Party launches domino option

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Mrs McFarland currently has about six clients and hopes eventually for a case-load of about 10 a month.

Ms Barnett will continue to deliver babies at home, topping up her case-load with "dominos", and the two women will provide back-up support for each other.

Formalities were minimal at the very informal lunch party, held at the Hearing Association rooms in Whangarei.

Mrs McFarland read a telegram from the New Zealand College of Midwives sending "warmest wishes and congratulations to consumers and all concerned on the success of their lobbying which has resulted in achieving New Zealand's first official domino scheme".

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

In England Caesarians had increased from four to 11% of births, and in New Zealand from the same level to about nine per cent.

She thanked the area health board for making the contract possible, and its women's service development group, the Home Birth Association, the Parents' Centre and others who lobbied for the service.

The board's medical officer of health (head of community health services) Dr David Sloan, welcomed the contract which he called "an important and sensible arrangement".

A few women had already taken advantage of the service, and two of them at the party both said the domino option had suited them very well.

Leanne Rouse, mother of a toddler and a new baby, was in hospital for six hours before the birth, and went home three hours afterward.

Eileen Reynolds, mother of five, said it was a joy having a midwife she had got to know previously, with her throughout labour and birth. While she might have wanted to stay longer in hospital if she had been a first-time mother, she was delighted to return quickly to her own family with her new baby.

— Rosemary Rober

New course promotes midwives

NZ Doctor 17/4/89.

BY TESS REDGRAVE

Continuing care of the pregnant woman from the early ante-natal phase through to post delivery is the main thrust of the new Auckland Technical Institute's midwifery course.

Since the early 1970s midwives have fought hard to establish a separate one year midwifery course for trained nurses specifically interested in becoming midwives.

This year the first courses are being run on a trial basis in Auckland, Wellington, and Otago/Southland. They are seen as an alternative to the existing six-month Advanced Diploma of Nursing - midwifery option.

Co-ordinator of the Auckland course Ms Jackie Gunn says the new courses reflect the changing role and status of the midwife in childbirth practice.

"There are some moves around continuity of care schemes in childbirth and pregnancy. Midwives are working hard to make these schemes a reality so women are not seeing 101 people during the course of their pregnancy," said Ms Gunn.

With this in mind, the Auckland course is designed to give its 19 students as much clinical and continuity of care experience as possible. Each student will follow 15 women from the ante-natal period through to post delivery and home discharge. Of the 15 pregnancies, nine will be under a GP or hospital clinic, one will be a home birth situation with a domicilliary midwife and five will be abnormal pregnancies under a specialist.

"It's an administrative nightmare and more ambitious than anything we've done before," says Ms Gunn.

"But we're very committed to the continuity of care principal and the GPs and hospital clinics have been extremely helpful. I think they're very excited by our approach."

The Auckland course defines a midwife as a practitioner in her own right, taking care of a normal pregnancy and able to refer on. It places particular emphasis on the Primary Health Care philosophy and observance of the Treaty of Waitangi and New Zealand as a bi-cultural society.

Students are being taught communication and counselling skills to facilitate a good rapport between client, midwife and GP. They are learning educational skills which will enable them to run ante-natal and birth education classes.

The course also includes in-depth studies of issues such as family dynamics, spirituality, grief, cultural and social influences on family attitudes to childbirth and parenting.

"I hope the course will raise the status of midwives in New Zealand," says Ms Gunn.

"I think midwives are on the verge of realising an autonomy of practice that they haven't had for a long time. But I think it is important that it is done in a way that restores their autonomy without scapegoating anyone else. The nature of a midwife's work is such that she must be able to refer on and that means there must be good cross consultation between health professionals."

Midwives form professional organisation

New Zealand midwives have formed a professional organisation in response to a call by women for more control over their birth experiences.

The NZ College of Midwives will provide a focus or direct contact point for midwifery which will help stop the erosion of the midwife's role and women's choices, said college president Karen Guilliland.

"The college is unusual in that the women we work for are included as active members of our professional body, regionally and nationally," said Mrs Guilliland.

Until now, midwives had been represented both professionally and industrially by the Nurses Association.

Mrs Guilliland says historically midwifery and nursing were separate and it was only in the recent decades the two had merged. Midwives lost their traditional roles with the "medicalisation" of birth.

The management board of the new college is based in Christchurch.

Grade

Wairarapa Times-Age, Thursday, March 8, 1990

Hospital names nurse-manager

MRS PARRY ... has mixed feelings.

By TINA-MARIE MORRISON

GREYTOWN Hospital's new nurse-manager has been appointed.

Maureen Parry, a midwife at Masterton Hospital, will take up her position on Monday.

Mrs Parry's position is a combination of the principal nurse and hospital administrator jobs.

Principal nurse Bill Graham has been made redundant and finishes this Friday, as does day supervisor Maureen Algie, whose position has been scrapped.

Former hospital administrator Henry Jansen retired last December.

The focus of Greytown Hospital is expected to be more community-based rather than a hospital-based service.

Mrs Parry has background experience in occupational health, community health, rehabilitation, care of the elderly, obstetrics, and emergency nursing.

She also has a diploma in nursing for maternal and infant care. She has also completed a degree in social sciences majoring in nursing.

For the past 2½ years, she has been working as a midwife at Masterton Hospital.

Wairarapa health services district manager, Dr Chris Davis, said Mrs Parry was excellent for the job.

He said the hospital would continue its community-based philosophy under her direction.

Mrs Parry said she was looking forward to taking up the new position.

She said she had mixed feelings about the position.

"I think the job is going to produce a lot of challenges."

About five years ago she was the district nurse for South Wairarapa and lived there about a year ago.

She said the South Wairarapa community were "very enthusiastic".