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P O Box 21-106
CHRISTCHURCH

Auckland Home Birth Assoc[illegible]
PO Box 7093
Wellesley Street
AUCKLAND
Subscription paid until:April 1993

New Zealand College of Midwives (Inc)

NATIONAL NEWSLETTER

JULY 1992

Annual General Meeting

B O M Profiles

Celebrating New Zealand Midwives

NEW ZEALAND COLLEGE OF MIDWIVES CONFERENCE

AUGUST 28,29 & 30
1992

VICTORIA UNIVERSITY
WELLINGTON

Contact:

Conference Committee
P O Box 9600
Wellington
New Zealand

Ph 04-388-6592

New Zealand College of Midwives

Membership Form

REGIONAL INFORMATION

Name _____

Address _____

Telephone _____ Home _____ Work

Work Place _____

Date of Birth _____ ARE YOU CLAIMING MATERNITY BENEFIT?

TYPE OF MEMBERSHIP

Full Membership	(Waged)	$120.00 } includes
Full Membership	(Unwaged)	$ 40.00 } Indemnity
Full Membership	(Students)	$ 40.00 } Insurance
Associated & Affiliated Membership		$ 25.00

METHOD OF PAYMENT Please tick your choice of payment method.

Subscription payable to College Treasurer (Please enclose cheque or money order)
Subscription from Salary (Please arrange with your pay office)
Automatic Payment (contact Treasurer)

NATIONAL INFORMATION

Name _____

Address _____

Telephone _____ Home _____ Work

Place of Work _____

Bate of Birth _____ ARE YOU CLAIMING MATERNITY BENEFIT? YES/NO

TYPE OF MEMBERSHIP

Waged
Full ---------- Associate Affiliate
Unwaged

ARE YOU A MEMBER OF NZNA YES/NO NZNU YES/NO

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)
Automatic Payment (contact Treasurer)
PLEASE RETURN COMPLETED FORM (TOGETHER WITH MONEY IF APPLICABLE) TO YOUR REGIONAL TREASURER.

NOTES

NEW ZEALAND COLLEGE OF MIDWIVES (INC)
National Midwifery Resource Centre

First Floor 183 Manchester Street
Christchurch

Telephone 03-772-732
From 21/8/92 **03-377-2732**

President	*Karen Guilliland*	136 Springfield Road Christchurch 8002 Phone 03-355-9579

Board of Management

National Co-ordinator	*Karen Guilliland*	136 Springfield Road Christchurch 8002 Phone 03-355-9579
Treasurer	*Kathy Anderson*	34 Rutland Street Christchurch 8002 Phone 03-355-4700
Newsletter Editor	*Karen Barnes*	328 Blenheim Road Christchurch 8004 Phone 03-348-2691
Secretary (Membership)	*Margaret Stacey*	P O Box 21-106 Christchurch

EDITORIAL

Welcome to the new newsletter, coming from your National Midwifery Resource Centre, in Christchurch.

As we take up this responsibility, we pass on our thanks to all those from the Wellington Region who have worked so hard over the last two years. Special thanks to Beryl Davies, previous Newsletter Co-ordinator. See page 3. for a final report from the outgoing Board of Management.

There is so much information in this newsletter. Do read carefully, as so much has been happening and the upcoming events all look challenging too. Do make an effort to get to Conference in August as this promises to be a very enlightening and fun time and it will be great to meet others from throughout New Zealand, involved in our profession.

As the "Editor" of this newsletter, I look forward to your personal contributions, suggestions and criticisms. It would be really valuable if you could submit reports and pertinent newspaper clippings (sourced and dated) from your region, so we can all learn what's happening in other areas of New Zealand. Some areas also have limited access to seminars and speakers, so reports from seminars and workshops you've attended and information you've gained could be shared with those Midwives in more isolated areas. This will hopefully alleviate a Canterbury bias on news!

Our College is also rapidly becoming seen as the mouthpiece for all Midwives by other professions and the government, and the newsletter and College mailing list will become the way for information to be disseminated to all Midwives. So this stresses the need for you and your colleagues to become and remain members of the NZCOMI. So please note, **you have until the end of July to pay your subs to your local treasurer.** Happy reading to you all.

Karen Barnes
on behalf of BOM

attitude to life. Three years later, after time around Russia, Scandanavia, the Eastern Block, Europe, Egypt and the Middle East, it was time to return to New Zealand.

I returned to work at Christchurch Women's Hospital where I quickly became involved in the local Midwifery and scene and was National Treasurer of the Midwives Section of the NZNA. Before I knew it, I was part of the newly formed College of Midwives in the capacity of National Treasurer and Board of Management member. A very busy time intermingled with getting married to Craig and the birth of Nicholas and Emma.

Paid employment wise, I am now a part time Domino Midwife and part time in Delivery Suite at Christchurch Women's.

My commitment to midwifery and the College has been very much spurred on by the achievements that have been made.

I hope that with your active involvement at local level, we, the new BOM and National Committee can keep up the present momentum for the good of the Birthing Women and Midwives.

KAREN BARNES
Newsletter Editor

Married to Kevin
Children : Simon (5 years)
Matthew (19 months)

My interests lie with my family and I'm presently learning a lot about becoming a better parent. I enjoy crafts, aerobics and travel, having been overland through Asia and around Europe with a six week old baby! But I enjoy people and can say I do find being a Midwife not only a rewarding "job" but also an exciting "hobby".

KATHY ANDERSON
National Treasurer

Married to Craig.
Children : Nicholas (4years)
Emma (13 months)

General Nursing Training done 1972-1975 in Ashburton so that I could continue my interest in horse riding.

Following my training I decided to spend a year with Volunteer Service Abroad but alas was told I must do my Midwifery or have tutoring skill. I reluctantly enrolled to do my Midwifery. The memories of my days as a Student Obstetric Nurse weren't good - the sound of episiotomoy, the sight of forceps deliveries, breast binders, sore perineums and crying babies lined up in the nursery, etc. My Midwifery training at St Helen's Wellington in 1976 found me relieved that this wasn't what Midwifery was all about.

I never did get to do Volunteer Service Abroad - the person I was to replace in Papua New Guinea decided to stay on about seven weeks before I was due to go. Having friends heading overseas, I decided to join them and spent the next three years wandering the world - Asia, Katmandu, London, Europe, UK, USA. However, all good things eventually came to an end (in this case, money!) and I returned to New zealand.

I spent nine months in Ashburton Maternity Unit as a Midwife then made a move to the Delivery Suite in Christchurch Women's Hospital where I stayed for three years. My knowledge in Midwifery growing all the time, I became involved in the Midwives Section of the NZNA.

However, my feet were very itchy and Africa was calling, so Pack on Back, I set off once more. Johannesburg to London via the Central Sahara. Six months later certainly did a lot to change my values and

FINAL REPORT FROM OUTGOING BOM

When the Labour Government passed the Nurses Amendment Act in August 1990, the NZCOM had just appointed a new Board of Management from the Wellington Collective. Along with other midwives, its six members were delighted by Helen Clark's achievement, but soon realised that although new regulations offered more scope for practising midwives, they didn't automatically produce higher standards and wider recognition. Organisation, research - and lots of discussion with Health Authorities - would be needed to put the regulations into practice and help midwives take full advantage of new opportunities.

Since the appointment of the new Board, two members resigned and one replacement was found. Agendas at the weekly meetings covered a wide range of topics, from relations with the Government (particularly the Health Department), contracts with Area Health Boards, maternity benefits and wrangles with doctors - some of whom see midwives as a threat to their obstetric practices, and their income!

There have been national committee meetings every three months; a great deal of hard work, but essential if the College is to keep in touch with members all over the country. National President, Karen Guilliland, has flown in from Christchurch frequently to lead delegations to Ministers Upton and O'Regan. It is sometimes difficult to gauge how much is achieved at these meetings, but by being there we are maintaining a high profile for the profession and some of the good sense we talk must sink in.

Indemnity has proved a complex issue, particularly for Independent Midwives, but the College now has an arrangement whereby satisfactory cover is provided for NZCOM members.

Finances are tight. We have had to establish the College on a shoe-string, and will not have the resources to grow in the way we all hope unless we find more funds. membership drives and money-raising ventures must have high priority over the next financial year.

The past two years have been very demanding for Midwives; some have been setting up private practices, others have been negotiating appointments and conditions which acknowledge the new status of the profession. The Wellington Collective has been particularly busy with more Midwives under contract than any other region, a National Conference to be planned and Domino committed to producing research material.
All this has reduced the time available for College or BOM affairs, which have also become increasingly complex. For example, a welcome grant from the Work Force development Fund immediately changed the Treasurer's duties from simple accounting to a nightmare of GST returns and the like. The present Secretary had to take over half-way through the Board's tenure -a complicated and time consuming task.

With so much to be attended to, the Board has frequently felt under pressure, but we hope energy and commitment have compensated for the organisational inadequacies resulting from the heavy demands on members time.

As we approach the second anniversary of the achievement of "independence", the Board is very aware there is much to do if the College is to ensure the highest standards of professional practice, and guard our autonomy. "The price of freedom is eternal vigilance."

We send our best wishes to the new Co-ordinator and her support team as they take up these challenges, and remind all members that the success of our College depends on support and commitment from every one of us.

Jeanie Douchē
Lynley Davidson
Beryl Davies
Christine Griffiths
Marjorie Magan

PROFILES

KAREN GUILLILAND

National Co-ordinator

I registered as a Midwife in 1978 and over the years became more and more involved in the politics surrounding birth. Midwifery is the most rewarding job I have ever had but it was the gradual recognition that a woman's right to a childbirth experience of her choice was seldom realised in the system which finally took my energies from practicing as a Midwife to campaigning full time for the reinstatement of the Midwifery Model within childbirth services.

My work experience includes various nursing posts in New Zealand, UK and Australia, Midwifery at Christchurch Women's Hospital, six years as a women's health tutor at Christchurch Polytechnic and independent midwifery practice.

I presently represent the College on the Nursing Council of New Zealand and am involved as Midwifery Advisor for Parents Centre, Otago Midwifery Degree Course and United Nations Economic Commission.

I am married to a patient and extraordinary supportive man, Tony, and we have three equally supportive children; Perry 25, Kate 17 and Ben 15. Perry's partner Lorna is about to have their baby in September which will make me a grandmother at the ripe old age of 42! As they all live in Zimbabwe, my family and I are very keen to indulge in our passion for travel once again and explore the African continent.

As part of the week of activities which we hope will be initiated regionally too, the College intends to launch the long awaited Breastfeeding Handbook. This will be done at the Midwifery Resource Centre with the media and invited guests amidst a poster display.

If you have any helpful contacts, ideas or some energy to help us, please contact the Midwifery Resource Centre (Ph 772-732) and leave a message for the WBFW Committee.

Contact your local Chairperson for details of events in your area

VACANCY

PRACTICE MIDWIFE

We are a four-doctor General Practice in South Auckland. Two doctors presently perform full obstetric care.

We are looking for a midwife to take over our obstetric care, based at our practice, performing antenatal care and delivery as an Independent Practitioner.

If interested, please write to us at

P O Box 19
Drury
AUCKLAND

NATIONAL CO-ORDINATOR'S FORUM

[1] HOSPITAL MIDWIVES AND INDEPENDENCE MEETING WITH NZNA

On Wednesday 17 June 1992 New Zealand College of Midwives representatives Karen Guilliland, Viv McEnnis and Mary Clare O'Reilly, met with NZNA's Executive Director Gay Williams and Deputy Mary Gibb. The College had requested a meeting to discuss the issues surrounding independent Midwifery practice in hospitals.

Many hospital Midwives have voiced concern about the lack of recognition by the Area Health Boards of the changing role of the hospital based Midwife and the increased responsibility autonomy has brought. Midwives wished to have this independent role acknowledged by NZNA and to initiate talks between our two organisations on ways to address Midwifery issues arising from independence.

Discussion focused on the workforce repercussions of the migration of Midwives into independent practice, the changing work patterns associated with continuity of Midwifery care, and the changes in maternity services associated with the health reforms (e.g. contracting out of normal birth, what will be identified as core health services).

We briefly discussed the increasing concerns from College members at award negotiations being linked to the clinical career path. Many Midwives feel this "hierarchial" approach does not reflect the holistic nature of Midwifery and undervalues the Midwife as an independent practitioner and Midwifery as a career in its own right. We discussed the feasibility of separate negotiations for Midwives.

Gay assured us the needs of Midwives in NZNA are recognised and invited the College to participate in the next Social Economic Welfare

Committee's meeting 16-17 July. The meeting will ensure continuing dialogue and create a forum for discussing ways hospital Midwives' needs can be addressed regionally. Future negotiations, bargaining agents and what we should look at collectively will also be on the agenda.

We look forward to useful discussion and an ongoing liaison with NZNA as we identify ways to ensure employers recognise hospital Midwives as independent practitioners.

[2] MATERNITY BENEFITS TRIBUNAL

The Minister of Health has announced he will establish a Tribunal as requested by the NZ Medical Association.

The Tribunal's terms of reference are not yet known but are likely to include - level of fees
- number of schedules
- pattern of payments

The Medical Association's resistance to tripartite talks/fee negotiations between the College of Midwives, Department of Health and themselves is centred on their belief that there should be separate schedules for doctors and midwives. They also wanted an increase in their benefit payments. The College supports one schedule based on the principal of equal work, equal pay.

The College is very disappointed negotiations have not been possible between the three groups as we have always believed discussion and negotiation could have solved many of the issues.

We have consistently requested tripartite negotiation take place and it is of some concern that we now face a lengthy and expensive process that should have been unnecessary. As a small newly established group, with minimal resources, our position in this Tribunal hearing can only be viewed as inequitable and we will be taking up this issue with the Minister.

[4] 2ND INTERNATIONAL HOMEBIRTH CONFERENCE

When : 4-7 October 1992
Where : University of Sydney
Australia
Challenge : "Reclaiming our Heritage - Creating our Future"
Further Info: Conference Secretary
2nd International Homebirth Conference
GPO Box 2609
Sydney NSW 2609
Australia Ph (61-2) 241-1478
Fax (61-2) 251-3552

[5] "BIRTH IN 21ST CENTURY"

When : 16th, 17th and 18th October 1992
Where : Centra Hotel
Auckland, New Zealand
Further Info: "Birth in 21st Century"
Box 52-065
Kingsland
Auckland 3 New Zealand

[6] INTERNATIONAL BREASTFEEDING WEEK

1st to 7th August 1992

UNICEF and the World Alliance for Breastfeeding Action (WABA) are sponsoring "World Breastfeeding Week", August 1-7, 1992 and are providing a spotlight for the initiation of activities. Their theme is *"The Baby Friendly Hospital Initiative"*.

The process by which a hospital is designated Baby-Friendly is quite complex however the basis of a BFH is one who follows **all** of the "10 steps".

UPCOMING EVENTS

[1] NZCOMI CONFERENCE - VICTORIA UNIVERSITY
See front inside cover for details

[2] PREVENTION OF COT DEATH
One Day Conference for health professionals
When : 14 July 1992
Where : Alexander Park Conference Centre
Green Lane Road
Auckland
Cost : $30.00 (includes lunch)

Contact : Anna Bell
Education & Development Service
Green Lane/National Women's Hospt
Phone 09-630-9971

[3] SPIRITUAL MIDWIFERY WORKSHOP
Christchurch
Wednesday 16th - Sunday 20th September 1992
09.30am to 5.30pm daily.
Contact : Carolyne 03-352-7683

Nelson
Saturday 5th September 1992
09.30am to 5.30pm
Contact : Karyn 03-548-0172

Midwives reject NZMA costings on services

BY LYNNE LARACY

The NZMA has been accused of misusing Department of Health figures to imply doctors provide a cheaper maternity service than midwives.

President of the College of Midwives Mrs Karen Guilliland said both she and the commissioner of the internal Department of Health report on maternity costs agree that the report is inconclusive and needs further investigation.

Chairperson of the NZMA Dr Alister Scott recently released a report commissioned by former Department of Health manager of fees and benefits Mr Warren Thompson which found that in a survey of 1000 births, GPs claimed an average of $754 per delivery while midwives claimed an average of $1316.

"We have been saying for a long time that the maternity benefit is not the right way to pay midwives and now we have the figures to prove it," said chairperson of the maternity benefits negotiating committee Dr Philip Rushmer.

Mrs Guilliland said the figures are being used out of context and ignore the realities of work done by midwives.

"It does nothing for Dr Scott's credibility to release unreliable data and misuse Department of Health information while refusing to discuss it with the department or the college.

"The NZMA is being irresponsible and trying to deny women choices in childbirth."

Mrs Guilliland said the preface to the report states that differences in claiming may reflect differences in how doctors and midwives respond to a birth and therefore the length of time spent with a woman in labour.

The GP costs quoted in the survey included delivery, 11 antenatal and four postnatal visits but did not include area health board costs although most GP deliveries were performed in hospitals. Midwives' claims included delivery, four antenatal and six postnatal visits.

Mrs Guilliland said what has been ignored in the use of the figures is that a doctor is paid for attendance of the actual birth while a midwife is paid to attend throughout labour and in the post partum period.

"For this they are receiving $745. We do many more hours and claim an average of $1316.

"Let's not forget that this work is still done by midwives whether or not a doctor is present.

"Midwives are with the woman before, during and after labour and the whole system has been set up so that the doctor can come and go.

"But hospital midwives' work has been completely ignored in the GPs' figures," she said.

According to the NZMA, of the 1000 deliveries surveyed 575 were carried out by GPs alone, 26 by midwives and the remainder by a combination of health professionals.

The latter were the most expensive with deliveries involving specialists, GPs and midwives averaging a cost of $1900.

Midwives claim GPs seldom do deliveries alone but the forms used leave no space to name other attendants.

Dr Rushmer said midwives also have significantly higher transport costs - an average of $400 per delivery, compared to GP claims of an average of $65.

He said this was because many midwives conducted ante and post natal visits in the home.

Mrs Guilliland said both doctors and midwives receive $20 for each antenatal and postnatal visit.

"For this a doctor spends about 10 minutes, and much of the work is often done by the practice nurse.

"Midwives spend a minimum of one hour, and up to three hours assessing and monitoring the mother and baby, and discussing all the physical, emotional and family needs.

"We deal with breast-feeding and parenting

Fees claimed by doctors for maternity services do not include the hours of counselling and attendance by hospital midwives (pictured above); independent midwives, on the other hand, say their fees are higher because they claim for attendance before, during and after labour

because we believe that this is essential, particularly in the light of increasing pressure and violence in the home," she said.

Dr Rushmer said the benefit has been set up by doctors and for doctors and has run that way for 50 years.

"If severe claimants are putting up enormous claims then it will jeopardise the maternity benefit scheme for everyone," he said.

Mrs Guilliland said that midwives cannot be blamed for the increase in maternity benefit claims.

"We claimed $1 million out of the total maternity payments of $59 million last year.

"The massive rise in claims correlates more to ultrasound and laboratory service rates than the relatively few midwives through the country who have been claiming the benefit," said Mrs Guilliland.

[4] MATERNITY BENEFIT - MIDWIFE ONLY CLAIMS

When two Midwives are involved in a Midwife Care only situation, please remember the following:-

* If the second Midwife attendance is **not** prearranged, claims should be made under (F) Consultations, on the same basis as General Practitioners.

(1)	Opinion Only	$ 63.40
(2)	Further consultation on same problem	$ 31.70
(3)	For opinion and effecting delivery	$285.00

* If the second Midwife attendance **is** prearranged, claims must be made according to the reasons for such an arrangement.

* If it is to cover the baby, claims should be made under Paediatric Services F4. Otherwise two Midwives providing full care is undershared.

NB: Explanatory note whatever the claim must reflect the reasons for two Midwives attending.

Infertility link with Caesareans

Women with a previous history of infertility are more than twice as likely to undergo emergency Caesarean section than women without such a history.

The risk among 114 women with a history of infertility who reached 16 weeks' gestation with a single foetus was 2.43 compared with matched controls.

The incidence of common antenatal complications and the child's birthweight were unaffected by such a history.

- inaccessible and inadequate health services;
- too few Midwives;
- inadequate continuing education for Midwives;
- quality of Midwifery education and its relevance to practice.

Specific to this workshop was the commitment to network amongst ourselves, collate and share current education courses available and meet again to assess progress.

It made me very aware that in our own political battles we have spared little time or energy to address our neighbours more pressing problems.

At the last National Committee meeting of the College it was decided to write to workshop participants from the South Pacific and invite them to our Conference in August, waiving registration and accomodation fees as a very small contribution towards sharing knowledge with our midwife neighbours.

I look forward to meeting all of those wonderful midwives again, introducing them to New Zealand Midwifery and giving New Zealand Midwives the opportunity to listen to the achievements and problems of other cultures.

[5] 3RD ASIA PACIFIC REGIONAL PRE CONFERENCE WORKSHOP
Melbourne 23-24 March 1992

The purpose of the Workshop was to provide a forum in which Midwives from countries within the Asia Pacific Region where maternal morbidity is unacceptably high, can discuss and exchange ideas about ways in which safe motherhood might be achieved through education.

To illustrate the enormity of the problem, Dr D Sungkhobol, WHO Regional Officer, identified for us that our region covers 6% of world area, accounts for 25% of the world population but is responsible for 60% of maternal mortality.

The five main causes of mortality are:

abortion
infection
obstructed labour
haemorrhage
eclampsia

The root cause of death however is poor socio-economic welfare and the low status of women in these countries.

It was humbling to listen to the plight of so many women and the chronic struggle of their Midwives to improve birth outcomes.

The 14 countries represented by approximately 30 Midwives broke the workshops into small groups and in two days identified nine priority problems, some strategies for dealing with them and expected outcomes to be achieved by the next regional meeting. Subjects covered:

- inequities for women - where literacy development in antenatal education was a strategy;
- unregulated fertility;
- inadequate ante and postnatal care;
- too few trained assistants at delivery;

[4] DOMICILIARY REPORT ON AGM
Auckland May 21st and 22nd 1992

Fifty one midwives from throughout New Zealand attended.

As usual, we had a stimulating time discussing the many and varied issues related to domiciliary midwifery. It was great to see many familiar faces and a real pleasure to meet some of the midwives who are branching out into home births. It was lovely to have the time to socialise and as it does every year, the time went by very quickly, our meeting was over and on to the Home Birth Conference.

The midwives present discussed the future of the DMS particularly in light of changes to the midwifery profession and the fact that we now have the College of Midwives to represent us professionally. There was a strong consensus that the Society still fulfilled a purpose to provide a forum for midwives attending home births to get together and share their thoughts, feelings and problems.

It was felt that the main purpose of the Society was to organise at least two meetings a year for home birth midwives to get together; one of these meetings should always be prior to the National Home Birth Conference wherever it was being held so that midwives would be able to continue on to the conference. It was also agreed that membership of the DMS meant a willingness on the part of the midwife to uphold the Standards of Practice of both the NZCOM (Inc) and the DMS. A willingness to participate in Domiciliary Midwifery Standards Review Committee (DMSRC) and to provide statistics for analysis by the Home Birth Associations. Midwives belonging to the DMS would also agree to maintain and promote the midwifery model of practice which had as its cornerstone the partnership between women and midwives. The DMS will produce a list of its members to give to the College, the Home Birth Associations and other consumer groups.

The other function of the DMS is to provide representation on the DMSRCs around the country and any other committees which require a domiciliary midwife representative.

Other Topics for Discussion included:

Statistics:

It is really important for the Auckland Home Birth Association to have statistics forms for every planned home birth (and the unplanned ones!) from the midwives attending them. Preferably not in a huge bunch just before the annual conference!! Each form costs $3.00 to process and the Auckland HBA would like them at regular intervals throughout the year to make their job easier with an accompanying cheque to cover the number of forms. If midwives do not have the appropriate forms, these can be got from the DMS or the Auckland HBA.

Tendering for Home Birth Services:

We discussed the two models of tendering for services presented by Anne Sharplin and Carey Virtue. Anne also provide a "herstory" of how midwives got to where they are today intertwined with the support of consumers and that this support should continue to be acknowledged as we move forward into a restructured health system. Agreement was reached on the importance and value of consumer involvement in tendering for home birth services in the regions and that where the individual Home Birth Associations were not in a position to tender to provide home birth services, midwives must take steps to initiate and ensure their involvement in tendering.

Home/Hospital:

We discussed the difficulties of offering midwifery care, as offered to home birth clients, in hospitals. Some domiciliary midwives have chosen not to take out access agreement while others are struggling to work within the interventionist and restrictive protocols set down by Area Health Boards. A difficult time with midwives being called on to account for their practice every step of the way. This was seen as being to do with the control of women and birth and that the "men" were fighting with their backs to the wall and we must not underestimate their strength.

[4] MATERNITY TRIBUNAL IS GOOD NEWS
NZ Doctor 2/7/92

BY ANDREA MALCOLM

The NZMA has won the latest stage of maternity benefit negotiations with the announcement by Minister of Health Simon Upton that a tribunal is to be appointed to advise on fees.

The tribunal, whose terms of reference and membership have yet to be decided, was requested by the NZMA which resisted tripartitie talks between itself, the College of Midwives and the Department of Health.

Midwives are far from pleased with the minister's decision.

"We are overwhelmingly disappointed that we couldn't all sit down and talk about the maternity benefits schedule and how it relates to midwives," said Mrs Karen Guilliland, president of the College of Midwives.

"It would have been far better to have had the negotiations resolved before RHAs are established."

The Minister of Health said that as doctors, midwives and the Department of Health could not agree, he was required to establish a tribunal to advise on the fees which should be paid for maternity benefits.

The NZMA believes that midwives should not be paid according to the same schedule as doctors.

NZMA chairperson Dr Alister Scott said the current schedule should not be applied to midwives who do not offer the same service as doctors but who offer a parallel maternity service.

"We think many of the difficulties between us and the midwives would probably disappear if we had different schedules," he said.

"Midwives would have to establish their own benchmark and argue for it. The current schedule was set in 1985 and related to doctors only. It is based on the training a doctor receives and the range of services a doctor offers."

However, midwives argue a separate schedule would be a retrograde step on their part.

"This is one of the few pay equity cases to have seen the light of day," said Mrs Guilliland. "We are paid according to the same schedules as doctors because we do exactly the same job. We acknowledge that doctors and midwives work differently and we would rather have sat down to talk about the appropriateness of the schedule and what it actually means for doctors and nurses to be on the same schedule."

According to legal opinion obtained by the Department of Health, current legislation does not allow for two schedules.

"We realise that there is a desire on the part of the NZMA for two schedules although we do not think this is necessary. We have had legal advice which says that separate schedules are not possible under the legislation," said Department of Health special projects manager David Curry.

However, Dr Scott said the NZMA has received contrary legal opinion that there is no reason why separate schedules cannot be introduced.

3. Manuscripts should be double spaced and include the author/s name, address, telephone number and the name of any institution with which the author is associated.

4. All papers will be considered by a panel appointed by the Council of Directors of La Leche League Great Britain.

5. La Leche League Great Britain reserves the right to withhold the award no papers of sufficient merit are submitted.

6. La Leche League Great Britain reserves the right to publish papers if appropriate.

[3] INTERNATIONAL LACTATION CONSULTANTS ASSOCIATION - 1993 MANUSCRIPT COMPETITION

The International Lactation Consultant Association is sponsoring a competition designed to identify outstanding manuscripts relating to human lactation or breastfeeding in 1993. Authors may enter one of two categories: a Literature Review competition or a Reserach paper competition. The winner in each category will receive $500.00 (US); winning manuscripts will be published in the *Journal of Human Lactation*. Entrants need not be members of the International Lactation Consultant Association. Students are encouraged to enter.

Competition in the Research Paper competition is open to published or unpublished authors; authors entering the Literature Review competition is limited to currently unpublished authors. The postmark deadline for entry in the 1993 competition is **January 5th, 1993**.

To obtain specific information regarding this manuscript competition, send a self-addressed (and stamped if US) envelope to:

K.G. Auerbach, PhD, IBCLC, Editor-in-Chief
JOURNAL OF HUMAN LACTATION
1993 Manuscript Competition - Dept N
2240 Willow Road
Homewood, IL 60430-3221, USA

Subscriptions to DMS:

These were set at $50 per annum; for unwaged and "poor" midwives a sliding scale from $10 upwards was set - the midwife to choose the amount she could afford.

We agreed to donate $3,000 to Maggie Matthews for the judicial review of the Coroner's Court case she was involved in.

Concern was expressed at Domiciliary Standard Review Committees having no legal status or credibility. It was important that they were initiated and organised by consumers and that consumers needed to get support from AHBs to do this.

We set the date for the next DMS gathering. It will be at Riverside Community in Nelson, beginning Friday 13th and finishing on Sunday 15th November 1992. Members of the DMS will be notified nearer the time. Those wanting to attend can put aside the time now!.

My thanks to Jenny Woodley and Carolyn Young for their able organisation and to all midwives for a successful meeting.

Bronwen Pelvin - Secretary, DMS.

NEWS & VIEWS

[1] **REMITS**

CONSTITUTIONAL CHANGES

REMIT 3 **Objectives**
3.10 Amend ".... to incorporate the principles of partnership, protection and participation as implied by the Treaty of Waitangi"
to
".... by recognising the Maori people as Tangata Whenua of Aotearoa, the Midwifery profession in New Zealand honours the principles of partnership, protection and participation as affirmation to the Treaty of Waitangi."

REMIT 7.7 **Rights and Responsibilities of Members**
7.7.3 Amend "... copy on joining"
to
on request.

REMIT 8 **National Committee**

Amend .... at least **one** consumer representative shall be from the same region as the current Board of management.

REMIT 14 **Decision Making**
14.2 Amend ".... and shall be by postal ballot to all members"
to
..... simple majority.

[2] **LA LECHE LEAGUE B/F AWARD 1992**

ANNOUNCING AL LECHE LEAGUE GREAT BRITAIN ®
BREASTFEEDING AWARD 1992
£200

FOR THE BEST ORIGINAL MANUSCRIPT ON BREASTFEEDING

Presented by LLGB with the generous financial support of **The Body Shop**

To celebrate the 21st birthday of La Leche League Great Britain, LLGB will present an award for the best original manuscript on breastfeeding. La Leche Great Britain is a voluntary organisation which provides support and information to women who wish to breastfeed their babies. It is affiliated to La Leche League International which was established 35 years ago. Through monthly meetings, telephone counselling and publications, and with the backing of a Panel of Profesional Advisors drawn from the medical and legal communities, La Leche League Leaders have encouraged thousands of women to breastfeed and to meet the needs of their babies.

Rules for Preparation and Submission of Papers

1. The papers must not have been previously published and must be the original work of the author/s. It may relate to any aspect of breastfeeding, including original research, review of scientific literature or commentary on cultural aspects.

2. Five copies of the manuscript should be submitted to the Council of Directors of La Leche League Great Britain, P O Box 29, West Bridgford, Nottingham NG2 6FY by 31 December 1992.

POSITION STATEMENT: Northland Region

Vit K

The New Zealand College of Midwives does not support the routine administration of Vitamin K to all newborn babies.

MISSION STATEMENT: Wellington Region

Artificial Rupture Membranes

The New Zealand College of Midwives does not accept routine use of artificial rupture membranes (ARM) in labour.

Amniotic fluid mutes noise

Pregnant women who work in noisy environments do not appear to be putting their babies' hearing at risk.

Researchers report in the *British Journal of Obstetrics and Gynaecology* that the amniotic fluid and the fluid filled foetal outer and middle ear impede the transmission of sound waves which reduces the noise heard by the foetus.

The sound used in a study was equivalent to a pneumatic drill at seven metres. The sound transmitted to the foetus was equivalent to an adult hearing a normal conversation at one metre.

Forget morning specimens

The conventional request for an early morning urine sample for pregnancy testing has been challenged.

Researchers have found no evidence that early morning specimens contain higher concentrations of human chorionic gonadotrophin.

A study in Britain of 17 women at eight to 13 weeks' gestation failed to show the expected morning peak.

In 12 of 15 patients the highest level was at another time of day.

REMIT 18 **Alteration of Rules**
18.3 Amend "... not less than 21 days"
to
.... not less than two months.

WAIKATO/BAY OF PLENTY REGION

REMIT

- NZCOM develop a standardised system of client evaluation
- to establish client satisfaction
- to collect and collate research data
- provide a data for peer review.

REMIT

- NZCOM develop a standardised system for peer review.

REMIT

- NZCOM establish a system for the collection of standardised national midwifery statistics.

WANGANUI/TARANAKI

REMIT

- That the NZCOM appoints an Industrial Officer (Contracts Advisor/Negotiator).

Rationale : It is the Region's belief that midwives would be prepared to pay a higher subscription to enable such a post. We also believe that there would be a larger uptake in membership.

CANTERBURY/WEST COAST

REMIT

- That the NZCOMI supports the establishment or re-establishment of human milk banks in New Zealand.

PRESIDENT NOMINATION

Sally Pairman

Nominated by Otago, Southland, Canterbury/West Coast and Nelson/Marlborough

BOARD OF MANAGEMENT

REMIT

- That the NZCOM increase its subscription to enable employment of a full time Co-ordinator.

TOPICS FOR DISCUSSION

POSITION STATEMENT: Canterbury/West Coast Region, NZCOMI

Oxytocic Drugs

"The New Zealand College of Midwives does not recommend the routine use of oxytocic drugs to manage the third stage of normal labour."

References :

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Levy, V. "The Midwives Management of the Third Stage of Labour". ***Nursing Times*** Vol. 81, No. 5, 1985.

Prendeville, W.J. "The Bristol Third Stage Trial : Active Versus Physiological management of the Third Stage of Labour". ***BMJ*** Vol. 297. 19 Nov 1988. pp 1295-1300.

A farewell to babes in arms

Midwife Ursula Helem weighs 16-day-old Hannah Vogel, the last baby she delivered in Christchurch, while mother Lee looks on.

"I've been working with women who knew what they wanted and I allowed them to have what they wanted. Now people who are more dependent will choose to have births at home, so you have to support that dependency. There would be more regulations. It would become more difficult for a midwife to cope with all that."

Leaving New Zealand will not be one sudden brave step. Ursula Helem sees it more as a gradual, winding-down process in one area, a gradual learning process in another.

Bali has been a major part of her life for six years. Her second husband, now dead, was Balinese and she has maintained close ties with his family there.

For Ursula Helem there seem to be no sudden emotional crossroads to take in life. There is a course of things and you go with the flow. Battles in the home-birth movement have been fought and won, women can choose between all the options now available without pressure.

So she is moving, not on but sideways, to consolidate roots set down at another time, some 7,30 births after she could not think of a good reason not to do a home birth.

PARENTING
with SALLY BLUNDELL

THIS month the quiet-spoken doyenne of home birth in Christchurch, Ursula Helem, leaves New Zealand for Bali.

A seven-month stay there in 1986 consolidated an interest in the area and the people and has kept her moving between Indonesia and New Zealand ever since.

Now, with the Home Birth Association firmly in place in Christchurch and a career in marketing viable in Bali, the time is right for her to make the transition.

In her inner-city home, peopled with small Balinese figures, she flicks through an old, silver-striped index book, counting up her births. Some 730 babies brought into the world in an environment chosen by the mother, since 1974, when a woman asked her to do her first home birth.

"At the time I was working night duty at Calvary. I first did home births because I couldn't think of a good reason not to do them. This couple asked me and I thought, why not?" she explains.

"I remember she went into labour at 5 o'clock in the evening. She had the baby at 8 — I was due to go on duty at 11. She was lucky."

Ursula Helem puts her trust not in luck but in the process of nature. Home-birth mothers in Christchurch will remember her for her seemingly laid-back, what-will-be-will-be attitude. In essence this attitude derives from a belief in the process of birth.

"My training led me to believe that unless I acted in a certain way things would go wrong. As I did home births I came to realise there was a process going on that I had nothing to do with. And I found you had to accept that process as a whole — how babies had a pattern, how breastfeeding was established, how different babies reacted in the first three days."

Accepting this process, and encouraging mothers to put trust in it, was no overnight achievement.

Ursula Helem's training began in 1960, when she left her Southland home of Dipton to do her general-nursing training in Christchurch. This included maternity work followed by more intensive obstetrics at Burwood Hospital.

After a year staffing at Christchurch Public, she spent four years caring for the elderly at Wendover Hospital. Then, married but with no children, she moved to midwifery work at Christchurch Women's and then to Essex Maternity Hospital.

It was the days following the birth of her first child, Janine, that presented issues which finally led her into home birth.

"It was a straightforward birth — I had no problem with the birth procedures. But right from the start I said I was going to room in. Anyone I saw in that hospital I told I was rooming in. The idea then was that babies fed four-hourly and women had their rest at night. With Janine I was ringing different people who could tell me the basics about breastfeeding. I was so upset about these babies crying all the time. It was then that I began my involvement with the La Leche League but in the end it was Janine who taught me to breastfeed."

In the years that followed, working at Essex, St George's, then Calvary, Ursula Helem kept this concern about breastfeeding, watching rules and regulations of the day indoctrinate new mothers to the extent that feeds were complemented by the bottle and mothers became upset and anxious.

During these years she had two more children, one who died a few days after birth and another, Jonathan.

In 1972 she registered with the Health Department as a domiciliary midwife. Visits to women who discharged early from hospital and relieving at the Wendover Maternity Hospital when the matron was off duty gave her the skills and confidence to say yes when she was approached in 1974 to do her first home birth.

"Until I started working at Wendover I never even associated home births with New Zealand," she says, but by the end of 1976 she had delivered 28 babies at home.

By this time she had lost her part-time position at Calvary. Allowing mothers to feed their babies at night had been reason enough for her dismissal. She took the plunge and became a domiciliary midwife.

At that stage any other home-birth midwives were those who had plied their trade in the 1920s and 30s, before the advent of free hospital care in the late 1930s. The rules, regulations, and even their pay had not moved since 1938, when the whole subject had become a non-issue.

To resurrect that issue and become Christchurch's sole home-birth midwife was no easy task. Even as other midwives began to work with Ursula Helem approval of her work was hard to come by.

"It seemed everyone was opposed. Any time anyone knew what I was doing they would make me feel really bad. I was always having to defend my position — very seldom did I meet someone who approved."

Did this response ever make her feel like throwing it all in?

"No. I just went out and had another home birth. I needed support from these women to get rid of the negative feelings."

Support also came on a more organised level in the way of monthly meetings held in a hired room in the Arts Centre for people to discuss home births. These meetings, first held in 1977, launched the Home Birth Association. A year later the New Zealand Home Birth Association was formed to support midwives in their work as well as on a political level.

"The association helped mothers too. A lot found they still couldn't talk to people about having babies at home because people made them feel so irresponsible. They would tell them about all the bad things that could happen."

One of Ursula Helem's roles became to help mothers bypass such comments and to identify their own desires. What began as a bid to get people out of the hospital situation so as to improve the chances of successful breastfeeding became a whole ideology concerning the birth process and linking this to a woman's desires.

"When I first started to experience home births women would ask me if I could do something a certain way and I'd have to ask myself, why not? I learned from women and by their desires and by following what they said."

The extent of advice she gives to new mothers-to-be is also determined by the needs of that person.

"Some people can accept things only if they have rules. I try and tell them only in general what could be. I feel they must make up their minds what works — if you have preconceived ideas you just can't see other ideas. There is nothing right or wrong, only what is appropriate at that time."

This open-mindedness is especially important for women in the case of unexpected difficulties when they have to be transferred to hospitals. Unlike the hospitals at the start of her career, she says, hospitals today allow time for women to decide if what they are trying to achieve is working or if the help offered is appropriate.

Women, too, must be allowed to choose supportive helpers to be present at the birth.

"Few babies need a midwife and in normal situations the mother needs nobody but she must feel able to choose to have someone there for the parts she cannot cope with. If the mother has certain beliefs she needs to be with someone who will follow in that way. Before, with a restriction of helpers available, there would be a conflict of philosophies. The woman's philosophies had to bend to the helper's philosophies."

Looking back over her 18 years as a home-birth midwife Ursula Helem recognises the mothers she has worked with largely as women who knew what they wanted. It is this independence that she now sees as being at risk in the home-birth movement — one of the reasons why she feels it is time to move on.

"I knew at an early stage that if enough people got to know what they wanted then that would be the time I would start to think of moving away. I knew that after a time what was happening in home birth would bring me into conflict.

CONTINUED ON BACK PAGE

Birth gives new view of midwifery

In 10 years as a midwife, Sally Pairman estimates she has attended "thousands" of births. Then in December last year, Sally and her husband Michael had their first child, Oscar. It was a home birth, attended by one of the midwives from the Otago Polytechnic's Independent Midwifery Service, which Sally helped set up in March last year.

As well as a practising midwife, Sally lectures in midwifery at the Otago Polytechnic. She says giving birth has given her a different perspective on her job.

"In the Polytech's new midwifery degree, credit is given to women who've had children or been intimately involved in a birth in the past five years. Before I had a baby I didn't think you had to be a mother to be a good midwife, because it's still only one person's experience and you can't superimpose your experience on to other women. Good midwives are sensitive to the needs of other women in labour, and having children yourself won't necessarily make you sensitive in that way."

But Sally says having a baby of her own has made her more fully appreciate many aspects of birth and childcare.

"I didn't really know about the lack of sleep. Oscar's totally dependent on me, and it can be a very helpless feeling when he cries non-stop and I've tried everything to get him settled. I've learnt that sometimes it's perfectly all right to put him to bed in another room and close the door, so I get a break. Having the baby has made me more practical, less idealistic."

The Independent Midwifery Service was set up to take advantage of the Nurses Amendment Act, which gives midwives the freedom to attend births without a doctor having to be present. It now employs three midwives and one woman who specialises in one-to-one births.

Sally says it provides women with more choices, and offers midwifery students different kinds of clinical experience.

"Women are often pretty ignorant about their choices in maternity care. Most go along to their general practitioner, and 99% of GPs don't point out the options. We give women a whole range of possibilities, not all of which involve us".

The choices are:

1: Total care from midwives, at home or at the clinic, then midwifery care during the birth and afterwards, either at home or in a hospital. The same midwives are involved all along.

2: Shared care with a GP, involving alternate antenatal visits with a midwife. Both can be at the birth, although it's usually the midwife who delivers the baby. Midwives will provide postnatal care.

3: Shared care with an obstetrician, in the same manner as with a GP.

4: Antenatal care by a GP and at the birth, women meet a midwife they've never seen before and have the possibility of midwives changing shift. The GP will usually only be there for the birth, not right through the labour.

5: Go solely to an obstetrician, and have a hospital midwife for care during the labour. No obstetricians, and only some GPs in Dunedin do home births.

In the first eight months the service had 105 clients. Some shared care with GPs, some opted for total midwifery care. The service is now booking two or three women a week, and could certainly cope with more. Independent Midwives see less than one in 10 of babies born in Dunedin.

'Illness'

"No-one is telling women the options — part of that is conditioning, and partly that women still see birth as an illness and think we need doctors, and go and see a doctor and think they'll tell us all we need to know. But most don't.

"The hospital maternity system has been set up for the people who work in it, not the people who use it. Women don't get the chance to meet their midwives, or to have the same person look after them all the way through. Most GPs don't seem to believe they have any responsibility for giving out information and providing options."

Sally opted for a homebirth with total midwifery care from the Independent Midwifery Service, and would happily choose that again.

Sally Pairman with Oscar

"Women still home in on doctors because they've been taught that birth is a risky business. Doctors have held control of birth, but women are starting to change this. Women coming to Independent Midwives get more time because that's all we do — 45min appointments rather than the 10 that you might get in a busy doctor's practice. And continuity of care builds up trust."

Sally says a lot of women don't know what midwives do.

"Birth is normal in 80% of cases, and their training prepares midwives for normal births. Anything a GP can do during a birth, a midwife can do. If women need a specialist, midwives can arrange that as easily as a doctor can. Many women think they should go to Independent Midwives only if they want a home birth, but that's not the case, and most of our clients still have their babies in hospital.

"The direct entry course, which means midwifery students don't have to do nursing first, will produce a new generation of midwives. They won't have the subservience to doctors bred into them that nurses historically developed."

The things women rate most highly as important during births are having support people there and being involved in the decision making. Sally says both are mainstays of Independent Midwives.

She has most of her labour on video, with an hour of edited highlights. Sally has watched it several times with midwife friends.

"For the first few days after the birth I was overawed and wondered how I could go on being a midwife. How can I be of any use to women going through this? Now I think it'll make me more aware of what women are experiencing, and more sensitive to the reality of their postnatal needs."

Sally finished maternity leave at the beginning of March and is now back lecturing in midwifery at Otago Polytechnic and working with the Independent Midwifery service.

"It's important as a lecturer to keep attending births, to speak from my own experience and not just from a textbook."