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NEW ZEALAND COLLEGE OF MIDWIVES
P O BOX 21-106
CHRISTCHURCH

NEWSLETTER

Volume 2, Number 4 : November 1989

National Midwives Day

Current Political Issues

Hands On Midwifery Experience

STOP PRESS : Autonomy For Midwives

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Celia Grigg Sowman	Maternity Action Alliance
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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
Full Member (Student Midwife or Registered Midwife on Maternity Leave or Unwaged)	$26.00
Associate Member (Other interested individual)	$52.00
Associate Member (Unwaged interested individual)	$26.00
Affiliated Member (Other Groups e.g. Parent Centre, La Leche League, etc)	$26.00

Method of Payment

Please tick your choice of payment method.

- ☐ Subscription payable to College Treasurer (Please enclose cheque or money order)
- ☐ Deduction from Salary (Please arrange with your pay office)

National Information

Name ______________________

Address ______________________

Telephone ____________ Home ____________ Work

Date of Birth ____________

Type of Membership

Full — Waged ☐ / Unwaged ☐

Associate — Waged ☐ / Unwaged ☐

Affiliate ☐

Place of Work ______________________

Please return completed form (together with money if applicable) to
Local Regional Treasurer
New Zealand College of Midwives
Address:

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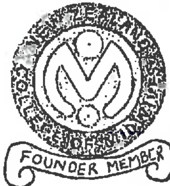

COLOUR :
Lilac with Blue
Gold Anodize

At the previous National Committee Meeting, a badge to identify the NZCOM was selected. To recognise those members of the College who had given support from the very early days, it was decided that their badge would have "founder member" added to it.
A founder member is anyone who joined before 01 April 1989. Therefore, if you became a member on or before this date and would [illegible]e a badge, please order before 15 December 1989. This is very important as once the orders for the founder member badge have been taken, it can never be repeated as the words "founder member" will be removed from the dye.

If you are not a founder member and you would like to order a badge, please do so but it is not necessary before 15 December 1989. Please fill out the form below and send it with payment to : NZCOM
P O Box 21-106
Christchurch
There will be a 6-8 week wait before badges are available.

FROM THE BOARD OF MANAGEMENT

Dear Members,

NATIONAL MIDWIVES DAY was a HUGE success around the country and many regions have sent us the media coverage of their activities for the Newsletter. If any regions have not sent us copies, please do, we'd like you to share it with the rest of the country.

The last two months have no doubt been stimulating and motivating for many with the presence of both Ann Oakley and Sheila Kitzinger in New Zealand. The diversity of topics in Ann Oakley's itinerary looked fascinating and we are sure provoked some interesting discussion. Would anyone who attended any of Ann Oakley's or Sheila Kitzinger's lectures be willing to write an article for the newsletter and share some of this knowledge? I'm sure there were many midwives, women and families who wanted to attend but were unable. Please send to:

NZCOM NEWSLETTER
P O Box 21-106
Christchurch

The call for submissions on the Revision of the Nurses Act was met with a great response from the regions. Writing a submission is not an easy job but it is an important means of ensuring appropriate political and legislative changes. Also, many thanks to members who took time to read and send comments on the Department of Health Policy Recommendations for Pregnancy and Childbirth. Please read on for a closer look at these current political midwifery issues and how we can address them.

The Third National Committee Meeting was held last weekend and was both intense and positive. NZCOM draft position statements were formulated, a number of regional rules and constitutions were accepted, a standardised curriculum for 1990 Midwifery Refresher Course was discussed and many other issues addressed. Your Chairperson will have much to report back on at your next regional meeting.

This will be the last newsletter for 1989 so take care and enjoy the Festive Season.

Board of Management

NEWS AND VIEWS

NEW ZEALAND COLLEGE OF MIDWIVES JOURNAL

Journal sales have been going well throughout the country with many requesting more copies to keep up with the demand. Therefore, if you haven't bought one yet, you had better be in fast!

Congratulations to Judy Hedwig and Helen Monoharan for their endless hard work in getting the first issue to publication. Many thanks to graphic artist, Taffy Pederson-Grant, for her superb journal cover design, particularly at such short notice.

COST OF FIRST ISSUE - $4.00

Available from your Regional Committee.

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CONGRATS LETTER

Dear Judy & The National Committee,

Congratulations on the first issue of the Journal. It made me feel very proud to be part of the College and to see how far we have come in just a year.

The Journal articles are excellent and this will be a wonderful forum for us to share our knowledge and views. The design is beautiful.

Well done and I look forward to the next issue.

Best wishes,

Sally Pairman

==

Statement on Fetal Heart Rate Monitoring

INTERNATIONAL JOURNAL OF CHILDBIRTH EDUCATORS, MAY '89

The intensity and method of fetal heart rate monitoring used during labor should be based on risk factors and delineated by department policy. It has been shown that intermittent auscultation at intervals of fifteen minutes during the first stage of labor and five minutes during the second stage is equivalent to continuous electronic fetal heart rate monitoring. Thus, when risk factors are present during labor or when intensified monitoring is elected, the fetal heart rate should be assessed by one of these methods according to the following guidelines:

1. During the active phase of the first stage of labor, the fetal heart rate should be evaluated and recorded at least every fifteen minutes, preferably following a uterine contraction, when intermittent auscultation is used. If continuous electronic fetal monitoring is used, the tracing should be evaluated at least every fifteen minutes.

2. During the second stage of labor, the fetal heart rate should be evaluated and recorded at least every five minutes when auscultation is used and should be evaluated at least every five minutes when electronic fetal monitoring is used. For low-risk patients in labor, the fetal heart rate may be monitored by auscultation. In such patients, there are no data to demonstrate optimal time intervals for intermittent auscultation. The standard practice is to evaluate and record the fetal heart rate at least every thirty minutes following a contraction in the active phase of the first stage of labor and at least every fifteen minutes in the second stage of labor.

...rt-stay trend alarms midwives

...e trend of sending new ...arly from hospital has ...n Hawke's Bay's post- ... Hawke's Bay spokes- ...ew Zealand College of ...Kinloch.

...octors received a letter ...anagement requesting ...number of days women after giving birth from about five, if medically ...

...id there was no extra provision being made to look after new mothers and children in the community.

"The situation had become frightening," she said.

Public health and plunket nurses were already overworked and were unable to pick up all the extra cases.

Women are being forced to travel to hospital out-patient clinics with their new born children for postnatal care, when they should be attended to in their own homes.

Ms Kinloch has ... board ... funding a community-based midwife service in the area and that midwives have a say in any future changes to the area's maternity services.

President of the New Zealand College of Midwives Karen Guilliland said midwives were taking the initiative in providing community-based services. "In Otago, midwives have submitted a detailed plan to the Otago Area Health Board to provide a midwifery service as an alternative to the closure of Queen Mary Hospital.

Hawke's Bay Area Health Board chairman Noel Toomey said community-based health care was one of the ...sues that would be discussed during board weekend workshop to be h... later this month.

Although it was a national trend to ...duce the number of days a woman sp... in hospital after giving birth, no d... matic changes had recently been ma... in Hawke's Bay, he said.

However, he said, community-ba... health services would probably be ... issue to be d... with after the n... board w... n October.

...nnexe praised

DAILY TELEGRAPH

...rticle in last ...he condition ... Annexe it is true the ...nd overcrowded at ... what I think the article ... that it is the commit... ...nd extra work of the ...pensates for these ...

...at six days there as a ...nd was in a room with ... couldn't speak more ...

...highly of the midwives and nursing staff. Arohaina came highly recommended and lived up to my expectations and more.

I wonder however at the value of using the time of trained, experienced nurses to make beds and change water jugs? Do we ask our bank managers to clean their banks or teachers to clean their own classrooms? At wh... whose cost are the...

NZ midwifery 'excellent'

Sun Star 15.10.89

By JULIE MIDDLETON

"Things are moving fast in New Zealand," says Sheila Kitzinger, wife, mum of five girls, world-renowned authority on women's experience and author of new book *Breastfeeding Your Baby*.

"Your midwifery is excellent, GPs are willing to be involved with home births and there's a patient advocate at National Women's Hospital," says the largely-built and brightly dressed Kitzinger.

"Women in this country are getting a voice," says the writer of highly-acclaimed *The Experience of Childbirth*, *The Experience of Breastfeeding* and *Woman's Experience of Sex*. "They're very concerned to discover everything they can before they have their babies."

During her trip to New Zealand Kitzinger has lectured, assisted at births and been impressed by what she's seen.

Breastfeeding is often frowned upon in public, and Kitzinger says women worry about whether they will be able to breastfeed.

"I think many woman expect it to come naturally," she says. "But you've got to teach the baby to do it. Many women don't have confidence they can do it."

Human milk is best for babies — "it adapts in 24 hours to suit the baby's needs" — as it is safer and more convenient than a bottle, and provides a special sort of emotional commitment.

Some mums worry about physical changes; but Kitzinger says advantages of breastfeeding outweigh the negatives.

Lavishly illustrated, the clearly laid-out book explores the psychosexual process of breastfeeding and offers suggestions to cope with anything from handicapped babies to soreness and sucking rhythms.

The illustrations were taken at a "breastfeeding party" at Kitzinger's Oxford, England, home.

Twenty-five babies and their mothers — including Kitzinger's daughter and her 17-month-old first baby, Sam — spent a long day at the house sharing information and having pictures taken. "They felt part of a sisterhood," says Kitzinger.

A disciplined worker, Kitzinger starts writing at 5.30 every morning. She dictates into a tape recorder and her secretary returns the transcript for more work. Kitzinger says this is what gives her writing its chatty, human edge.

● BREASTFEEDING YOUR BABY, Sheila Kitzinger, Doubleday, $34.95.

NORTHERN ADVOCATE 22/9/89

women's service development group, the Home Birth Association, the Parents' Centre and others who lobbied for the service.

The board's medical officer of health (head of community health services) Dr David Sloan, welcomed the contract which he call... ...sible...

...ff member Ms M...

Taranaki Base Hospital is proud to announce the opening of their new birthing suite, now available to all expectant mothers and their immediate families.

The idea of a birthing suite was discussed many tims by charge nurse Barbara Sowry and her staff ... of the delivery unit if there was any way in which they could help.

"I said no to delivery unit equipment, but showed the Lions the old nursery and told them what we would like to accomplish" said Ms Sowry.

"The Lions were only too delighted to help, and two ...

... home birth option but still want the safety and security of the hospital," says Ms Sowry. "Also many mothers only come in for a very short stay and then go home and have a midwife attend them at home. This suite is going to be ideal for this type of family".

Boys and their toys

N.Z.H. 12.10.89

Sir,—Rather than bemoaning the closure of St. Helens, energy should be directed towards demanding more community-based midwifery services. Many women are discharged from hospital within a few days of delivery and the follow-up midwifery service they get (unless visited by a home-birth midwife) is seriously inadequate, with hospital-based midwives attempting to visit as many as 18 women in one day.

At the same time there should be provision of a home-help service for women who do not have enough support at home in those first few exhausting weeks, either after a home birth or an early discharge.

Your correspondent Ann Clark states that women at 18 weeks of pregnancy have a scan and talks of queues for scans or paying $75 for a private scan.

The World Health Organisation is against routine scans, recommending that they be done only when really necessary. Women with sure dates which match clinical findings do not need scans, especially as there is no conclusive evidence that scans are totally harmless.

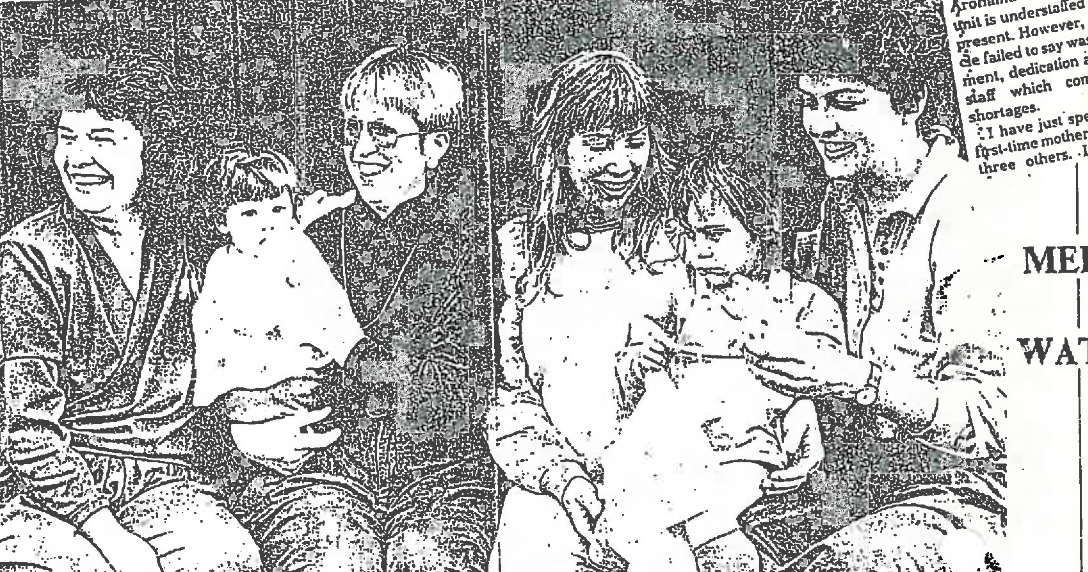
So the imminent closure of St Helens is not to blame for bigger scan queues. Blame the boys and their dependence on their technological toys for wasting time and money doing countless, unnecessary routine scans.

Mary Hammonds.

St Johns.

'Smoking increases pregnancy risks'

NZPA-Reuter Stockholm



☐ The two midwives who will be offering the domino option, Lyniey McFarland, left, and Feliz Barnett, far right. With them are Jane Scripps of Whau Valley with daughter Anna, and Julie Aperahama of Ruakaka with daughter Jardena beside Ms Barnett.

At the launching party of the new service, Mrs McFarland said: "We know from our experience how much good birthing influences our ability to cope as mothers.

"We have seen how well women in New Zealand can give birth at home, partly through having the support of midwives they know.

"This new service will give women who would still like a hospital birth some of the same benefits, through the con-

Party launches domino optio

It was a good party. Some of the guests slept, some ran squealing round the car-yard chased by a boy with a toy gun and some lay under the tables eating muffins and sandwiches.

All around the grown-ups, mostly women, were in a quietly jubilant mood celebrating the official start of a new service with a name like the title of a Robert Ludlum novel — "The Domino Option".

A New Zealand first, domino is a contract arrangement between the Northland Area Health Board and independent midwives to provide a short-stay hospital birth with continuity of care before, during and after the birth.

Domino is an acronym of the words "domiciliary (home) in-and-out".

The arrangement caters for women who do not want a home birth but who wish to spend as short a time as possible in hospital, and be attended throughout by someone they know rather than a variety of personnel on shift work.

As in home births, midwife and birth domiciliary checks. The same midwife stays with the mother during labour and birthing in hospital and later makes post-natal home visits following the early discharge.

The first practitioners are Lynley McFarland, formerly afternoon supervisor on the base hospital's obstetric ward, and Whangarei's domiciliary (home birth) midwife, Feliz Barnett.

Both have signed "a domino contract", under which they may use the hospital's delivery suites.

It is similar to a general practitioner's contract, except that the Department of Health pays doctors for delivering babies, and the board pays the independent domino midwives.

But just to complicate things, the department pays for the midwives' domiciliary care — not the board.

It adds up to the same free service that all women having babies in New Zealand are legally entitled to.

Mrs McFarland currently has about six clients and hopes eventually for a

Ms Barnett will continue to delive babies at home, topping up her cas load with "dominos", and the tw women will provide back-up support fo each other.

Formalities were minimal at the ver informal lunch party, held at the Hea ing Association rooms in Whangarei.

Mrs McFarland read a telegram fro the New Zealand College of Midwive sending "warmest wishes and co gratulations to consumers and all co cerned on the success of their lobbyin which has resulted in achieving Ne Zealand's first official domin scheme".

Women were working all around th world for better birthing facilities, sh said, and many were concerned at th increasing drive toward intervention birth.

In England Caesarians had increase from four to 11% of births, and in Ne Zealand from the same level to abo nine per cent.

She thanked the area health board fo

ROLE OF THE MIDWIFE

as described by the Tao Te Ching, 2500 years ago.

"You are a midwife: you are assisting at someone else's birth. Do good without show or fuss. Facilitate what is happening rather than what you think ought to be happening. If you must take the lead, lead so that the woman is helped, yet still free and in charge. When the baby is born, the mother will rightly say, we did it ourselves!".

The Midwife Challenge, ed Sheila Kitzinger, Pandora, 1988

****

CONGRATULATIONS! WELL DONE! GOOD ON YOU!

Whilst the Health Service cuts have led to many senior midwives losing their positions, it is gratifying to note that the Taranaki Area Health Board has recognised the worth of a midwife. Congratulations to Kathy Glass who was appointed Manager of Women's Health Service, June 1989.

The people of Canterbury have recently recognised Karen Guilliland's commitment to public health with her election to the Canterbury Area Health Board in October 1989.

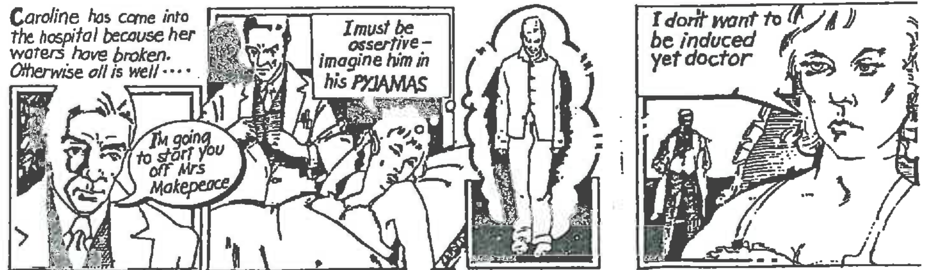
########### ###########

RECENT BIRTHS

GILBERTSON - Tina and Jamie have a fine son named Callum. He was born at home on August 30,1989 and weighs 7lb 11oz. We are all well and happy. Thanks to Sally for wonderful "Midwife Support" Thanks also to Glen and Megan.

MARTIS - Ruth and Clive have a new baby daughter, Annie Ruby Ruth, born at home on 28 August 1989 and weighing 3750g. Ruth commented on how wonderful the birth was without any need for interference.

########### ###########



FUTURE EVENTS

[1] MIDWIFERY SEMINAR : SHARING AND CARING

18 November 1989
C.18 Lecture Theatre
Waikato Polytechnic, Hamilton

Topics include : The Midwife as an Independent Practitioner
Mana for Maori Women
Domino Scheme
Empowering Postnatal Women
Adopting Grandparents Scheme

Cost : $25.00 (half day registration $10.00)

Contact : Val Rossiter
c/- Ward 52, Waikato Womens Hospital
Private Bag, Hamilton

[2] NEONATAL SEMINAR : STABILISATION AND TRANSPORTATION

25 November 1989 08.00am - 5.00pm
Christchurch Womens Hospital

Topics include : Transport Trends
Aviation Medicine
Panel Discussion

Speakers : Rosemary Johnson (Paediatrician)
Brian Darlow (Paediatrician)

Cost : $30.00 (half day registration $10.00)

Contact : Angela Poat
c/- Neonatal Unit, Christchurch Womens Hospital
Christchurch
Phone (03) 644-699

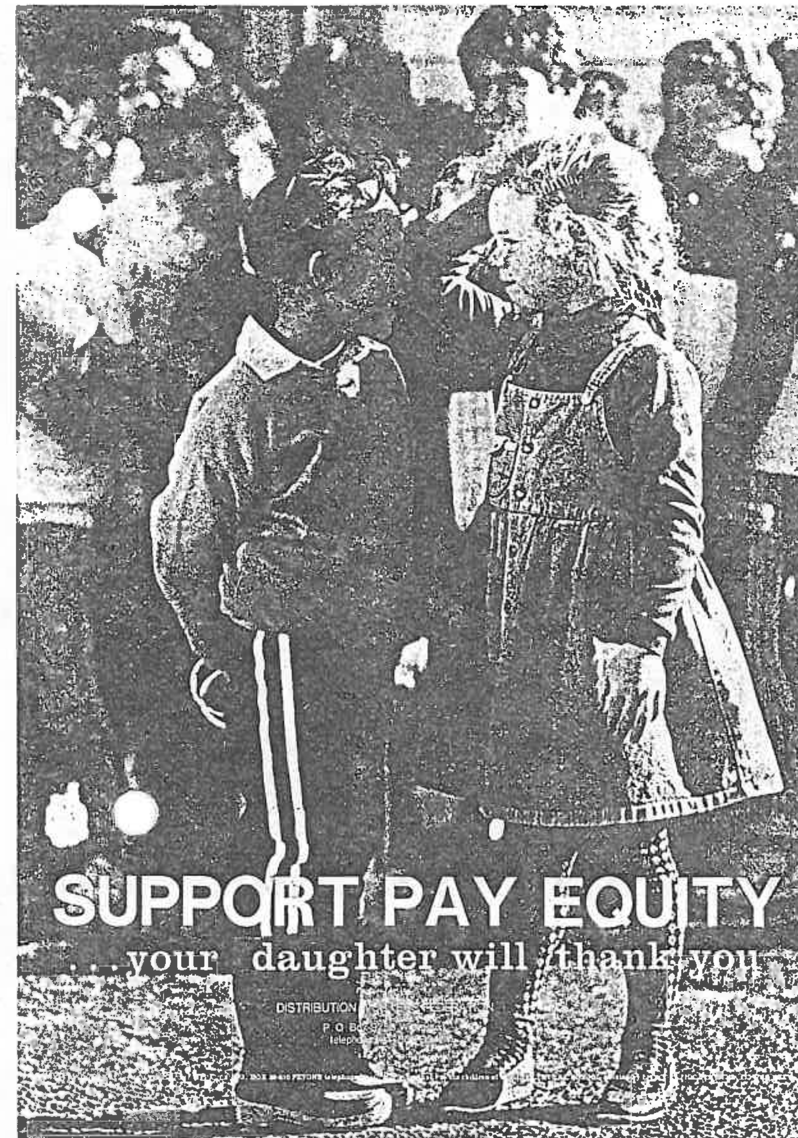
[3] MIDWIFERY SEMINAR : UPDATE ON MIDWIFERY PRACTICE

01 December 1989
Monash Medical Centre
Melbourne, Australia

Topics include : Care of Women in a Community Midwifery Centre
Episiotomy Research
Community Midwifery and the Impact of Early Discharge

Cost : $40.00

Contact : J Greenhalgh
Education Resource Centre
Monash Medical Centre
Locked Bas No 29
Clayton 3168, AUSTRALIA



Pakeha view of evidence 'ironic'

CHCH PRESS 16-8-89

Pakeha New Zealanders' scepticism towards Maori oral tradition is ironic, says Ngai Tahu's senior legal counsel, Mr Paul Temm, Q.C.

European culture had a "strange veneration for the printed word," Mr Temm told the Waitangi Tribunal yesterday.

"Even though a record is not made for many years after an event, people will put more weight upon what someone said 60 years after the event than what somebody's grandfather told him when the child, now an elderly man, was standing at his grandparent's knee," he said.

"There is an irony in this. We all know our family history. We do not quesiton for a moment what we were told by our parents and grandparents of where they were born, who their parents were, what work they did, and how they came to New Zealand.

"But when a Maori New Zealander stands up to give the same family history from the point of view of the tribe to which he belongs, pakeha New Zealanders look upon what he says with reserve, scepticism and often open disbelief."

Mr Temm gave his summary of Ngai Tahu's Otakou (Otago) claim, one of nine claims, at the Tuahiwi marae yesterday morning.

Given pakeha New Zealanders' perspective on Maori oral tradition, it was fortunate Ngai Tahu did not have to rely on oral traditions to establish the validity of the Otakou claim, he said. The evidence was clearly seen in papers written by pakeha administrators, revealing in detail what people said and events which occurred.

Through these documents it was clear that the Crown had failed to protect Maori interests as promised, said Mr Temm.

VACANCIES

NORTHLAND AREA HEALTH BOARD NORTHLAND BASE HOSPITAL, WHANGAREI

This is an opportunity to work in an innovative Delivery Suite where we are developing a Domino Scheme to suit New Zealand women. The above position is full time rostered duties including some night duties.

Applicants must be a Registered General and Obstetric Nurse and Registered Midwife or Registered Comprehensive Nurse and Registered Midwife, with recent Delivery Suite experience.

Further information is available from the

Charge Nurse
Delivery Suite
Northland Base Hospital
P O Box 743
Whangarei

Northland Area Health Board is committed to developing Equal Employment Opportunities.

DOMICILARY MIDWIFE

Domicilary Midwife wanted by Flegling Home Birth Association in Blenheim.

For further information, please write to :

Caroline Carruthers
Marlborough Home Birth Assoc
22 Monro Street
Blenheim

or

Telephone (057) 86024

MIDWIFE DELIVERY SUITE
Taranaki Base Hospital

We are currently seeking a Midwife to work in an innovative delivery suite.

The appointee will be expected work rostered shifts. Either full or p ime applications will be consider...

Applicants must be RGON or RCPN and a NZ registered midwife with recent delivery suite experience.

Application forms and conditions of appointment are available from the undersigned.

THE EXECUTIVE OFFICER
PERSONNEL
Taranaki Area Health Board
Private Bag
NEW PLYMOUTH

Enquiries to Kathy Glass, Manager Women's Health Service
Phone (067) 36139 Extn 7993

Cartoon drawn for MIDIRS by Ros Asquith

[4] 1990 NATIONAL HOME BIRTH CONFERENCE

Whangarei

Calling for ideas, input, suggestions, fundraising.

Contact : Agnes Hermans
24 Pah Road
Onerahi, Whangarei

[5] NEW ZEALAND COLLEGE OF MIDWIVES BIENNIAL CONFERENCE

17-19 August 1990
Knox College
Dunedin

Theme : "Women in Partnership"

Speaker : Marsden Wagner
Director, Maternal & Child Health, WHO

The Conference Committee are requesting :

- abstracts
- ideas for further speakers and workshops
- ideas for fund raising

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

[6] INTERNATIONAL CONFEDERATION OF MIDWIVES 22ND INTERNATIONAL CONGRESS

7-12 October 1990
Kobe, Japan

Theme : "A Midwife's Gift - Love, Knowledge & Skill"

Abstracts : Deadline 31 January 1990
Full Papers: Deadline 30 June 1990

Registration Fee : Y50,000 (NZ$602) before 15 June 1989
Y55,000 (NZ$663) after 15 June 1989
(Exchange Rate of Y83 - NZ$1 on 1/10/89)

Enquiries : ICM International Congress
Nursing Association Internationa Relations
8-2 5-Chome, Jingumae
Shibuya-Ku
Tokyo, Japan 150

or Board of Management
P O Box 21-106, Christchurch

[7] 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"

Abstracts due : 15 January 1990

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

[8] AUSTRALIAN COLLEGE OF MIDWIVES 7TH BIENNIAL CONFERENCE

16-18 September 1991
Perth
Western Australia

Theme : "Birthdays, Birthways"

[9] 2ND INTERNATIONAL HOME BIRTH CONFERENCE 1992

Sydney
Australia

Calling for ideas and input

Enquiries : June Thompson
12 Thornton Street
Fairlight, NSW Australia

Government agrees to home birth payments

15-6-89

SYDNEY: Women are to be given a Federal Government handout to have their babies at home, despite warnings that more babies will die as a result.

The Government yesterday decided to support an Australian Democrats amendment to health legislation to provide financial support to women who give birth at home.

The Minister for Health, Dr Blewett, is examining ways of covering the cost, but he has ruled out extending Medicare to pay for midwife services.

Only one in every 200 women chooses home births with the average cost $1000.

But the Royal Australian College of Obstetricians and Gynaecologists said yesterday any measure which encouraged women to give birth at home was potentially dangerous.

The president of the college, Dr John O'Loughlin, said the Government had been badly advised.

He said there was ample evidence to show the mortality rate for babies born at home was "significantly higher" than for babies born in hospital.

"More babies will die — it's as simple as that," he said.

And he said that of even greater concern was the untold number of babies born with brain damage and other abnormalities as a result of the home birth process."

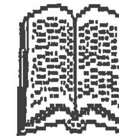
The national co-ordinator of Home Birth Australia, Mrs Hilda Bastian, angrily denied suggestions of a higher mortality rate for home births.

"The National Health and Medical Research Council published a report in 1987 saying there was no scientific evidence to justify the concern about the safety of home births," she said.

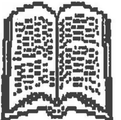
"It is wrong for the college to suggest home birth mothers place the lives of their babies at risk".

"The standard of midwifery in Australia is extremely high. There is simply no evidence that home births are more dangerous."

Mrs Bastian said the community would save an average $2000 if women chose home rather than hospital births.



BOOKS, BOOKS, BOOKS



The folllowing books are available in book stores throughout New Zealand.

HOMEOPATHY, THE FAMILY HANDBOOK
by The Homeopathy Development Foundation, Unwin Paperbacks 1987. $17.95

This book is designed to be used by the newcomer to Homeopathy. Chapters within the book cover the history of Homeopathy, Homeopathic First Aid, selecting remedies by symptoms and includes good basic advice e.g when to call for medical assistance. Although written for the British consumer, potencies can be easily converted for NZ use.

THE NEW BABY AND CHILD
by Penelope Leach, Michael Joseph Ltd, 1988. $32.95 [P/back] $59.95 [Hardcover]

This is the revised version of this popular book. It is 10 years since the original was published. The book covers infant and child care up to five years.

THE NEW PREGNANCY AND CHILDBIRTH
by Sheila Kitzinger, Doubleday, 1988. $34.95 [Paperback]

Another very popular book which has been recently revised. It is a comprehensive guide to pregnancy, labour and early parenthood.

WOMEN'S WORTH
by Clare Burton with Raven Hag & Gay Thompson, Govt Publication. $9.95 [P/back]

WOMEN'S WORTH makes important recommendations, particularly in the context of Equal Employment Opportunity and Affirmation Action Programmes for changing the ways the work of women is perceived, described and evaluated. It is essential reading for all women in the workforce.

TOWARDS EMPLOYMENT EQUITY
by The Working Group on Equal Employment Opportunities & Equal Pay, Govt Publication. $9.95 [Paperback]

Equal Employment Opportunity is not a reality for all New Zealanders. Improving the social and economic status of women is a major policy commitment of the Government. Towards Employment Equity promotes discussion as to the best means of achieving that objective.

THE PILL PROTECTION PLAN
by Gillian Matthew & Shelley Silver, Thomsons Publishing Grp. $13.95 [Paperback]

First sold in the 1960s, the Pill is now prescribed to over 150 million women worldwide. This is the first user's guide to the Pill, how it works and its impact on your health.

APPENDIX I

ANNEX II

ACTION STATEMENT BY THE INTERNATIONAL CONFEDERATION OF MIDWIVES

THE INTERNATIONAL CONFEDERATION OF MIDWIVES AT THE COUNCIL MEETING held on 25th August 1987, adopted the following recommendations from the joint ICM/WHO/UNICEF PRE-CONGRESS WORKSHOP, held in the The Hague on 21st - 22nd August 1987:

- that in countries, where there are none, midwifery associations should be formed, in order to enhance the health of mothers and babies, by sharing of information, the support of individual midwives, the analysis of the situation in their country and to develop appropriate strategies to achieve the goal of "Safe Motherhood"

- that ICM, WHO, UNICEF, in collaboration with and where possible FIGO, ICN, IPA, IWC, IPPF, WCC, CICR and others "in the team" hold joint regional workshops within the next triennium, in order to assist in achieving the goal of "Safe Motherhood"

- that the midwives of the developed countries express their full support for and solidarity with midwives in developing countries, where the maternal mortality and morbidity is greatest, in their efforts to achieve "Safe Motherhood" for the families of their nations.

Hong Kong Conference Ballroom, 1989

MIDWIFERY CURRENT POLITICAL ISSUES

One of the most positive events for midwives over the last year has been the assignment of the Health Portfolio to Helen Clark. The new Minister of Health has listened to the requests by women to reinstate the traditional role of the midwife; is aware of the cost effectiveness of midwives in both midwifery care and birth outcomes; and has acknowledged the NZCOM's commitment to women with consumer participation and consultation.

PROFESSIONAL AUTONOMY FOR MIDWIVES

The first issue to be addressed was the return of professional autonomy to midwives, a matter which had been incessantly lobbied for a number of years by midwives and consumers.

David Caygill had acknowledged his support for this issue but Helen Clark actioned her support. Consquently, the issue of professional autonomy will be presented to Parliament on Thursday, 09 November 1989. By the time you read this, we will know the response. Great news, isn't it?

Although the Nurses Act 1977 and Amendments 1983 were due for revision at the end of 1989, Helen Clark had seen midwifery autonomy as priority, pushing the issue through earlier as an Amendment to the Nurses Act 1977.

REVIEW OF OCCUPATIONAL LICENSING

On December 17 1987, Geoffrey Palmer announced there was to be a Review of Occupational Licensing and the Working Party on Occupational Regulations was formed. The Nurses Act 1977, Amendment 1983 would be reviewed by this working party. The deadline for submissions for Review of the Nurses Act was the end of August 1989. Despite the fact that the issue of professional autonomy had already been addressed there were many other issues of equal importance that we now had the opportunity to appeal (plus continuing to lobby for professional autonomy).

Submissions sent by the National Body and the Regional Committee were well researched, detailed documents, in particular the Auckland Region submission. The recommendations made in the submissions included:

- The title "midwife" be legally recognised
- "Nurses Act" be known as "Nurses and Midwives Act"
- Register of Midwives be retained and remain separate
- The midwife be legally defined as an autonomous practitioner in accord with the WHO/ICM definition of of a midwife.
- The NZCOM be recognised as the midwives professional regulatory body.
- Legal provision be made for NZCOM nominated midwife advisors to Ministry of Health.
- Removal of nursing pre-requisite for entry into a midwifery course i.e Direct Entry Midwifery.

Complimentary submissions were also sent by Save the Midwives, Home Birth Associations, La Leche League and Parents Centre.

Last month a delegation from the NZCOM were invited to discuss these submissions with the Occupation Regulation Working Party. They felt they were given a fair hearing and were hopeful for the outcomes.

In order to aid the Parliamentary Select Committee's understanding of these important issues and reinforce the Working Party's recommendations, the NZCOM has been advised to visit local MPs and send off further submissions to this Select Committee. These submissions need to be basic, direct document particularly addressing the safety of their scope of practice and autonomy for all midwives, not just domicillary.

Regional Committees will be co-ordinating these submissions and need to be completed as soon as possible. This is our biggest opportunity so far to ensure appropriate changes are made to the Nurses Act therefore please offer your assistance to your Regional Committee.

DEPARTMENT OF HEALTH POLICY RECOMMENDATIONS FOR PREGNANCY AND CHILDBIRTH

Early in 1989 the NZCOM was asked for a representative to assist in formulating a protocol on "Safe Options for Low Risk Childbirth". Karen Guilliland represente the NZCOM, Joan Donley and Bronwyn Pelvin represented the Domicillary Midwive Society.

The completed document would be used as a guideline for GPs and obstetricians in assessing the need for consultation or referral of a woman. Therefore, as autonomous midwives, it would also dictate our scope of practice.

The document has since been renamed the Department of Health Policy Recommendation for Pregnancy and Childbirth and is presently in the eighth draft.

Input has been obtained from both professional and consumer groups resulting in an excellent comprehensive document. Once the final draft is completed, it will be opened to the public for further submissions.

For further information on the Revision of the Nurses Act or the Department of Health Policy Recommendations for Pregnancy and Childbirth, please write to NZCOM

P O Box 21-106
Christchurch

STOP PRESS

AT 3.30PM ON THE 9TH NOVEMBER, HELEN CLARK PRESENTED THE NURSE ACT AMENDMENT BILL TO PARLIAMENT TO RETURN PROFESSIONAL AUTONOMY TO MIDWIVES. THE AMENDMENT WAS SUPPORTED BY BOTH THE GOVERNMENT AND THE OPPOSITION AND WAS THEREFORE ACCEPTED AT THE FIRST READING. THE AMENDMENT HAS NOW GONE TO THE SOCIAL SERVICES SELECT COMMITTEE FOR FURTHER SUBMISSIONS.

NOW IS THE TIME TO LOBBY YOUR MP, WRITE THOSE SUBMISSIONS AND CONTINUE EDUCATING THE PUBLIC RE THE SCOPE OF MIDWIFERY PRACTICE, SUPPORTING WOMEN AND BEING WOMEN'S ADVOCATE.

Report - Western Pacific Conference cont'd

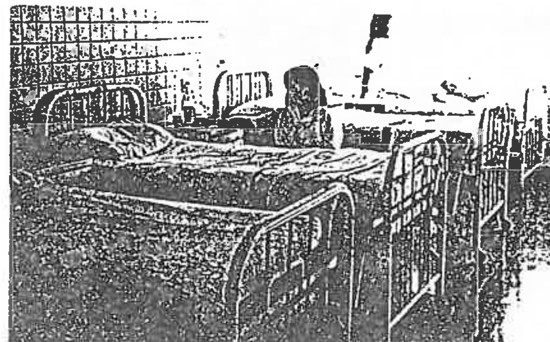
Once finished, we all reported back to the conference. The other workshops called for the following:

- Research into different midwifery curricula including entry requirements.
- Research into an adequate midwife/population ratio
- All curricula include assessment of cervical dilation and use of the partogram
- A universal definition of morbidity
- Education of adolscents in sexuality
- Urge Governments for funds to primary health care
- Properly equipped health centres
- Midwives assentive in implementing breast feeding
- Urge Governments to provide vaccination of Tetanus and Rubella
- All midwifery associations urge their Governments to make planned parenthood programmes available.

The Closing Session was a tearful one as the Hong Kong Midwives thanked and presented plaques to every person who had been involved in the organisation and presentation of the conference. Names and gifts were exchanged and hundreds of photos taken. I was a particular hit in the photo department, not, I might add, for my wondrous beauty but for the length of my 5"11" frame. The Phillipino midwives must have single handedly supported the photographic industry for an entire two days, processing all their photos of me and my largeness surrounded by their tiny, beautiful smallness!

I had a wonderful time and I thank the College sincerely for the opportunity to attend. I am totally convinced of the importance of international networks. Not only do we have a lot to learn from other midwives but NZ midwifery has an enormous amount it can contribute to other countries that will help achieve their aim of Safe Motherhood for all.

Karen Guilliland
President, NZCOM



Ante Natal Ward, Hong Kong

Margaret McDonald, Me, Mary Adam

Report - Western Pacific Conference cont'd

I sold copies to Japan, Phillipines, Hong Kong, Darrussalam and an order of 10 for UNICEF India.

The following day midwives presented papers on a range of topics including Midwifery Education and Primary Health Care. I presented my paper on NZ Midwifery and the consumers role in the formation of the College of Midwives. [A very abridged version was published in our Journal].

I was conscious that NZ could afford to take quite different directions in midwifery when our maternal and perinatal mortality rates were low. Margaret Peters as chairperson referred to it as the western, liberal approach, and rightly so.

The workshops in the afternoon had the task of setting strategies to reduce maternal mortality. As moderator, I could only go to that session which was disappointing. The women at my workshop were mainly Japanese, Phillipino and Indonesian. Fortunately for me, two Australian midwives also attended and they were able to help with language barriers. Since the Japanese and Indonesians spoke little English, we had to break up into language groups and then get one midwife who could speak English to report back.

I was stunned by the stories some of these women told us about the lack of status women have in their countries. Whilst loyal to their origins, they spoke quietly but matter of factly about their often total subversion to the male way. Professor Cheiko Nohno explained the difficulties she had in getting women to seek help even for major complications of pregnancy in case they were to upset their partners.

The Indian women explained how the low status of the young wife often made life unbearably miserable and frightening for them. The Phillipino women showed quite a different stance. The election of a women President had inspired them, they said. They certainly were a dominant and vocal force at the conference - they wanted change in their country, they wanted it quickly and they were convinced they were going to get it.

All the midwives at the workshop saw taking an active role in politics as the quickest and most effective way to improve the status of women. All were talking about going home and standing for President!! Many felt that the midwife was a high status person amongst women but not amongst the society at large. Education was seen as the means to increase women's status. Because of the diversity of cultures it was difficult to make strategies in which it would be appropriate for all midwives to undertake.

We decided that lobbying government and health authorities through women's [and where possible, men's] networks was universally possible so our action statement was : "Every midwife and midwifery association belongs or participates in at least one community group or organisation".

THE FUTURE OF THE NEW ZEALAND COLLEGE OF MIDWIVES - A DISCUSSION PAPER
by Sally Pairman

The Conference in August 1988 saw the formation of the New Zealand College of Midwives. Over a year later, the College is well established throughout New Zealand. We have a National Constitution, the regions have theirs. National Committee meetings are taking place and the Board of Management is working very well together. Newsletters keep us in touch and we have just had our first journal published.

We are accepted by the ministers, government departments, NZNA and midwives alike, as the official voice for midwives in New Zealand.

We liaise with many consumer groups and are developing professionally in partnership with women. Our membership is increasing rapidly, our profile is high and we have much to be proud of. However, we must not stop here. In these times of tremendous changes in the health, education and social systems, midwives require increasing political awareness and the ability to be positive and responsive to change. With maternity hospitals closing down around us, major changes in the health and education department and potentially huge changes to maternity and health services with amendments to the Nurses Act, there is much to be done.

The College needs to be right there influencing amendments to the Nurses Act to regain our autonomy as midwives, planning for a future where we can regulate ourselves, run our own educational programmes and respond to changes in the health system with innovative ways of delivering midwifery care.

My concern is that the present functioning of the College does not easily enable us to be in the forefront of these changes. I am impressed at how much we have been able to achieve, but am also aware that it is largely due to the commitment of a few people.

As women, we all have many roles - not just as midwives, but as mothers, partners, friends, teachers and carers. We all attend meetings, speak publicly, try to keep up to date with current thinking, run the College, fund raise and so on and it is always in our spare time. Inevitably, some are more able to give this time and we end up with a small group doing a lot of work. Some of us get stressed and frustrated.

Existing problems such as apathy, communication and political awareness seem to get worse and sometimes, despite our commitment, we can end up feeling angry and resentful.

It seems to me that if we are to develop and maintain the College the way we want it so that we do maintain our high profile and are able to be both proactive and responsive to issues - then we need to look at paying someone to carry some of the workload.

Women's work is often unpaid and if we really value the College and what it is doing for us, then I think we should be prepared to pay someone for the work involved in running the College.

I propose that we employ a midwife on a part-time basis as a spokesperson/co-ordinator for the College. The appointment could be on a one year contract and involve at least 10 hours work per week. This person would also need secretarial assistance. Based on an average wage of $35,000 per annum, we are looking at approximately $8,750 per annum. It may be possible to apply to the Workforce Development Fund for assistance in funding this money. Alternatively, we increase our subscription accordingly. The position could be advertised and an appointment made by the National Committee.

Whilst the person will obviously need to liaise closely with the Board of Management, it may be possible to appointment someone from outside the region of the BOM, if we pay travel costs.

My proposed job description is as follows:

- Registered midwife employed for 10 hours/week on one year contract
- Employed by NZCOM and directly responsible to the National Committee
- Position as spokesperson.co-ordinator (executive director?)
- To speak nationally on behalf of the College
- To attend all meetings of National and Board of Management and liaise closely with both
- To visit each region at least once a year
- To keep in touch with political events
- To co-ordinate co-opted working parties on specific issues e.g Nurses Act; co-ordinate College submissions and responses
- To organise clerical work
- To organise marketing/production of pamphlets/ advertising material
- To organise publishing of College Standards of practice, service and education.
- To act as liaison person for Direct Entry Taskforce, Journal Editorial Committee, Regional and International Confederation of Midwives
- To collate a resource centre for all midwives on NZ issues
- To investigate feasibility of National headquarters.

This proposal is one solution I see to resolve the work currently facing the College. We have done much in the past year and it is really important that we do not lose our impetus because people are becoming overloaded with commitments.

I would like this proposal to be discussed by members regionally and on National Committee so that we can plan for the future of the College.

Report - Western Pacific Conference cont'd

India's midwifery services run along similar lines to Indonesia i.e. the basic maternity care giver is the traditional birth attendant. While their range of skills vary enormously, they are of high status in the women's communities (especially rural) and the "outsider" registered midwife must work through the TBA at all times. Departing from these strict hierachical levels means the women cannot accept the midwife or her education programme.

Shakuntala Mittal, representing India, pleaded with Western countries to consider these cultural beliefs before pushing our western barrow of the "best" midwife is the one educated in an approved government school. Many Indian midwives did not see the evolving crusade to make midwifery a post basic or degree programme as beneficial to their countrywomen. Since the increase in educational requirements for students to enter nursing programmes, there had been a marked drop in the number of people recruited for nursing. If Indian families could afford to educate their girls to that level, they wanted them in the much higher status professions of medicine or law. This trend has a similar pattern worldwide.

The afternoon session was equally fascinating as we all were transported around different maternity hospitals in Hong Kong. I visited a government (or subvented) hospital and a private fee paying hospital. Subvented hospitals are 90% government funded and the rest of its funds come from sponsors. The Jockey Club sponsored the hospital I visited! It was extremely basic environment-wise with no frills. Wards were of a dormitory type arrangement, there were no curtains or screens between beds in some wards and there was no air conditioning. For those of you who have visited Hong Kong in Summer, you will appreciate the overwhelming heat and stifling conditions these women labour under. The lack of privacy made me acutely uncomfortable when all 30 of us were heralded through labour ward.

In one hospital visited, a woman actually gave birth in front of the tour walking through. It's difficult to know what the women felt about all this but I don't imagine women in the world differ that markedly when it comes to privacy during birth.

The private hospital was very particular about privacy, identifyinhg modesty as a prime consideration for the Chinese. Interesting paralells, which in my view, reflect more of the economic structures than a strict cultural difference.

Just as an aside - my video, "Active Birthing" was shown at the conference rooms while the rest of us were visiting hospitals. I was a little unsure of its reception knowing the Asian women's shyness but they were intrigued and delighted. Active birth as we know it is not practiced in Hong Kong but they were very interested in the concept even though "we don't think we could do that yet".

Report - Western Pacific Conference cont'd

Listening to midwives from Indonesia, India and the Phillipines made me feel even more humble. The socio economic status of these countries is such that their maternal and perinatal rates are horrific in some parts of their country despite efforts to improve birthing conditions.

The Phillipines Government have recognised the midwife as a primary health frontliner - in fact, midwives outnumber nurses and physicians. However there are major anomolies e.g. midwives are not legally able to administer intra muscular injections or do vaginal examinations and their basic training of the past is considered inadqueate as in China, schoolgirls of 15 can enroll in a short course which results in their being called midwives. There is also a post basic course for nurses. The Midwifery Association of the Phillipines have succeeded with their lobby to create supervisiory midwifery positions and to increase the amount and scope of educational courses available.

Indonesia faces similar problems associated with poverty. The country has 13,000 midwives and 110,000 Traditional Birth Attendants [Dukuns]. Particularly interesting to note was Indonesia's experience once they discontinued midwifery training in favour of a "multi purpose. nurse". (There are nurses in this country proposing a similar course).

"In 1980 training for midwifery and auxilliary midwifery were abolished. There was an attempt to replace the midwife with a multi-purpose nurse but apparently it was not successful. This new type of nurse could not fulfil the expectation of the community in maternity care. Aware of the great need for professional midwives in 1985, the Government decided to reopen the midwifery training schools ...." said delegate, Samiarti Martosewojo.

Training of the Dukuns is by midwives. The syllabus covers elementary knowledge in hygiene, nutrition, pre and post natal care and "conduct of save labour". About 20% of Dukuns receiv no official training; 80% had received at least one training o. hygiene delivery procedures however Dukuns inherit the skill of their mothers after a long period of apprenticeship and are a respected part of the community.

In trying to improve childbirth outcomes, midwives struggle with inadquate fresh water supplies, poor housing and overcrowding, illiteracy, TB, parasites, nutritional disorders, malaria and many other factors. Through the efforts of midwives and others, the Indonesian Government has recognised the road to safe motherhood is via primary health care and is aiming to increase registered midwives to 30,000 by 1993.

ARTICLES OF INTEREST

HANDS ON EXPERIENCE

IN the setting of four warm, homelike birthrooms, two rooms for our resident interns, a large kitchen and a classroom, and spacious reception area, our interns gain "hands on" training. It is all under direct supervision of experienced professional lay midwives.

We are located one mile from the Mexican border, and because of the high volume of births, and the socio-economic situation of our general clientele, our interns quickly gain skills in moderate to high-risk obstetrics and neo-natal situations.

Some houses are quieter than others. And the Midwives who join our family of interns soon find *Cas de Nacimiento* a house full of activity that they might miss in a quiet home birth situation. If you're looking for a home away from home, the internship programme gives you the opportunity to let "Our Casa" be "Your Casa".

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Some of the principles and techniques of midwifery offered are:
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- Suturing
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Several requirements exist for entry into programme.
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- Pass a personal interview

What is the cost?
- $2,000.00 for a 3-month internship
- Includes room on premises
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APPRENTICING IN TEXAS

Joy Argent

In July 1987, I arrived at Casa de Nacimiento ("House of Birth"), a freestanding birth centre in El Paso, about one mile from the Mexican Border. The centre is owned and operated by midwives who are certified by the local health authority. It was a long trip for me, since I live in the Northern Territory of Australia.

Just over a year before I had gone to my midwife friend for my second "midwifery lesson", to be handed a flyer advertising Casa de Nacimiento... 3 month midwifery internship, 50 births per month, prenatals, newborn exams, suturing, etc etc."

Wow! What a nice dream! My husband Greg, saw the flyer and simply assumed I'd go while he took time off work to look after the kids!

I studied hard and passed Casa's entrance exam but my actual experience was very limited. I had assisted and photographed six homebirths and one hospital birth, and only two weeks before leaving home had actually "caught" my first baby [but that's another story].

When Jenny and I arrived as "new" interns, there were three "old" ones and we worked 8 hour shifts with two interns "on" at a time with a senior midwife supervising.

The first week or so was spent learning "what to do when and how", Prenatal clinic days involved weight, urine testing, listening to fetal heart tones, assessing edema, fundal height, palpatation, blood pressure and a couple of new things: drawing blood and taking pap smear/gonorrhea culture, as over 90% of mothers spoke "no English" (some did but wouldn't tell you), it was also an effort trying to learn enough Spanish to get by.

Support during labour, blood pressure, pulse, fetal heart tones, etc I had done before, but vaginal exams were new, as was catching babies.

Cleaning up, examining placentas (all shapes, sizes and types), postpartum checks and assistance with nursing was combined with new jobs of packing and sterilizing instruments, stocking the three birth rooms and two exam rooms, discharging (6 hours after birth), 3-day/5-day/4-week postpartum checks, including PKUs and perhaps the worst and most complicated and confusing of all - answering the dreaded telephone when the Spanish speaking secretaries weren't there!

The workload was usually manageable, if occasionally hard, depending on the day. We were normally rostered "on" 8 hours each day, often 16 hours and sometimes even 24 hours! "Time off"? ....Ahhh. SLEEP! Occasionally when everything happened at once and everyone was "on" even if you were supposed to be "off", we'd look at each other and wonder why on earth seemingly intelligent women would travel thousands of miles from their families to work our butts off ... and [illegible] to do it! Then there would be another beau[illegible] birth for a lovely lady, and we'd remember - ah, yes, MIDWIFERY, that's the reason!

After six weeks, Jenny and I were, overnight, the "oldies" as three new interns descended into our lives. The next couple of weeks proved pretty hectic keeping everything going while the new ones learnt all the ropes; suddenly we changed from asking the questions to answering them!

Sometimes an entire shift would be a lesson in patience, giving support and encouragement (no drugs) to a lady having a difficult posterior labour; another shift I caught three babies in just under six hours!

One of my more memorable catches was an undiagnosed set of twins; others included a postpartum hemorrhage, many cords around necks, and a lady who had had a previous episiotomy scar down to her rectum giving birth to a 9lb 8oz baby without tearing.

To leave my family (children 7, 4 and a half and nearly 3) was an agonizing decision, but the alternatives (five years' full time hospital shift work, or books only, with no real practical experience) were even less appealing. I'[illegible]ad no idea that I would be welcomed so [illegible]ly into another larger family. Like any family, we had minor upsets ... but the amount of energy and love present within the walls of Casa from all those births was an honour to share.

My aim was to achieve the competence to enable me to practice as a home birth midwife, but I gained so much more than that. Magnificent friends, a wonderful roommate, other caring interns as eager to learn as I was. Our teachers, the senior midwives, Val, Cindy and Linda boosted our confidence, taught, shared, listened to our worries and helped whenever we needed them. They cared, not only about us but also about the birthing women.

Even though I know that I still have a lot to learn, I can now say, "I am a midwife." Thank you, Casa, and thank you Greg.

Report - Western Pacific Conference cont'd

Many of these maternal deaths are in the Western Pacific (now called Asian Pacific) region and one quarter of these are a result of illegal abortion. It would do for the Western World at present immersed in the abortion debate to heed these statistics lest we forget life's harsh realities.

Margaret says "To know that these deaths occur and no one seems to be able to even estimate how many more women are crippled in the same procedure, in an age when women in the developed world who have gained access to contraceptive technology are more concerned about the impact of the contraceptive on their health rather than the risk of death in childbirth, is to develop a consciousness about the disparity of health options available to the women of this world."

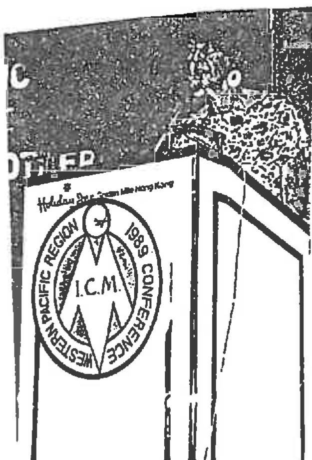
Following Margaret's call for global action to stop maternal deaths, each country presented their report. It was interesting to compare differences - amongst those with a consistantly low maternal and perinatal mortality rate were Australia, NZ, Hong Kong and Taiwan. Hong Kong and Taiwan (Singapore too, I noted there on the way to Hong Kong) have a very medical birth model and high intervention rate much more so than NZ or Australia yet all countries had similar mortality rates. The reasons for this must include attitudes to technology, status of women, attitudes and expectations of society towards childbirth, educational facilities for midwives/doctors/clients, however this is another report in itself].

I had some difficulty interpreting the country statistics when there was no published report to refer to and often the language differences added to my problem with understanding . My conclusions then may be a little askew but it would appear that Japan, China and Korea had very divergent outcomes depending on geography. Some rural communities had little in the way of trained midwives or doctors and the people were poor, sometimes malnourished. Consequently, maternal and perinatal mortality/morbidity rates went from very high to lower than New Zealand's.

Both Japan and China have seen the erosion of the midwife into a nursing role as numbers of doctors/obstetricians were very high. In China, 92% of deliveries were attended by physicians and 7.5% by midwives. Midwifery training is part of the basic nursing curriculum and the starting age for these women is 15! They are at present trying to separate midwifery from basic nursing to a post basic course. The law in China has recently been changed to expand the role of midwives to include epististomy, suturing and giving ecbolics.

Japan is also sturggling to improve the status of midwives. Japanese midwives presently work six days a week "with a rest day on the seventh" and get 6-20 days holiday a year (depending on years of service). Makes you feel a bit humble, doesn't it?

REPORT ON THE 2ND WESTERN PACIFIC REGION ICM CONFERENCE 1989



Delivering the NZ Message

The warmth and hospitality of the Hong Kong Conference had to be experienced to be believed. The glittering ballroom, immaculate white linen cloths on the tables, the faultless hospitality of the home midwives, the beautifully presented and served food and the individual acknowledgement of everyones contribution made it pure pleasure to be a part of such a gathering.

The surprise and trepidation I initially had on finding I was much more of the programme than I had even begun to imagine, quickly wore off when caught up in the welcomes and geniune belief of the Hong Kong midwives that I would have no trouble! Not only was I presenting a paper, I was to present a country report and "moderate" a workshop session on the status of women and the midwife. This was my first International Conference, I bleated, I don't know the rules. My friend, who had come with me as moral support wanted to know when had I ever let that worry me! Fine friend indeed!

I was welcomed at the opening ceremony by Helen Sit, Senior Nursing Officer at Princess Margaret Hospital, Hong Kong - she was to be my "minder" during the conference and she certainly looked after me with dedication. It was somewhat overwhelming to this New Zealander trying not to offend with my independence, but very comforting to be so well looked after in a different environment. We have a lot to learn from these gracious women about the art of enabling people to feel at ease.

The roll call was quite moving as midwives stood proud representing their country with chants and flag waving. New Zealand was a small but noticable threesome - Margaret McDonald, Chairperson of the Southland Region of the COM; Mary Adam, Southland, and myself. Mary's 9-week old baby accompanied her to the conference and was an extremely popular attraction, finding particular favour with the Phillipino midwives.

The theme of the conference was "Midwifery - The Key to Safe Motherhood" and was a response to the ICM's action statement to make countries and midwives aware of the need to achieve the goal of safe motherhood for all women. [Appendix I]

Margaret Peters (past ICM President), as keynote speaker, set the tone for the two days with her speech "Safe Motherhood. A Midwifery Imperative". She outlined the history of midwifery's growing awareness of its role in decreasing maternal mortality and morbidity especially for women in developing countries.

Cultural Awakening - with Frazer McDonald Social Anthropologist

was an enlightening workshop (July 20th) with the emphasis on the need to understand the uniqueness of each culture. The issue of bi-culturalism has to be sorted out first before we take the then short step to multi-culturalism. This is an issue that should have been dealt with long ago so requires urgent attention.

He described each culture as having its own continuum
Traditional------------------------Modern
and that we all fit somewhere along this spectrum in the way we view others and our enviroment - within our own cultures.

Communication affects our perception profoundly and is characterised in the following ways
Verbals 18%
Vocals 27%
Visuals 55%

Cross-cultural communication can present numerous problems such as the use of abstracts at the modern end of the spectrum when at the traditional end there is no such conception. Body language such as raising eyebrows, maintaining eye contact, nodding, and touching the head all have very different meanings between cultures. Cultural differences in social behaviour & abbreviations of the lanuage add to confusion and intimidation. Some examples......

Polynesians -convey meaning by body language & listen by watch ing.
Pakehas -convey meaning by voice & word & listen by attend ing to words.

Specific Cues	Polynesian	Pakeha
head tilt/eyebrow raise	agreement	question/surprise
hunched shoulders	I don't know	I don't care
sniff	apology	disdain
standing to greet	superior status	sign of respect
sitting to greet	sign of respect	superior status
looking away	politeness	boredom/guilt
steady gaze	opposition	full attention
pauses/silence	companionable	awkwardness
"you don't want it do you"	No (I do want it)	Yes(I do want it)
quick frowns	please help	disapproval
"Do this" statement	is acceptable	an order

Different senses of humour can affect the level of communication, as can ending sentences on a high note which gives the wrong impression of asking a question. 30% of the worlds population approve of direct eye contact whereas the other 70% view it as the first sign of aggression. It is important to be aware of these everyday occurrences and to be aware of the pain of those caught between 2 cultures

CUPS vs BOTTLES FOR ARTIFICIAL FEEDING

IBFAN STATEMENT ON CUPS

June 1986

Artificial Feeding Techniques

Breastfeeding remains the best form of feeding for babies, but a very small number of babies may require artificial feeding. Others may need temporary feeding with expressed breast milk.[1]

However, feeding bottles can no longer be recommended, as they are associated with dangers to the baby and to the continuation of breastfeeding.

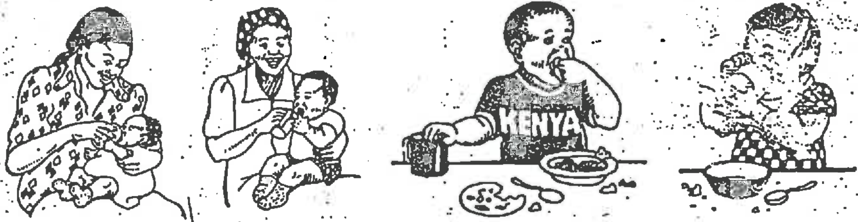
Spoon feeding of liquids, another possibility, is for most parents too tedious to be practical on a daily basis.

Hospitals in certain parts of the world now do cup feeding, even in their special care units.[2] Any baby who can swallow can be cup fed, including premature babies.

We ENDORSE this simple technique as the best choice both in hospitals and at home.

We RECOMMEND open cups rather than those with covers or spouts, which require sterilization like bottles.

IBFAN states that the cup should replace the infant feeding bottle and teat under all socio-economic conditions. Information about cup use should be provided on labels and in all educational materials.



Drawings by Sara Kionga-Kamau

BOTTLES require boiling before each feed, costing fuel, water, and time.

BOTTLES are likely to become contaminated if sterilization is haphazard or if they are carried about for hours.

BOTTLES provide sucking in a form which can be dangerous.

BOTTLES may disrupt breastfeeding through nipple confusion.[3]

BOTTLES can cause poor jaw development and tooth decay.

BOTTLES, if used in hospital, provide an example which may be imitated in less hygenic home surroundings.

BOTTLES may be propped, depriving the infant of needed human contact.

Ordinary CUPS usually may be cleaned with soap and water; constant sterilization is less essential.

Open CUPS have a simple shape less likely to become contaminated, and do not encourage carrying about the feed for several hours.

CUPS allow sucking needs to be satisfied by the breast.

CUPS do not cause nipple confusion.

CUPS have not been associated with oral problems.

CUPS used in hospital teach the community a technique which is also safer at home.

CUPS assure the small infant of some contact with the care-taker during feeds.

1. Report of a joint WHO/UNICEF consultation concerning "Infants who have to be fed on breast-milk substitutes," WHO/MCH/NUT/86.1, Geneva, April 1986.
2. Videotape "Feeding Low Birth Weight Babies" [illegible] UNICEF, P.O. Box 44145, Nairobi, Kenya.
3. [illegible] feeding. It can lead the baby to refuse the breast.

THE REUSING OF DISPOSABLE PLASTIC SPECULA

Thank you for your letter about the risk of re-using plastic disposable specula. I apologise for my delay in replying.

Charlotte Paul and I wrote that letter to the Lancet in 1986, because we were concerned about the theoretical risk of infection from this practice. Our letter prompted some microbiologists in London to conduct experiments which were reported in the Lancet on 4 October 1986 (copy enclosed).

We have not outselves done any further research on this hypothesis. The risk of transmitting the human papilloma virus remains a theoretical one, but I believe that there is no justification for the re-use of plastic disposable specula.

UNIVERSITY OF OTAGO
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Department of Preventive and Social Medicine

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Yours sincerely,

David Skegg

D.C.G. Skegg,
Professor of Preventive and Social Medicine.

RISK OF TRANSMISSION OF HUMAN PAPILLOMAVIRUS BY VAGINAL SPECULA

SIR,—In response to Skegg and Paul's warning[1] we investigated the risk of iatrogenic transmission of human papillomavirus (HPV) via specula inserted into the vaginal vault of women with subclinical HPV infection. We investigated the possibility that HPV could be detected in cells adhering to specula after colposcopic examination of women with premalignant disease of the cervix (cervical intraepithelial neoplasia [CIN grades I to III]) associated with HPV infection. Many of these women also have HPV infection in other areas of the lower genital tract. The specula, after colposcopic examination and removal from the vaginal vault, were rinsed briefly in an aqueous solution of chlorhexidine to remove excess mucus and then washed thoroughly in phosphate buffered saline to remove adherent cells which were collected in a clean sterile container. The cells were then transferred to nitrocellulose filters and the presence of HPV genomes investigated by in situ DNA-DNA hybridisation.[2] Twenty-nine specula from different women were examined and HPV16 DNA sequences were detected in 4 cases with 3 other equivocal results (fig 1). This HPV type is associated with most of premalignant and malignant disease of the cervix.

To confirm these findings cells from a further 16 specula were examined by Southern blotting. Total DNA was extracted from the adherent cells washed from the specula and digested with the restriction enzyme *Pst1*. HPV16 DNA sequences were detected in 1 instance (fig 2): 5–20 copies per cell were detected. This small study shows that HPV infected cells can be found on instruments inserted into the vagina of women with HPV infection, and if these instruments are not cleaned and sterilised properly they will be a potential source of infection for subsequent patients.

Papillomaviruses are stable viruses and we recommend that all instruments be autoclaved between patients. If this is not possible the instruments should be washed and then put in boiling water for 10 min. Disposable spatulas should be used when a smear is taken, and used once only. Plastic reusable spatulas which can be disinfected between patients are not recommended because the duration and type of disinfection may vary and the efficacy of disinfection is not known and difficult to test due to inability to propagate HPV in vitro.

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1. Skegg DCG, Paul C. Viruses, specula, and cervical cancer. *Lancet* 1986; i: 747.
2. McCance DJ, Campion MJ, Singer A. Non-invasive detection of cervical papillomavirus DNA. *Lancet* 1986; i: 558–59.

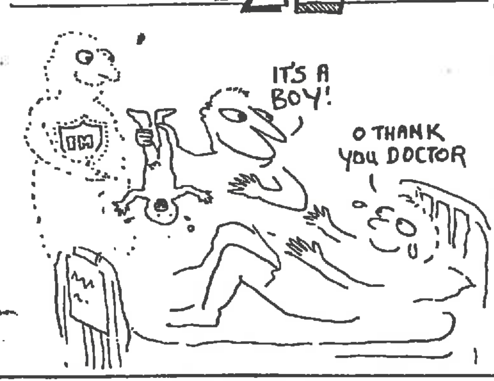
THE LANCET, OCTOBER 4, 1986

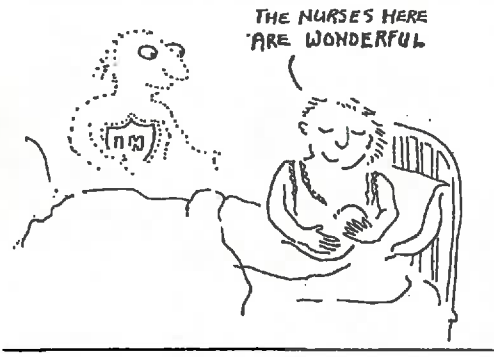
Pages 816-7

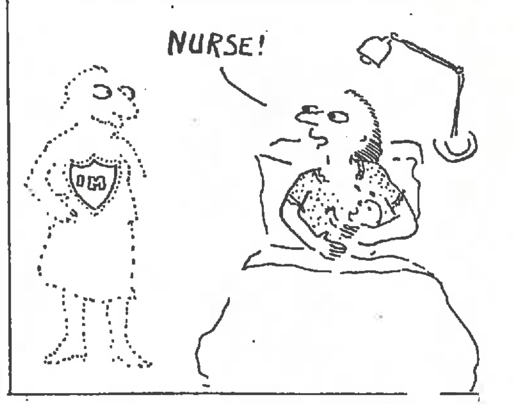
INVISIBLE MIDWIFE

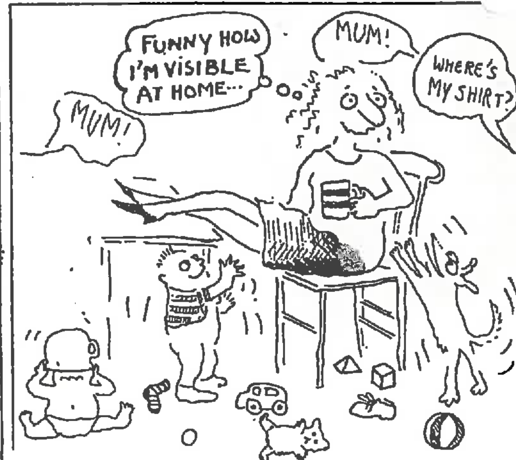
CHEAP!

EVERY MINUTE OF EVERY HOUR OF EVERY DAY OF EVERY WEEK









Nursing tutor Mary Grant and her son, James, aged four and a-half months, helping to promote the work of midwives in Invercargill yesterday. It was National Midwives' Day, an opportunity for members of the public to learn about midwives' work. Proposed changes to the Nurses Act to reinstate midwives as practitioners in their own right would see the reorganization of maternity services in New Zealand.

SOUTHLAND 2-9-89

NATIONAL MIDWIVES DAY

There were numerous activities to celebrate the day; these included the giving of flowers, balloons, silver spoons, printed T Shirts, sweets and the sharing of food and time in maternity units throughout the country. Many of the babies born on this special day were assisted in their delivery by midwives.

Midwives promoting their work

SOUTHLAND 30.8.89

National Midwives' Day on Friday will see Southland midwives at several Invercargill supermarkets, distributing pamphlets and willing to answer questions on their work.

A midwife is a health professional able to give advice, supervision and care to women before, during and after pregnancy.

They can take responsibility for conducting deliveries and care for the newborn and infant.

"Midwives as practitioners in normal childbirth have much to offer women and can provide a quality service encompassing antenatal, birth and postnatal care," the Southland region chairman of the New Zealand College of Midwives, Margaret McDonald, of Winton, said yesterday.

Southland midwives needed the support of the community to ensure a midwifery service which provided choices for women in childbirth, she said.

On Friay, midwives would be in the community to hear people's ideas on how, together, a flexible, creative, empowering and supportive service could be provided, Mrs McDonald said.

Changes to the Nurses Act to reinstate midwives as practitioners in their own right would pave the way for the effective reorganization of maternity services in this country.

The NZCOM believed it was essential women directed these changes to achieve a service which met their needs, she said.

"Local midwives are excited about the growth in community-based health care happening in response to the restructuring of the health service," she said.

"Midwifery skills can be fully utilized in the community to provide a cost-effective, wide-ranging maternity service which meets the needs of women and their families," Mrs McDonald said.

Midwives will be at New World supermarkets in South City and Windsor, Woolworth's Waikiwi store and Pak 'N' Save about 1pm.

MANUKAU COURIER 17.8.89

...wool is out and the knitting needles are clicking as Middlemore Hospital midwives (from left) Ann ..., Phyllis Wu and Lesley Hinson prepare for Midwives Day. With them is baby Tahapehi whom they ...ed just an hour before this photograph was taken.

Nurses to promote role of midwives

TODAY, (Friday September 1), marks National Midwives Day, which promotes the awareness of Midwives and their role.

Hawera Maternity Annex is presently served by nine Midwives under the leadership of Miss O. Davies. Their experience ranges from 1-20 years service to this Unit.

To celebrate Midwives Day the staff along with other midwives throughout New Zealand will be releasing a number of helium balloons at 12 midday. They will also be offering an open hour from 10am-11am for the public who wish to visit the unit.

A midwife is a person who has successfully completed a midwifery educational programme of prescribed studies and has acquired the requisite qualifications to be registered and legally licensed to practice.

A midwife attends to the needs of the woman and her family during pregnancy, labour, and post partum period, her care is delivered in a manner which is flexible, creative and supportive.

There is now a New Zealand College of Midwives which was formed on April 2 1989 to enable midwives to take responsibi... have their professio... the best own voi... interests of women are to be served.

National midwives' day

Engraved silver spoons will be given by the New Zealand College of Midwives (Otago) to each baby born in the Otago geographical area on September 1, 1989, which is National Midwives' Day.

This year's celebration will have both a poignant touch because of the proposed closure of Queen Mary maternity hospital, and a jovial touch as midwives celebrate the day under the auspices of their new organisation, the New Zealand College of Midwives.

The college has been running since its official opening in April, 1989. It is a professional body for midwives and anyone else, especially consumers, who share the philosophy of the college.

The philosophy of the college is: — "Midwifery is a profession concerned with the promotion of women's health. It is centred upon sexuality and reproduction and an understanding of women as healthy individuals progressing through the life cycle.

"Midwifery is: Dynamic in its approach based upon an integration of knowledge that is derived from the arts and the sciences, tempered by experience and research; collaborative with other health professionals. Midwifery care is delivered in a manner that is flexible, creative, empowering and supportive.

"Midwifery care takes place in the context of mutual support. Clients play a role in shaping midwifery." (Midwifery policy statement, NZNA 1988).

The role of the midwife is one of continual change, keeping abreast of new research and changing needs of consumers, while maintaining the legal and safety aspects of the profession.

Consumers and midwives work together, being interdependent upon each other to provide a safe antenatal environment, an optimal childbirthing experience, and ... parenting skills.

Within the Dunedin district midwives are based within Queen Mary, maternity hospital, with a small ... group working independently within the community to provide comprehensive ... women, and ... cant other ...

... would like the public to join them on national midwives' day on the top floor of Queen Mary maternity hospital for afternoon tea from 2-3pm, on Friday, September 1. This will be a get-together of consumers and midwives to share their experiences.

Midwives' request

On National Midwives Day today, midwives are approaching women and their doctors to ask that midwives deliver all babies. "The Press" incorrectly reported yesterday that the chairwoman of the Canterbury and Westland region of the College of Midwives, Mrs Norma Campbell, said the college was seeking to have midwives recognised as medical practitioners. Mrs Campbell actually said the college wanted midwives to be recognised as autonomous practitioners. At present, a doctor must be present at all births, but midwives want the Nurses Act changed to allow them to deliver normal births without a doctor present.

Miss Chris Hanson (centre), a charge midwife in Ward 5 at Burwood Hospital, gives daffodils to Mrs Fiona Erby and her son, Daniel, and to Mrs Nicola East, and her daughter, Emma, on National Midwives Day. Members of the ... of Midwives celebrated the day yesterday by releasing balloons in Cathedral Square, and giving daffodils to all w... the region's maternity hospitals.

Charge midwife Mrs Cath Aitken has her hands full at the Nelson Maternity Unit. The lineup ward celebrating International Midwives Day today.

It's the first time an international day has been held for midwives, but special midwives' days have been held in New Zealand before, maternity unit supervisor Miss Norma Affleck said.

The unit is holding an open day today and all babies born there will be given a T-shirt.

Midwives throughout the country will be doing ... deliveries today, Miss Affleck said.

Staff will also be giving helium balloons to ... in town today.

Mrs Aitken is pictured holding six ... Gregory Hill, left, and Shamus Maxted, seven wee...

The five newborns in the foregrou... Samantha Fenwick, Karen Vand... Solly, Julia Bellamy and Kathryn Wa...

Photo: Marion van Dijk.

Midwives celebrating their national day yesterday presented mothers in Napier with flowers while children received balloons. ... left.

Celebrating midw...

The midwives marked national midwives day with a stall in Emerson St and celebrations were also held at the Napier hospital where mothers were given presents.

Hawke's Bay spokeswoman for the New Zealand College of midwives Ms Julie Kinloch said some Napier florists donated the flowers.

Around 25 midwives from the Arohaina maternity unit were involved in yesterday's celebrations.

Sixty midwives belong to the Hawke's Bay branch of the college which extends from Te Puia and Levin. The college was formed earlier this year to provide midwives with an identity distinct from nurses and to give them a professional voice.

Pictured from left, Mrs Michelle Baty holds Samantha, with Ashley, while Napier midwives Ms Joan Barton, Miss Liz Jolly and Ms Julie Kinloch, kneeling, look on.

...idwives' day

Friday midwives around New Zealand celebrated national midwives' day. In ... of the occasion all babies born at Dunedin's Queen Mary Maternity Hospital on ...ay received a silver spoon. Baby Georgina, pictured here with her mother Mr... ...y Guthrie and sister Anna, was the first baby born at the hospital on Friday and ...