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New Zealand College of Midwives
P O Box 7063
Wellington

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New Zealand College of Midwives [Inc]

NEWSLETTER

Volume 3, Number 1: October 1990

Nurses Amendment Bill - Changes and Effects

BOARD OF MANAGEMENT

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Marcia Annandale
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HOME BIRTH ASSOCIATION
Madeleine Gooda
P.O Box 9130 Courtney Place
WELLINGTON.

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 eg. 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 _____ NZNA member Yes / No

Type of membership
Full :Waged ☐ :Unwaged ☐ Associate :Waged ☐ :Unwaged ☐ Affiliate ☐

Place of Work _____

Please return completed form (together with money, if applicable) to your local Treasurer

j] *Submissions*

Submissions have been made throughout the year on the following:-

- Nurses Act
- Nurses Amendment Bill - Auckland Region provided the substantive original of our first major submission - a wonderful effort.
- World Health organisation Discussion paper on Nursing and Midwifery personnel.
- Regulation of Nursing discussion document NZNA.
- Single Registration.
- Discussion paper International Labour Organisation.
- Department of Education Database project on occupations.
- Workforce Development Fund proposal for a funded Co-ordinator for the College.

Finally, I would like to thank my Midwife Colleagues and friends on the Board of Management. Whilst it is vital we have ideas people, without committed people to action the ideas and decisions, the College would not have achieved the results it has. We have had sympathetic politicians and a deregulating climate but recognising and acting on the opportunities this provides is a skill in itself.

Another skill which alludes most of us is managing the books and thanks must go to kathy Anderson who has worked long and hard to keep the books balanced. She has managed a budget which increased 300% over a period of 15 months - well done, Kathy. Grant Murdoch has willingly given his time as Auditor.

Our gratitude and thanks also go to Margaret Stacey of MAS Business Services who has provided us with secretarial support which far exceeds her fees. She has given hours of her time freely and at anti-social hours with good humour and gentle encouragement.

All of us will miss our regular contact with Margaret, our weekly BOM meetings which also evolved as a marvellous personal support group for all of us, and the excitement of being part of the changes. It has been a great experience and we have all learnt new skills in a variety of ways which have enriched our lives and our Midwifery practice. Nicholas and Daniel "our" two babies "born in office" to Kathy and Del, and regular meeting attenders, were part of that enrichment.

Our partners who have been totally supportive and involved will no doubt be pleased to see more of us. So it is with pleasure (and some sadness) we pass the reins on to Wellington Region. We hope you find the experience as rewarding as we have. I personally look forward to working with you all as President over the next year.

It has been a remarkable year.
WOMEN AND MIDWIVES - what a team!

FROM THE BOARD OF MANAGEMENT

Dear Members,

This is our first newsletter as the new board of management. It is a wonderfully exciting time for midwifery.

The AGM and the first conference of the College of Midwives were held in Dunedin. We will give you details of remits etc, when the information arrives from Christchurch.

The conference will be reviewed in the next newsletter.

The Nurses Amendment Act has been passed and now those of you who wish to can practice independently. Others may choose to work with doctors, and claim the Maternity Services Benefit for your work, and no doubt for others, nothing will change.

Obtaining access contracts with area health boards will be our next important task. We will try to keep the information flowing.

We are beginning to work effectively as a group and have accepted the following responsibilities:

Karen Guilliland (Christchurch)	remains as President
Christine Griffiths	Treasurer
Lynley Davidson	Education/Resource
Beryl Davies	Newsletter Co-ordinator
Jennifer Sage	Membership
Chris Hannah	Secretary
Jeanie Douche	Liaison/Co-ordinator

We have included profiles of ourselves for your interest in this edition of the newsletter.

We would like to thank the old BOM for their generous and comprehensive handover in Dunedin. We can already appreciate the commitment they have made.

Board of Management

NEWS & VIEWS

COLLEGE MEMBER APPOINTED TO NURSING COUNCIL

Another change which occurred with the amendment of the Nurses Act was that the New Zealand College of Midwives now have the legal right to appoint a member onto the Nursing Council of New Zealand. NZNA formerly appointed six members, now they may only appoint five. The College nominated Karen Guilliland, and Helen Clark the Minister of Health, has confirmed Karen's appointment to the Nursing Council.

DIRECT ENTRY MIDWIFERY

The way is now clear for Direct Entry Midwifery programmes to be set up. Polytechnics are very keen to undertake this new course. Two Polytechnics in Auckland and two in Wellington have sent proposals to the Nursing Council. There are probably many others. It is wonderful to have this change of stance.

The College welcomes all the enthusiasm to run programmes. Congratulations to those wonderful women who laboured so long. There were very few who believed when this idea was conceived that Direct Entry's birth would eventuate. Now it seems so obviously "right".

NZCOM BIENNIAL CONFERENCE

Knox College hosted our first conference. It was an outstanding success. Marsden Wagner affirmed what midwives have known for along time. There is too much intervention in childbirth; midwives are the safest and most capable promoters of natural birth. Midwifery requires its own profession. There will be a more comprehensive review in the next newsletter.

HEALTH DEPARTMENT INFORMATION BOOKLET

The Health Department has developed a booklet to assist in the implementation of the new legislation. This will be sent to every midwife in New Zealand, as well as to many other health care providers including obstetricians, pharmacists, and laboratory staff.

The aim is to provide clear information on how the independent midwife can function - how you prescribe drugs, order laboratory tests, claim the Maternity Benefit etc. The booklet also includes details on the amendments and regulations.

A draft of some of the information is included for your interest.

STANDARDS OF PRACTICE, SERVICE & EDUCATION

Copies of these standards are now available from your regional chairperson or from the Board of Management.

REPORT FROM NEW ZEALAND PARENTS CENTRES REPRESENTATIVE

- Sharron Cole

PCNZ is an organisation spread throughout New Zealand with some 60 affiliated centres. We have particular interests relating to pregnancy and birth with most centres offering antenatal classes. These classes are changing as PCNZ responds to changing approaches to health care with greater emphasis on holism and self responsibility.

We believe that midwives are the most experienced health professionals in the support and care of women in normal pregnancy and birth. We applaud the midwifery philosophy which specifically states that the wishes and choices of the pregnant woman must be respected and the midwife should be committed to providing the appropriate care and response to those expressed needs.

I was somewhat apprehensive about coming down to my first meeting, particularly in view of opposition to consumers from a couple of regions of the College. Plus, it is a bit daunting meeting a whole new bunch of people. While I found everyone friendly, I must say it did take a couple of meetings before I could make a reasonable contribution.

Anyway, I can honestly say I found the meetings stimulating and the women there very inspiring. I believe that the College if it continues in the same direction will mean there is genuine choice for women in childbirth. I many ways, the College is like PCNZ - the leaders have to do a lot of education of their members so that they become aware of how completely socialised women are into accepting the patriarchal nature of society and the medical profession. It is all very well to talk of choice but unless women are truly able to make informed decisions with the four elements of informed consent present, we are going to have the same old unquestioning pathetic reverence of doctors.

SHORT SUMMARY OF MARCIA'S TERM ON NZCOMI COMMITTEE

– Marcia Annandale

In the period from April 1989, I have felt enormously privileged to be one of three Consumer Representatives on the College's National Committee.

In keeping with the College's philosophy and in line with the theme of this conference, "Women in Partnership", I have felt both listened to and respected as a woman and as a partner.

I think, for many, the significance of this partnership with consumers and midwives is not well realised. It has not been a battle! It has been so good to be part of the decision making process rather than being in the position of what "they" have decided for us.

From a breastfeeding point of view, the prospect of a College Breastfeeding Handbook is exciting and augurs well for women whose major complaint of midwives seems to be that of inconsistent advice.

Looking optimistically to the future, the high number of sucking difficulties we see now should decrease with autonomy as midwives offer and achieve low technology/intervention births and breastfeeding figures should soar. Cant wait!

July 1990

THE NURSES AMENDMENT ACT 1990
INFORMATION FOR HEALTH CARE PROVIDERS

This is a small section of the booklet you will receive in the near future, from the Deparment of Health.

INTRODUCTION

The Nurses Amendment Act 1990 enables a midwife and/or a medical practitioner to take responsibility for the care of a woman throughout her pregnancy, childbirth and postnatal period. Previously only a medical practitioner could undertake responsibility for the care of a woman.

The new legislation offers greater choice in childbirth services to pregnant women and their families.

The legislation has major implications for a range of health care providers.

The health providers most affected by the changes are midwives, medical practitioners, pharmacists, area health boards, benefits payment offices, pharmaceutical pricing offices and medical laboratories.

This booklet is designed to assist health providers using the new legislation.

The first part summaries the changes and explains how they affect all groups.

The second part focuses on specific groups and what each needs to know about the changes.

Some aspects of the new system may require further consultation between groups most affected by the changes. The Department of Health will provide ongoing information as these issues progress.

PART ONE

The Nurses Amendment Act 1990 enables midwives to provide all maternity services including delivery, for normal pregnancies, without the supervision of a medical practitioner.

To ensure that the safety of mother and child is maintained, a number of other legislative amendments have been made.

The flow on effects from the legislation have major implications for a range of other health providers, in particular for pharmacists, benefits payment offices, pharmaceutical pricing offices, area health boards, medical laboratories and medical practitioners.

The legislation also has implications for the Nursing Council of New Zealand and for those involved in nurse/midwife education.

The Nursing Council is now able to investigate complaints against midwives in relation to the Social Security Act 1964.

The council is also being asked to consider giving approval for the establishment of a direct entry midwifery experimental course. That would mean that access to midwifery education would no longer be restricted to registered nurses.

In total five acts have been amended as a result of the new legislation, and a number of new regulations have ben gazetted.

The following are some of the major areas affected by the legislative changes.

Prescribing

An amendment to the Medicines Act 1981 allows for registered midwives to prescribe presciption medicines.

The Misuse of Drugs Act 1975 has also been amended. This allows midwives to prescribe, supply or administer pethidine - the only controlled drug which midwives can prescribe.

There is no defined list of medicines a midwife may prescribe, but the limits as to when a midwife can prescribe are set out in an amendment to Regulation 39 of the Medicines Regulations 1984.
It states that "No registered midwife shall prescribe any prescription of medicine otherwise than for antenatal, intrapartum, and postnatal care."

That means that it would be appropriate for a midwife to prescribe medicines such as iron tablets,anti-fungal agents, oxytocin, vitamin K, antacids and the controlled drug pethidine. Prescribing by midwives would not include the treatment of underlying medical conditions such as asthma or hypertension. It would also not include the prescribing of medicines such as antibiotics or contraceptives.

Like medical practitioners, midwives can order drugs on a prescription form or a practitioner's supply order form. (The definition of "practitioner" has been amended to include registered midwives.)

Pharmaceutical Benefit

Where midwives prescribe items on the Drug Tariff, payment to pharmacists will be made by the Department of Health, through the pharmaceutical benefit, in the same way as is done for similar items prescribed by doctors.

If any items prescribed have a part-charge, patients will have to pay this part-charge, as they would do if they had been prescribed by a doctor.

The same charges apply to prescriptions written by midwives as to those written by doctors.

Choice of Service Options

Women can now choose to have childbirth services provided by a midwife only, a general practitioner, a specialist obstetrician, or a combination of health providers.

There are already a number of ways in which a midwife can provide maternity services, for instance through "domino" or "continuity of care" arrangements.

Access to Area Health Board Facilities

Section 49(1) of the Area Health Boards Act 1983 has been amended to enable midwives to have access to area health board facilities.

The must, however, negotitate an agreement to do so with area health boards. Requirements for the agreement would be the same as those for medcal practitioners.

Under such agreements midwives can arrange to admit women to public hospitals for maternity care.

Area health boards will, therefore, need to develop policy on agreements for midwives to access their facilities.

Claiming Maternity Benefit

Midwives can claim maternity benefits using the same process as used by medical practitioners, or they can claim domiciliary maternity benefits. The schedule for these benefits is now the same.

Laboratory Tests

Midwives can order a specific selection of laboratory test, which are relevant to pregnancy and childbirth

Marcia Annandale, Celia Grigg-Sowman and Sharron Cole have constantly reinforced at National level the importance of the consumer viewpoint. They are invaluable, not only because of their individual talents, but their contacts within the community. Many times it has been their input which has made our direction clearer. I would like to thank them for their support and encouragement. It is with pleasure I include their reports.

REPORT TO 1990 AGM OF THE NEW ZEALAND COLLEGE OF MIDWIVES
- Celia Grigg-Sowman

I have been one of the consumers on the National Committee representing Maternity Action Alliance Christchurch. MAA is a local group of consumer groups. It has active representatives from Parents Centre, Home Birth Association, Patients Rights, La Leche League, THAW, Midwives, NOW and members as individuals. There has been good response from member groups of MAA to issues raised with active input into such things as position statements. The consultation has been appreciated and sets a good precedent for the future.

As a consumer, I am personally very committed to this field and received a Churchill Fellowship to travel to learn about the systems of childbirth in the Netherlands, Sweden and Denmark earlier this year. I am working hard to feed back as much as possible to benefit New Zealanders.

Apart from feedback, the consumers have increased midwives awareness on various issues and provided information on research where appropriate. I think we have contributed well. I have felt accepted as an equal member of the Committee.

I am aware of being one of those at the forefront of controversy with regard to consumer involvement in the College. I am pleased that midwives have affirmed the College's philosophy and am convinced it will strengthen midwives professionally. I believe in midwives and the profession of midwifery and maintain that my presence on the National Committee has in no way undermined either of these. I think each group has much to offer the other. It would be nice to see all midwives supporting the College, even by attending meetings.

I have found my time as a Consumer Representative on the National Committee both challenging and exciting. My experience has been that women in the community are supportive of midwives and their autonomy. It is now up to midwives to fulfill this expectation. The refresher courses being arranged regionally but endorsed nationally through the College are a good example of the role it can play in the process of professionalising midwives. During the last 18 months the College has established itself as a credible voice for midwives in New Zealand and I am pleased to have been part of that process.

c] *Review of the Nurses Act 1977*

Joan Donley, Sally Pairman, Chris Hannah and myself met with the Occupation Regulation Committee in October to speak to our submission on proposed changes to the Nurses Act. It was from this review that Helen Clark decided she wanted autonomy for Midwives as soon as possible and so the Amendment Bill forged ahead of the more comprehensive review needed for the Nurses Act as a whole. Midwifery will now remain on a separate register and the threat to Midwifery existence as a profession is ensured. Discussion is still ongoing on the subject of Direct Entry Midwifery.

There are still aspects to the Review with which the College has concerns e.g. The punative nature of the role of Nursing Council and the trend towards competency based practicing certificates has inherent problems which the review does not address, the lack of midwifery representation on Council and within disciplinary committees and the over expensive and top heavy proposals for the make up of these committees.

d] *Liaison with Other Health Professional Groups*

We have met with the Nurses Association and established mutual links and co-operation. Joy Bickley (Professional Officer, NZNA) has been an invaluable resource to the College and we have worked effectively together over a range of issues effecting Midwifery and Nursing alike.

The Board of Management has met with the College of General Practitioners to discuss the legislative changes pending and ways in which we can work together. I had a further meeting with their National Chairperson and Secretary recently and we have agreed that mutual workshops would further enhance our relationship and that of women's choice.

There have also been discussions amongst Obstetricians and Midwives at a regional level. Auckland and Canterbury Regions have an ongoing liaison. There is also some early discussion about the establishment of a federation of the Colleges involved in health.

e] *Liaison with Consumer Groups*

The day the College voted to include consumers in our membership and on our National Committee was a red letter day for maternity services.

FUTURE EVENTS

INTRODUCTION TO FAMILY PLANNING

16-19 October

Cost: $220.00

Auckland education Unit, NZ Family Planning Association
214 Karangahape Road
Auckland Phone: (09) 796 182

A four day programme introductory course covering all contraceptive methods and aspects of fertility and sexuality.

PELVIC EXAMINATION COURSE FOR NURSES 1990

21-22 November

Nursing Administration, NZ Family Planning Association
214 Karangahape Road
Auckland Phone: (09) 775 049

HEALTH PROMOTION FORUM 1ST ANNUAL CONFERENCE

24-26 October

Lincoln Function Centre
West Auckland

Contact: Health Promotion Forum
Department of Community Health
Medical School
Private Bag
Auckland

FOURTH INTERNATIONAL CONGRESS ON WOMEN'S HEALTH ISSUES

8-10 November 1990

Massey University
Palmerston North

Theme: Women as Health Provders within a Context of Culture, Society and Health Issues

Contact: Fourth Internation Congress on Women;s Health Issues
Department of Nursing Studies
Massey University
Palmerston North

HOMEOPATHY FOR NEW BORN INFANTS 1990

14 November 7:30pm

Cost: $4.00

College of Natural Medicine
80 Park Terrace
Christchurch

Contact: Canterbury Homeopathic Society
Barbara Thomson Phone: (03) 389 801

2ND INTERNATIONAL HOMEBIRTH CONFERENCE 1992

Sydney
Australia

Calling for ideas and input

Contact: Jane Thompson
12 Thornton Street
Fairlight
NSW Australia

Such a list, however, was to be elusive since there was little evidence to support many of the old risk assumptions. We finally developed decision points in pregnancy where we identified options available to both women, and her care provider.

This paper was then given to the Consumer Group to flush out and make relevant for the choice and voice aspects of the families birth experience. Sally Pairman and myself shared membership to this group. It was an invaluable experience to be part of the process which produced the final document. It is worth noting that was the first DOH working party to have had a baby at its meetings! It is also worth noting that it was the first time the DOH has publically defined pregnancy as a normal process. The recommendations have been used as a reference by the Department of Health but is yet to be published.

b] *Nurses Amendment Bill Section 54*

On November 9th 1989, Helen Clark, Minister of Health, first read the Amendment to the House. Both political parties were supportive of Midwives. Three words "or Registered Midwife" after the words medical practitioner were the essence of the Bill. Midwives throughout New Zealand were jubilant. The Supplementary Order Papers were introduced into the House on the 29 May 1990. These amendments were necessary as a result of changing Section 54. They allowed Midwives full independent practitioner rights. The opposition were intending on making political points from these papers mainly as a result of medical opposition. Midwives and women rallied to this threat by visiting/telephoning or sending information to every National MP in the country.

The Leader of the Opposition in the House that day stated "I'm not willing to take the women of this country on" and the papers proceeded to Select Committee.

The College has, of course, made submissions at each parliamentry stage and has spoken to our submissions twice. Sally Pairman, Jacqui Anderson and Bronwyn Pelvin presented a very credible case at the first hearing which was reported widely. Joan Donley, Sally and myself spoke to the Supplementary Order Papers and once again the Select Committee was impressed with the soundness of our arguments. Many points made in our submissions have been taken up. We now await the second reading.

When looking back over the past 15 months, it is gratifying to see how much we have achieved. That we have achieved so many of our goals is not only due to a sympathetic political climate but to a committed, energetic group of women and Midwives who have had a clear vision for Midwifery Services in New Zealand. Joan Donley, our first Honorary Member, received an OBE this year in recognition of her services to Midwifery and all of us were delighted with this national acknowledgement of our "living treasure". Joan's research and political analysis have formed our launching pad for change. She has also provided a role model for others to expand their own knowledge and energy to be "with women". She is the Founder of the New Zealand College of Midwives.

While very many Midwives and consumers have played their part in our success, there are some people who have been staunch campaigners for many years and it is appropriate that they are acknowledged for their part in the history of the College.

Judi Stridd, the founder of "Save the Midwife" has tirelessly supported Midwives and their profession for years. Judi is the energy behind the Direct Entry Task Force. Glenda Stimpson, involved since the original setting up of the Midwives Section and still steering Auckland through troubled times. Sally Pairman, submission writer and "publisher" of College material and, finally, all the Chairpersons past and present who have co-ordinated their regions so successfully.

Collating and acting on all this energy is the Board of Management - Jacqui, Kathy, Julie, Del and Lynda. The constant hours these women have contributed to the day to day management of the College has ensured that our resolution to form a professional body has become a reality.

It was April 2nd, 1989 when we officially disbanded the Midwives Section of the New Zealand Nurses Association and established the New Zealand College of Midwives. The next 15 months were to be hectic.

NATIONAL COMMITTEE ACTIVITIES

a] *Working Group, Department of Health, "Policy Recommendations for Care in Pregnancy and Childbirth".*

There were two parts to the group; initially the "Professionals" met for some six days over a few months to establish the technical or safe prospect paper. The College was represented by myself and Joan Donley.

Our terms of reference were originally to identify a "risk list" that is women who would not qualify for midwifery care but who would require medical supervision.

BOOK REVIEW

WATER AND SEXUALITY

by Michael Odent, Published by Arkana (paper back) 1990.

Reviewed by Jennifer Sage.

Odent's most recent book follows on from and develops the themes he explores in Primal Health. As always he writes on the cutting edge of what is known and understood.

He provides a summation of all his observations of water birth. I must admit it is the most intelligent writing I have read on this controversial subject. Odent points out that the maximum benefit of water is in enabling women to achieve optimum hormonal balance during labour. This is because of the relaxing effect of the warmth and more importantly the removal of unwelcome stimuli. His observations of waterbirth at Pithiviers led him to conclude that most women who labour in water leave the water quite instinctively when birth is imminent. The small group who stay in the water know profoundly that water is the right environment for them and their baby. He specifically says that the infant is brought to the surface as soon as possible. These strike me as much more reliable guide lines than suggestions that babies should be left under water or that all women are to be encouraged to give birth in water. I have never seen birth as the ultimate trauma in our lives.

He thoughtfully provides the exact dimensions of the ideal sized pool for women in labour. I just hope we have some enlightened area health boards! Perhaps one day we will have birth huts (houses) in every community with these pools easily accessible for all women.

He explored water as a symbol of feminity, intuition and the religious instinct in homo sapiens (that's us). Some fascinating connections are made between women reclaiming birth as a powerful instinctive process and the burgeoning global awareness of the need to treat the mother earth with respect and care. I would say this book is required reading for all midwives seeking to increase their understanding of the social model of childbirth and its place in our culture. I believe that we are in a process of reclaiming birth and returning it to its rightful centrality in womens lives as a powerful and empowering experience. Water and Sexuality is another signpost on the way.

MEDIA WATCH

MIDWIVES, DOCTORS MUST WORK TOGETHER

(Otago Daily Times,
Tuesday August 21, 1990,
By Barbara Fountain)

Midwives and the medical profession must work together if women are to have true choices in childbirth, the president of the New Zealand College of Midwives, Ms Karen Guillaland, of Christchurch, says.

Ms Guilliland, who was attending the national conference of the New Zealand College of Midwives in Dunedin, believed midwives could do it.

"We have to work together, otherwise it becomes just another struggle between health care professionals, and women are left with no choice."

"A lot of people think we are saying women have to have natural childbirth."

But what midwives were saying was that women had to be involved in the decisions about their own pregnancies and about childbirth, she said.

As more medical intervention was used during childbirth the role of the midwife has dimished.

"You don't need a midwive if you are unconscious."

Technology has provided advances over the years, but it was wrong to apply it to everybody, regardless of their need.

Women needed to be allowed to regain their confidence in childbirth.

The Nurses Amendment Bill which was expected to be passed by Parliament within the next three weeks, would allow midwives to deliver babies without medical supervision.

This was not welcomed by everyone in the medical profession, Ms Guilliland said.

"General practitioners have always needed midwives, otherwise they could not run their practices. But midwives do not need general practitioners."

It was midwives who offered their on-going support and care to women who were often in labour for hours. General practitioners were only present for part of that time.

"They (general practitioners) don't want to take that role, but what they are saying is that they want us to continue to do that role, but not reap the benefits for women and midwives."

There were some general practitioners who were supportive, and hopefully midwives would work with them and work something out.

She acknowledged the vision of the Minister of Health, Helen Clark, in helping to bring about the current reality of change.

TOO MUCH INTERFERENCE DURING BIRTH - DOCTOR

(Otago Daily Times
Monday August 20, 1990
by Barbara Fountain)

Twenty-five percent of babies born in New Zealand last year were "pulled out" or "cut out" of their mothers.

Statistics such as these reveal the level of "medicalisation" of childbirth in New Zealand according to the European office director of maternal and child health for the World Health Organisation, Dr Marsden Wagner (Copenhagen).

"You have far more interference in pregnancy than is necessary in this country," Dr Wagner said.

"Somewhere between 30 and 40% of all women during delivery in New Zealand are made dead from the waist down".

"Nowhere else in the world do I know of such extensive use of epidurals," he said.

The use of this form of pain relief meant the woman was no longer able to carry out her own pregnancy and forceps were needed to deliver the baby.

The national rate of forcep delivery in 1989 was 14% compared with 5-7% in some Western European countries

NEW ZEALAND COLLEGE OF MIDWIVES
Annual Report 1989-90

NATIONAL COMMITTEE

BOARD OF MANAGEMENT

Karen Guilliland - President
Jacqui Anderson
Kathy Anderson
Julie Hasson
Del Lewis
Lynda Bailey

CONSUMER REPRESENTATIVES

Marcia Annandale	La Leche League
Celia Grigg-Sowman	Maternity Action Alliance
Sharron Cole	Parents Centre (NZ)

REGIONAL CHAIRPERSONS

		Membership (July 1990)
Lynley McFarland	Northland	26
Glenda Stimpson	Auckland	300
Kitty Flannery	Waikato/BOP	123
Julie Kinloch	Eastern/Central	74
Kathy Glass	Wanganui/Taranaki	78
Marion Lovell	Wellington	92
Angela Kennedy	Nelson	55
Anne O'Connor	Canterbury/Westland	132
Suzanne Johnson	Otago	61
Margaret McDonald	Southland	36
	Total	977

Total Membership breakdown :		
	Midwives -	851
	Consumers	66
	Affiliated Groups	61
	Overseas	3
		980

The National Committee has met three monthly in Christchurch. An evening workshop precedes the General Business day. Workshop topics have included : Politics and the Media; Position Statements; Direct Entry Midwifery; Breastfeeding Protocols and Midwifery Autonomy. The AGM is to be held in Dunedin on the 17 August 1990.

I take great pleasure in presenting the 1989-90 Annual Report for the New Zealand College of Midwives.

Article Of Interest

Research on high risk

A specialised Doppler ultrasound machine is being used for research into high risk pregnancies at National Womens' Hospital.

Dr Lesley McCowan, senior lecturer in obstetrics and gynaecology, says, "We are using Doppler purely for research in New Zealand – overseas it is widely used in the management of pregnancy."

Dr McCowan believes that "in obstetrics we have jumped into too many things too quickly before evaluating the evidence." So Doppler will continue to be used for research until all the evidence is in.

Doppler looks at the blood flow of the mother and the baby. Ten years ago, women had to be injected with dyes and radioactive material to monitor blood flow. The Doppler shows the movement of the blood cells, and assesses the blood circulation of the developing baby and the flow of blood from the mother to the foetus via the placenta.

The machine contains a complex computer which produces a wave form on to a graph showing changes in frequency as the blood cell moves along the blood vessel.

"In very growth retarded babies, the Doppler can show changes in the blood flow to the baby's brain."

Dr McCowan says it is hoped that the technology may identify high risk pregnancies where the fetus is unwell and stillbirth is a risk, at an earlier stage than clinical or other management methods. This could allow treatment to be started sooner if the problems are identified.

High blood pressure, small babies and auto-immune disease (lupus anti-coagulant) are among the types of high risk being examined.

The projects

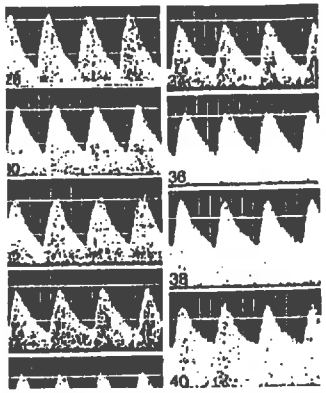
Dr McCowan's team is currently working on several projects looking at women with serious high blood pressure who need drug treatment. "We're looking at the three drugs commonly used in New Zealand to see if they are good, bad or have no effect on the mother's circulation."

A new project, if funding can be obtained, would involve a randomised controlled trial looking at women with very high risk pregnancies and whether the use of Doppler leads to an improvement in perinatal morbidity.

Doppler has been used for about 20 years detecting blocked or narrowed blood vessels. It has been used overseas for about 10 years on pregnant women and no adverse effects have yet been shown, according to Dr McCowan.

She believes Doppler is safe as long as safe power levels are adhered to. In her work, all the scanning machines are set to power levels as recommended by the US Food and Drug Administration.

"All the women involved in the research projects sign consent forms and are given information about Doppler ultrasound."



Normal umbilical arterial doppler recording 28-40 weeks.

The midwives stance

The NZ College of Midwives takes the following stance on ultrasound:

- We do not object to the use of diagnostic ultrasound in pregnancy where there is a medical indication of need; but even under those circumstances the woman has a right to be informed of the potential risks and relevant areas of uncertainty regarding the latent effects of ultrasound.
- We recommend that health care providers obtain written informed consent for obstetric procedures involving ultrasound.
- We oppose the use of ultrasound *routinely* in prenatal care.

The College is opposed on the following gounds:

No well-controlled study has yet proved that routine scanning on all antenatal clients will improve the outcome of pregnancy. The debatable immediate benefits of diagnostic ultrasound used in obstetrics may not outweigh the potential risks.

It is unknown whether any effects of ultrasound on tissue are cumulative.

We cannot say with assurance that ultrasound does not produce subtle or delayed harmful effects. There is some evidence which points to effects on IQ, birth weight, childhood cancers, communicative disorders, behavioural disorders, chromosome irregularities, ovarian and cell changes.

It is not 'sound' – it is radiation between 2-4 megahertz (million cycles per second).

There are three types of ultrasound: scanning devices, doptones and external fetal monitors. Only the scan is pulsed and usually short term. Both the others are continuous and can be of hours duration. No research so far has differentiated between the methods used.

Clear criteria need to be written as to what constitutes medical indications for usage and what is a "high risk" pregnancy. It is obviously still an experimental procedure and if it hasn't a proven benefit and there is doubt about the risks – should it be used at all?

The NZ College of Midwives specifically rejects the routine use of ultrasound technology including cardiotocography during pregnancy, labour and the postpartum period. ■

References:
Diagnostic ultrasound in obstetrics and gynaecology Technical Bulletin No 63 American College of O&G Oct 1981.

The other part of the problem was that once the decision was made to pull a baby out 94% of the time forceps were used, and 6% of the time a vacuum machine was used.

These figure should be opposite, Dr Wagner said, as research had shown forceps caused more damage to the baby's head and to the woman.

"Not only are you using forceps twice as often as you should but you are using the wrong instrument."

The WHO has stated epidurals should not be used solely for pain relief.

"They are the second most common cause of women dying during childbirth in Britain," Dr Wagner said.

Combining the rate of forcep delovery with that of caesarean delivery (11%) 25% of women in New Zealand were having their babies pulled out or cut out, Dr Wagner said.

At Christchurch Women's Hospital the rate was 37%, Wellington Women's Hospital 30% and National Women's Hospital in Auckland 27.8%.

These women were being subjected to all kinds of risks as well as being denied the experience of birth, Dr Wagner said.

The women could also be left with a feeling of "my body doesn't work", he said.

"The single most important thing to change all this is to put midwives in charge of all normal pregnancies and births," Dr Wagner said.

In the Netherlands more than 70% of all women had a midwife as the only attendant, there was never a physician in the room, and the country lost the fewest babeis at birth.

Dr Wagner stressed these midwives were working in hospitals and were not a group of "hippy-like" women as some doctors in New Zealand sought to portray midwives.

Many of the problems in pregnancy started when drugs were given for pain relief, he said.

"The single most valuable pain relief is another woman there giving her whole support."

In New Zealand hospitals research has shown that every time shifts changed the pain relief usage went up.

If there was a system with continuity of care this wasn't a problem, Dr Wagner said.

"A whole generation of New Zealand women have been denied what their European counterparts take for granted."

"The young New Zealand family starting out in life get a very wanted pregnancy, take out money and pay for a private obstetrician because they believe it will give them a safe pregnancy. They are going to get into all this unnecessary management and it is going to cost them money that is thrown away

"There is a whole generation of New Zealanders who truly believe this is the way it has to be done."

They had to be made to understand that midwifery was not second-class obstetrics, Dr Wagner said.

Control and power were the issues at the heart of the battle for pregnant women, he said.

Dr Wagner was in Dunedin for the annual conference of the New Zealand College of Midwives.

MIDWIVES CAN SOON CUT TIES TO GPs

(by Frances Ross Health Reporter)

Doctors' exclusive legal right to deliver babies would end within the next three weeks midwives were told at the weekend.

Health Minister Helen Clark told the College of Midwives' national conference in Dunedin that the Nurses Amendment Bill, which would give midwives the right to practise autonomously, would be passed by the end of the parliamentary session.

She indicated that associated changes would be made to allow them to prescribe medicines, to order routine diagnostic tests and to claim social security benefits.

She said midwifery had to battle for recognition "not only because it offers a different philosophy and perspective on one part of our health service delivery, but also because as a female-dominated occupation, it suffers from

the inequitable treatment common to other such occupations throughout the workforce."

She dismissed objections, raised in submissions to the select committee considering the bill, that the safety of mothers and babies could be compromised by the change.

The Medical Association, The Medical Women's Association, the Royal College of Obstetricians and Gynaecologists and the College of General Practitioners suggested midwives acting alone were not competent to deal with complications at birth.

The College of Midwives, however, said midwives were trained to recognise when difficulties that could require intervention were necessary, and to refer women if approporiate.

College president Karen Guilliland said that though the collective groups were negative, many individual GPs supported the move to autonomy.

"We always thought it would come because it seems so right to give women this sort of choice, but it needed a woman minister to recognise the issues and deliver the legislation."

Ms Clark said technology and the accompanying trend to institutional care in childbirth had lead to pregnancy and labour being treated as if they were illnesses.

"But I understand that 85% of births are regarded as normal and do not require medical intervention as a matter of course.

"Nothing in the proposed bill is detrimental to mother and child. Indeed the converse may well be argued.

International studies suggested midwifery care during pregnancy would lead to higher birthweight babies and fewer complications in labour.

As well as legislative change, there was a need for changes in attitutde by other health professionals and consumers, as well as a willingness on the part of area health boards to explore new ways of providing services.

She was surprised there were not more complaints from women about conditions in maternity wards.

She said she would promote direct entry training for midwives, though there was some division of opinion within the nursing profession on this. At present, midwives must first qualify as registered nurses.

GRANDMA MARY LOOKS BACK

(Wellington Contact, August 31 1990)

Mother of five, grandmother of ten, Mary Dobbie says she has seen many changes in the way babies are born - and in the way their parents are treated.

She is delighted she adds, at the new legislation which will allow midwives to have full control of normal childbirths.

"There has been a tendency for technology to take over and many women - especially with small hospitals being closed - have felt there is no choice between the technology of a big hospital and a home birth."

Mary Dobbie, who is the founding president of the Auckland Parent Centre, has now written a book about the growth of Parents Centre in New Zealand - a movement she points out that began in Wellington.

The Trouble With Women which was published this week by Cape Catley, looks back on the 40 years since the movement of natural was started in Wellington by Helen Brew.

In the 1940s when Mary Dobbie had her first two children in Auckland, things were very different. "Women were knocked out, unconscious for the birth of their child. It certainly didn't teach one about how one's body worked in childbirth. However as secretary of the New Zealand Family Planning Association I carried the torch for painless childbirth," she says.

By the time her next two children were born (in the early and mid 1950s) the family had moved to a farm. "From a timing viewpoint it wasn't possible to be given drugs at the hospital so I was blotted out with ether instead."

By the time she found she was pregnant again she was, she says, determined there ought to be another way. This led her to the Parents Centre movement which she helped found in Auckland in 1959 and to natural childbirth.

She says a lot of what women have fought for down the years has now been achieved.

PAINKILLER LINKED WITH CANCER

(The Auckland "Star" Wednesday, August 22, 1990)

A painkiller for women in labour and a vitamin for newborn babies, both commonly used in New Zealand, may be linked to childhood cancer, suggest an overseas study.

A report in the British "Journal of Cancer" said women who received pethidine or a related drug, pethilorfan, were at four times the risk of developing cancer compared with women who did not receive the drug.

The report said the safety of pethidine had been questioned before but the new study also reported unexpected links between childhood cancer and vitamin K.

Vitamin K is given to almost all babies by injection within an hour of birth to reduce the possibility of brain haemorrhage or other bleeding.

The study said babies given the vitamin appeared to be three times more at risk of developing cancer by the age of 10 than infants who did not recive it.

The authors of the study said women should not be alarmed as the findings could be the result of change, but they want further research done.

The study was done by Dr Jean Golding and colleagues from Bristol's Royal Hospital for Sick Children, and Dr Leo Kinlen, of the Cancer Research Campaigns's epidemiology unit in Edinburgh.

Both pethidine and vitamin K are commonly used in New Zealand. Almost all babies receive the injection, with their mothers' consent.

The head of National Women's Hospital obstetrics and gynaecology, Professor Colin Mantell, told the Sunday "Star" that New Zealanders should not be concerned at the findings as the researchers themselves warned against panic.

"I don't think we should disregard the report but we need to be careful. Cerebral haemmorhage is a very serious problem in newborn babies. I will need to look at the full study before deci ding on anything definite," he said.

Another Auckland obstetrician estimated "pretty well every woman in New Zealand would have had one or been involved in the other. I would hope all babies get the vitamin injection."

"It would be dangerous suggesting a link with cancer without very strong evidence. It would be like saying every child who drinks tap water could develop cancer," he said.

The study followed for 10 years 16,193 British children born during one week in April 1970.

By 1980, 33 of those children had developed or died of cancer.

The researchers compared the births of the 33 children with 99 who had not developed cancer.

Apart from the mothers' use of pethidine and vitamin K, other risk factors for childhood cancer were found to be smoking during pregnancy and abdominal X-rays.

The X-ray risk was not found to be high.

The doctors reported that the association of cancer with vitamin K was unexpected and it was important the link with pethidine be tested in another series of cases.

"Both pethidine and vitamin K are valuable drugs and it would be a retrograde step to stop using them," Dr Golding said.

"This is the first suggestion of a link between cancer and vitamin K and we need to find out if it is really dangerous, with other studies."
