise [An interesting human factor I note is that the midwives stood and applauded the non midwife for ideas and thoughts that some domiciliary and College midwives had been voicing for years. Is it perceived as more valid coming from a lawyer, do you think?!!]

Jane Edwards and Robyn Thompson gave a fascinating account of their individual response to marketing midwifery. They have started their own business called Melbourne Midwifery Specialist Services and are rapidly becoming successful business women.

Their humorous account of their early days was very easy to listen to. They pointed out how they were not doing anything new and quoted from some venerable Melbourne midwives practicing some fifty years ago to prove their point. It was fascinating if somewhat depressing to realise how rapidly and completely midwives have been subjugated into the hospital system.

Ruth's address was interesting and well presented however for me personally, she provided few new insights. The Birthing Centre concept was obviously new to many Australian midwives and they appeared very impressed. We had very little time for questions or discussion following Ruth's paper (and for all the other speakers too) so I was unable to take up some of the points she mentioned which intrigued me, e.g her findings that the most common birth position women in the birth centres chose was semi reclining.

Both Caroline Flint's experience and my discussions with NZ midwives, is that many women, given a real choice in where and how they labour, tend to birth on all fours or kneeling. Neither was I able to question the birthing centre results which on the face of it were not a favourable comparison with the NZ Homebirth figures. I will be interested to follow this up once Ruth's paper is published.

There were 29 papers presented at this Conference so obviously reviewing them all is unrealistic (I have included the programme however so that any paper that appeals could be posted to you on receipt of a stamped, self addressed envelope and the sum of \$1.00).

Therefore, I have chosen to discuss several which I thought would have general interest. I found the concurrent sessions often included options that were difficult to choose between and consequently, I missed several excellent papers. Such is the way of conferences!

My general impressions of midwifery in Australia, after listening and taking part in many discussions is that educationally, Australian midwives have many more options open to them than do New Zealanders. There was a lot of discussion on the coming change towards "College" Mid education from hospital based programmes. The discussion was almost word perfectly following NZ Midwives discussions and concerns on our transfer of midwifery education to polytechnics in 1979.

Conversely, New Zealand midwives would appear to be much more politically aware and definitely more consultative with consumer groups.

Nursing has a high profile within midwifery - the word nurse was used many times with midwives referring to themselves as nurses. Two papers in particular had a heavy nurse focus, Bev Taylor's "What Makes Patient Teaching Difficult in a P/N Ward?" was a study of nurse-patient relationships. Not a concept that would have gone down well at our New Zealand Conference in Auckland! Pauline Glovers "Physical Examination and the Midwife" was interesting in that it championed physical assessment and using the nursing process as the way to become more autonomous. As what, I ask?

Future Events (cont'd)

11. 2ND INTERNATIONAL HOME BIRTH CONFERENCE 1992
Sydney
Australia

Calling for ideas and input

Open meeting 21 October 1989

77 Albert Drive
 Killara
 NSW 2071

Enquiries: Jane Thompson
 12 Thornton Street
 Fairlight
 NSW, Australia

CAPERS

Childbirth and Parenting Education
 Resources & Services
 P.O. Box 567 Nundah Qld 4012

Tel. 07-266 9573

Books, leaflets, teaching aids, charts, films, videos, baby slings, lambskins . . .

Conferences, workshops and lecture tours by visiting overseas speakers.

Mail or Telephone Order. Credit card facilities.
 Personal shoppers welcome.
 Proprietor: Jan Cornfoot

Articles of Interest

Letter to MPs re Nurses Amendment Act 1989

The following letter was written by Chris Hannah, Midwife from Dunedin, and sent to all Members of Parliament. Chris has received numerous letters of support for midwives professional autonomy from the recipients of the letter.

Congratulations, Chris, it's a brilliant letter.

"Dear

Imagine you are pregnant for the first time. You have had to have this confirmed scientifically by immunological testing and ultrasound, because that's what 'we' do these days. You are, however, sure of your dates.

You then begin a journey through numerous tests, and well meaning health professionals; a doctor who does obstetrics and gynaecology, the practice nurse, the blood technician, the radiographer, the hospital midwife, the antenatal class instructor, the physiotherapist, the dietician, the day ward nurse, the hospital social worker, the hospital surgeon, and trainee intern, and this is before you even give birth.

Now you labour

You travel one hour to reach your base hospital, bypassing two small units on the way. You have been advised by many that it's best to go to town in case you need interventions, your pregnancy doctor only delivers there anyway. After assessing you, the admitting midwife says you are only in early labour. Everything's fine, perhaps you'd like to go home. You stay and doze instead. The shift changes, and the unit gets busier, you don't see anyone for ages, and then another midwife pops in to check on how you are doing. Your GP has rung to see how you are. Five babies have been born since you arrived. Your pains are getting stronger now, and you don't like them. Your partner is not feeling very confident. You wish the ante-natal instructor was here. You go and look for the second midwife, but can't find her. A third midwife offers some help; she suggests a bath. Someone else offers you dinner.

It's beginning to get very difficult now, you think someone should know, and check the baby. You ring the bell, the third midwife returns, and, sensing your anxiety, sits with you for a while, this helps a bit. Baby is checked - he/she is OK. Your GP arrives on his way home from somewhere. He wants to examine you. You struggle onto the bed, and he does this. What about an epidural? he suggests? "Maybe I need one" you think. The midwife questions whether that is what you'd wish. The pains are pretty awful, you'll have one, they are free and safe.

The anaesthetist is quick, and now you can't feel anything from the waist down. You don't see the anaesthetist again. The labour slows, the third midwife explains that this often happens with epidurals. The midwife speaks to the GP and the GP speaks to the consultant obstetrician. He wants a special drip to make more efficient contractions. You won't feel it though because of the epidural. You doze a bit.

/...cont'd next page

Each region reported back on activities surrounding the "Safe Motherhood" incentive. Most countries had tried to do something, usually conferences, seminars or workshops. Australia had funded five midwives to their conference from Papua New Guinea. We were the first country to introduce National Midwives Day.

It was a valuable day, if not daunting, trying to take in all the new information and put incredibly difficult names (that's the monocultural New Zealander coming out!) to faces!

The next Asia Pacific Regional Meeting will be 1st October, 1990 in Japan.

As space is limited, the report on the Western Pacific Regional Conference in Hong Kong will be in the next newsletter.

THE AUSTRALIAN COLLEGE OF MIDWIVES 6TH BIENNIAL CONFERENCE, DARWIN - JUNE 1989

A most enjoyable, stimulating conference and a different experience for me as a full participant rather than being involved in the organisational side.

It has many things to recommend it, not the least of which was the social life! Sharing accommodation with 15 other midwives was reminiscent of student nurse days in the nurses home - we had the most wonderful conversations, some of which are not recordable of course! Mostly, discussions centred on our practice and our beliefs as midwives and there were many comments and opinions voiced which required some soul searching for many of us.

Some of the midwives I shared accommodation with were: a midwife just finishing her PhD in Women's perceptions of their P/N midwifery care; a midwife embarking on her Masters and a midwife from Mt Isa with some fascinating tales of outback midwifery. The adjoining apartments had midwives practicing in all fields of midwifery throughout Australia, but the Western Australian midwives were in predominance. What a social bunch, they were too!!

The conference itself was also a rewarding one with an impressive array of papers covering a range of viewpoints. Ruth Lubic, an American Midwife with an awesome curriculum vitae and the woman responsible for implementing Birthing Centres in her state of New York, was the key note speaker. Auckland midwives will remember her when she visited at Remuera. Incidentally, she sends her regards to those NZ midwives she met during her visit.

/....cont'd

Conference Reports

- by Karen Guillard

THE WESTERN PACIFIC REGION OF THE ICM MEETING HONG KONG - JULY 1989

I finally found the office of the Hong Kong Midwives Association some two hours after I had set out to travel what had looked like a reasonably short distance on the map. I hadn't bargained on the traffic or the language barriers being quite so difficult to overcome when by oneself!

The meeting was attended by midwives representing the organisations from Japan, Australia, Phillipines, Indonesia : Hong Kong. Margaret Brain (ICM Treasurer) was also there from London. The representation was poor as the Western Pacific Region had not been functioning particularly actively and communication breakdowns had been widespread. Those of us who attended however made resolutions to prevent a similar scenario at Japan in 1990. Our first decision was to rename the region the "Asia Pacific Region" as more Asian countries were taking part and wishing to continue involvement in International Midwifery circles. This, we decided, should be acknowledged in our name.

As many of us were new, we had a brief session on the role and function of the region and highlighted actions for the following year. They include:

: Establishment of a regional newsletter four times year, if possible. Chairperson, Cynthia Turnbull (Australia) and Secretary, Ruth Wong (Hong Kong) are to collect items from all member countries. New Zealand will send their newsletters and journal as their contribution (if anyone has any world first happening in their regions of the NZCOM, please forward to us!)

: Increase membership to Asia Pacific region by three country members by October 1990. We hope to contact midwives working in the Pacific Islands and Fiji (we welcome any contact names from NZCOM members).

: If funds allow, it was suggested that countries where midwife is struggling, be sponsored to conferences in the region.

: A contact person for ICM matters be nominated in each country.

: Establishment of an ICM "folder" throughout each member country to raise its profile amongst individual members.

: An economic survey to be collated by Cynthia and Ruth on member countries, e.g average income, employment opportunities, level of education programmes. (We have sent our information through)

: Attempts to strengthen liaisons with other health agencies e.g WHO, UNICEF, etc.

/.....cont'd

Letter to MPs cont'd.....

The drip works well, and about an hour after the fourth midwife arrives, you feel a new sensation in your bowel. Baby is coming down! Your partner wakes up. Pushing begins - it's slow, hard work. You can't feel to push. The mirror helps. The midwife calls the GP, but he doesn't get there in time. You push out a lovely baby, who is delivered by this fourth midwife, a stranger. Baby is OK. A fifth midwife has come in to help, if necessary.

You rest a bit, and then you and the baby go to the post natal ward for five days, where you meet eight nurses during your stay, plus the paediatrician, the orthopaedic surgeon, and the physiotherapist. Each has something different to offer, it's a bit confusing. The GP visits twice, it's nice to see him.

You go home and the plunket nurse visits, you realise that you need a lot of help to manage your baby, how did your Mother cope? Thank goodness it's all free!

Increasing numbers of women, mothers and midwives are rejecting this technology, medicalized, institution based maternity service believing that this service depersonalises, engenders powerlessness and fosters dependency, rather than empowering and strengthening for the important task of parenting.

It is also very costly.

Midwives seek, in the revision of the Nurses Act, an opportunity to redress this situation; to provide health care that is personalised and comprehensive, that is cost effective and community based, that allows the 70-80% of women who bare no significant obstetric risk the opportunity to experience normality in childbearing with the support of known and trusted health professionals.

Please support midwives call for professional autonomy within the review of the Nurses Act.

Yours sincerely,

Chris Hannah
Midwife"

If a doctor picks up a scalpel and cuts open a woman for an abdominal delivery primarily or even in part because of fear of litigation, he is clearly putting his interests before those of the woman as well as the baby.

Marsden Wagner

Pay Equity — What Is It?

Pay Equity is Equal Pay for Work of Equal Value. Traditional women's skills are undervalued and so underpaid.

They are seen as "natural" skills, and an extension of work done in the home, like cooking, cleaning, and caring.

Mens skills are seen as learned or acquired.

Women on average earn 75-80% of a man's wage (about \$100 less per week).

Men in female dominated industries (like service) are underpaid as well.

Pay equity is designed to recognise the traditional female skills by paying them according to their worth.

Pay Equity will provide a way of comparing the skills done in female dominated industries with skills done in traditionally male jobs, then paying according to their worth.

Articles of Interest (cont'd)

The Efficiency of Ultrasound as Treatment for Severe Breast Engorgement

The reason for including the article on ultrasound in the March, 1989, number 4 issue of the newsletter (page 15) was possibly misunderstood. I, like many of the delegates at the International Lactation Conference in Melbourne last year, where the paper was presented, feel concerned about the use of ultrasound for breast engorgement.

Is it taking the place of good breastfeeding management? Should physiotherapists be encroaching on the midwives' role in breastfeeding? In the current health climate of "cut-backs" is it cost effective? Are women coming to believe that such treatment is necessary? Even desirable?

I spoke to some midwives in Christchurch about the use of the ultrasound machine on their wards and the reply was "well, it has always been there...".

In fairness to physiotherapists, the study did show some decrease in breast engorgement but is it significant?

Surely rooming-in, more frequent feeds, attention to correct position or cabbage leaves would do as well, if not better.

I encourage the College to question why some practices, often with unknown long-term effects, are in place in our maternity wards and to examine whether these are interventionist or necessary.

Further interesting information gathered during the Melbourne trial is discussed in Breastfeeding Review No. 13, November 1988.

Marcia Annandale
Consumer Rep - La Leche League



FROM THE NZNA WINTER SERIES ON BI-CULTURALISM

Irihapeti Ramsden - Dept of Education Nurse Advisor

In her role of Educ. Nurse Advisor Irihapeti looks at how nurses are prepared in Technical Institutes, and then sets about changing it. Her task includes the entire country and she holds the position on her own.

She describes maori people as all being anthropologists as they have spent their whole lives observing the other culture.

She has observed that Techs. have cultures of their own and that some are more difficult to penetrate than others.

The seeking of partnership, negotiation & recognition of their culture by tribal people is worldwide and undergoing a global process at present. Maoris are in many ways diametrically opposed to pakehas but they are good chameleons in the way they fit into pakeha culture. Although maoris have very clear differences the education system does not recognise or teach this. It offers instead an amalgamated and assimilated view.

Books & Videos (cont'd)

THE BIOLOGICAL CLOCK - BALANCING MARRIAGE, MOTHERHOOD & CAREER

by Molly McKaughen, 1987; 342 Pages \$7.95
Code : PC4012

This book presents the voices of hundreds of women aged 25-45 who are concerned about when, and if, to have children. The book is revealing and compassionate, addressing a multitude of situations surrounding the choice to bear and raise children.

Well done, Karen

As one of three New Zealanders fortunate to be able to attend the recent ICM 2nd Western Pacific Conference in Hong Kong, I would like to tell you what a very worthy representative KAREN GUILLILAND was for us.

She gave a very dynamic and forthright address on midwifery in New Zealand and where we are heading. She also conducted a workshop and took part in a panel discussion and made us feel proud to stand beside her as New Zealand delegates.

We spent two days of interesting and informative discussion with representatives from 10 Nations. It would appear that obstetric care in New Zealand is of a very high standard compared with some countries and we are envied by many of our less fortunate colleagues. However, I was saddened to realise that in some areas in New Zealand, we are now sacrificing that excellent care for the sake of the dollar.

Congratulations. Karen on a fine effort, on behalf of New Zealand Midwives.

Margaret McDonald
Southland

NOTE: Karen's reports on both the Western Pacific Region of ICM Meeting and the Australian College of Midwives Conference are printed on the pages following..



Books & Videos



SAM - A Video about Premature Birth
by Diane Cohen; 25 Minutes; VHS \$195

SAM explores the psychological impact of a premature birth on a couple. The health professional is placed in the parents' situation of crisis; in desperate need of an opportunity to discuss Sam's treatment and to acknowledge their fears for his outcome.

Enquiries to : Sam Productions
1 Briggs Street
Camperdown NSW 2050
Australia



The following books may be obtained from the International Childbirth Education Assoc.
Please use the order code provided.

ICEA Bookcentre
P O Box 20048
Minneapolis
Minnesota 55420
USA Ph (612) 854-8660

PARENTS, PREGNANT TEENS & THE ADOPTION OPTION
by Jeanne W Lindsay, 1989; 206 Pages \$8.95
Code : TP0109

This sensitive book focuses on the forgotten birth grandparents - those who lose a grandchild through adoption. The concerns and grief of birth grandparents are addressed through the sharing of other grandparents experiences and the acknowledgement of the grandparents' emotional journey during their child's teenage pregnancy.

HOME BIRTH
by Alice Gilgoff, 1988; 192 Pages; \$10.95
Code : PB 1066

This productive and enlightening book addresses issues surrounding planned homebirth, making arrangements and planning for the newborn are all discussed through personal stories and practical advice.

HEALTH PROVIDER'S MANUAL FOR HELPING AFTER PERINATAL DEATH
by Helping After Neonatal Death (HAND), California, 1988; 14 Pages \$3.50
Code : GLO120

Developed by a group that supports families through miscarriage, stillbirth or early infant loss, this short yet comprehensive booklet provides the health care provider with valuable information for supporting parents suffering a perinatal loss. Information on support during the subsequent pregnancy after a loss is also included.

Future Events (cont'd)

We all need to know the deeds of the past so we can have a balanced perspective, as no education system is neutral. We need to know about events such as the 1835 Declaration of Independence which pre-dated the Treaty of Waitangi and was written by maori about maori sovereignty. We need to understand that the pakeha accountability of form filling is like not being trusted and undermines mana.

We also need to look at the warlike jargon used in nursing that came from a warlike time, but is no longer appropriate. For example - combating disease, targeting groups of people, having a blitz on head lice and body defenses.

In maori culture, the disease aspect of the body is very small as their health model is totally different. If the land is OK and doing well and is safe, then they are well. Maori will not be well until their mana and rangatiratanga is restored. When the earth is polluted & the eco-system disturbed then maori health is also disturbed.

Partnership of the future must involve mutual auditing and if pakeha use of maori aspects is wrong it must be removed. Education must change to affirm maori and change the history so maori children no longer need to feel like scrubbing or cutting off their skin.

There must be maori control over maori things - maori health, maori educational facilities, maori old peoples homes and maori birthing centres etc.

Pakehas can help this to be achieved and once maori are set up as a healthy people then we can work in partnership.



SUNDAY  NATION

Home birth prediction stirs docs

Sunday Star 23.7.89

By JOANNA WANE

National Women's Hospital researcher Professor Mont Liggins has caused a stir in international obstetric circles with a prediction that home births will soon be accepted as a fact of life.

He told the British Congress of Obstetricians and Gynaecologists in London that support services must be made available to make births outside hospital as safe as possible.

Liggins, one of three keynote speakers, also predicted that within the next 10 years most births will take place in a more "homely" environment with care provided mainly by non-medical staff.

His comments have been welcomed as a significant change of direction by home birth advocates who say they have battled for years against prejudice and opposition from the medical profession.

One British specialist who attended Liggins' address says his vision of the future caused quite a stir.

"Some consider him a bit of a prophet, but others thought he was indulging in fantasy," she says.

"Home births have hardly been accepted by the medical profession, particularly in New Zealand, but people will listen to what Mont Liggins says." The four-day congress drew more than 1000 people from 52 countries.

Liggins told the *Sunday Star* obstre-



MONT LIGGINS

tricians should feel obliged to back up the home birthing service as far as possible, but greater emphasis must be placed on reliably assessing risk.

"I can see the merit of home birth in terms of satisfaction to the family group, but we are also aware of the fact that out-of-the-blue things can go wrong."

He forsees a division between high-risk patients who will receive sophisticated, hi-tech obstetric care and low-risk patients who may opt for shorter stays in hospital with less medical involvement.

A working party set up by the Health Department is expected to report to the government this year on the options of low-risk women.

The group will concentrate on women's choice including where they give birth, the position they use, who they have with them and ante-natal work.

A discussion paper is also due to be released next month by the Auckland Area Health Board reviewing the provision of maternity services.

Auckland midwife Joan Donley says opposition from doctors to home births remains widespread.

The New Zealand College of Midwives is preparing a submission to Health Minister Helen Clark seeking the restoration of autonomy to midwives in a review of the Nurses Act.

Home births are allowed by law only if a medical practitioner agrees to take responsibility for the woman.

Staff terms

PROFESSOR Liggins predicts (Star, July 23) that maternity care within the next 10 years will be "provided mainly by non-medical staff".

To whom does he refer? Ward cleaners, hostesses, orderlies, dieticians, lab technicians? Or could he possibly mean midwives? If so, I wonder why he appears so reluctant to say so.

JOAN DONLEY
Mt Albert

AU 7. AR 1

Savage out

— British specialist Dr Wendy Savage has withdrawn her application to replace Professor Dennis Bonham at National Women's Hospital. Last month, it was reported that Australian epidemiologist Dr Judith Lumley had been offered the vacant postgraduate chair of obstetrics and gynaecology.

Evening Standard 31-7-89

Midwife tells of 'waste of money'

Ch Ch Press 31.7.89

By DEBORAH McPHERSON
Savings in health services could be made if midwives' skills were better used, said the president of the New Zealand College of Midwives, Ms Karen Guillard, yesterday.

Paying both doctors and midwives to attend normal deliveries at public maternity hospitals was a waste of money said Ms Guillard.

The 1987 Schedule of Fees showed that the Government paid doctors an average of \$617 each through the General Medical Service benefit.

"That includes about 12 ante natal visits, the delivery and post

natal visits for the mother and child," said Ms Guillard. "The doctor gets paid \$245 whether he is at the delivery or not, but the midwives usually do all the work during the labour, because the doctor cannot be there for the whole time."

"We are not saying doctors are overpaid, but both midwives and doctors are trained in normal birth procedures.

"Both would refer abnormal births to a specialist — the obstetrician — so it seems a waste of money to have both being at normal deliveries in public hospitals."

The money saved in paying doctors could be used to establish

midwifery-run maternity services, Ms Guillard said.

Legislative changes to the Nurses' Act was needed to reinstate midwives as practitioners in their own right, she said.

"At the moment it was an offence for anyone other than doctors to take responsibility for delivering babies.

Legislative changes would pave the way for the effective reorganisation of maternity services and help change public attitudes towards birth, Ms Guillard said.

Midwives attending a national meeting in Christchurch on Sat-

Page 6

July 21st 1989

Area Health Board Comment

by Don Borrie

Last week I presented to the Board's Services Committee a background paper on 'Ultrasound' and tabled a paper listing questions on the use of ultrasound by a senior mid-wife who until recently was employed at Wellington Womens Hospital.

Ultrasound is a widely used technique used to study the foetus during pregnancy. During the last year discussions have been held between Professor Hutton and the Board to have ultrasound available at Kenepehu.

Some months ago I became aware that senior mid-wives at Wellington Womens Hospital were becoming uneasy over the widespread use of ultrasound because they knew from scientific literature that a consistent call for caution was being made by leading medical people in the U.S.A, Canada and the United Kingdom.

As a lay person my uneasiness became more acute when I discovered that a simple request by the mid-wives for a multi-disciplinary committee to consider the use of ultrasound was blocked by Clinical School staff who work as consultants at Wellington Womens.

This was followed by the strange coincidence that among the staff redundancies at Wellington Womens were senior mid-wives who had been pressing for the Ultrasound review.

Soon after asking for confirmation at the Board that there was no connection between the redundancies and the Ultrasound debate I received a letter from a senior clinical school doctor involved in obstetrics and gynaecology in which he said the views of the mid-wives were those whose "philosophy embraces not only radical feminism but also misogyny." (The dictionary describes misogyny as a distrust of learning).

Such a prejudicial comment coming from a powerful male doctor concerning views on the safety of equipment used on pregnant women increased my concern. Hence, I persisted in asking questions at the Board and each time I was told by Board Officers that they were unaware of any concern over ultrasound. Some Board members accused me of publicity seeking.

The next step was a request from the mid-wives that he be received as a deputation to the Services Committee. Ella McLeod, Chairperson, refused the request again saying that I was creating public anxiety where it need not exist. That was when I finally decided to present a paper outlining the history of concern over ultra-

sound and to table the paper from Mid-wife Janet Lambie.

The result is that General Manager Karen Poutasi has now been requested to meet the Midwives and prepare a report for next month's meeting of the Services Committee.

I have given you a brief history of this debate because it illustrates a number of problems and disturbing trends in the Board.

Ultrasound is being questioned because of a lack of knowledge of long term effects and poorly trained operators. Cautious medical and nursing people are saying that ultrasound should not be used except for specific medical reasons.

We do not know the extent of use of ultrasound in the Board area. Why has there been the clash between the nurses and the Clinical School doctors? Why wasn't the Board told about the concerns of senior nursing staff? Why can't Board members communicate with staff when Board officers apparently are not in full possession of the facts themselves?

As I indicated in my last column, in hierarchical, top down organisations such as the Area Health Board a tremendous amount of power is in the hands of a few people. Unless the system has a degree of flexibility, with a willingness for open consultation at all levels we will continue to have rages such as has happened with Ultrasound.



Don Borrie