



● HAWERA midwives came together for a group photograph this week as part of National Midwives Day (September 1) which is aimed at promoting the awareness of midwives and their role in the community. Pictured from left, Chris Tasker holding Baby Parata, Olwynne Davies (Charge Nurse) Ann Ingram, Joy Weastell, Bernadette Winks (Baby McLoughlin), Judith Watson, Jenny Bielawski (Baby Hicks); absent, Beverly Keegan and Wai Hohua. These midwives have given 20 years of service and have witnessed over 6000 births in the South Taranaki area.



# Future maternity care will be a team effort

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BY LYNNE LARACY

Consumers will be included in a team set up to monitor maternity care standards if Auckland Area Health Board proposals are adopted.

Part of the plan to revamp maternity services includes proposals to change the makeup of the Obstetrics Standards Review Committee and its service standards. The recommended Maternity Services Standards Review Committee could include specialists, GPs, midwives and consumers.

Dr Ray Naden, chairman of the Maternity Services Task Force said lack of consumer representation in the past has been a major deficiency.

"If the service is to respond to the changing needs of the

community and be more accessible, personal and culturally appropriate, then we need this input. We also hope to see GPs far more involved than they have been."

The task force was set up by commissioner Harold Titter last year to produce a plan for maternity services in Auckland.

The review committee will continue to monitor all medical practitioners working in the public health system and will approve their contracts. A similar contract system for midwives with defined training and experience standards will be formulated when changes to the Nurses Act are passed.

"Midwives will have to meet those standards to work under a similar contract system now operating for medical

practitioners," he said. If we look ahead we will see maternity care being provided by teams, with GPs and midwives working together. But if maternity services are to have coherence, there must be common standards of practice that reflect the overall service, not just the individuals within it, said Dr Naden.

"If a woman receives conflicting advice from different health professionals she becomes confused and anxious. While each practitioner's advice may be entirely appropriate, the overall service is poor because there is no consistency and no clear communication between contributing parties," he said.

Maternity service managers will be appointed to each of the four health board areas to oversee all maternity care in those regions.

They will consult with primary care givers to formulate common standards of practice.

"We can develop standards

by edict but I see it as unsatisfactory. It is the responsibility to ensure women receive quality care but we would rather have that by enlisting the cooperation of health professionals and by getting them involved in providing quality care," said Lynne Laracy is a staff

## Midwife admits illegal homebirth

WOMEN and their midwives have gone ahead with illegal home births when doctors would not take responsibility for them, a Nelson midwife says.

Ms Bronwen Pelvin says she is the first midwife in New Zealand to admit publicly she has delivered a baby in an illegal birth. She risks losing her registration if a complaint is made to the Nursing Council.

She wants the legal requirement for a doctor to be responsi-

ble for home births to be scrapped.

Under the Nurses Act a midwife is liable if a doctor has not taken the final responsibility for the care of any woman having a baby.

Ms Pelvin delivered a baby at a home birth in Brightwater, south of Nelson, in September. The mother, Ms Karen Walsh, was unable to find a doctor willing to attend the birth.

Ms Pelvin decided to go

ahead and deliver the baby rather than force Ms Walsh to have her child in hospital.

The requirement for a doctor to be responsible for a home birth completely denigrated the profession of midwifery, Ms Pelvin said.

"The professional basis on which I function is totally dependent on another person - I resent that and reject it," she said.

Nelson general practitioners spokesman Graham Loveridge

said he would not condone the illegal act of delivering a baby without a doctor's awareness.

He said he believed involvement of both a doctor and a midwife was the best and safest care for both the mother and baby.

Deliberately not involving a doctor but assuming one would attend in an emergency was imposing on a doctor's goodwill.

NZPA