

healthline

As winner of the 1989 Researched Medicines Industry Travelling Fellowship Nelson Mail health reporter JULIE SMITH (pictured right) visited Holland which has a unique system of obstetric care that attracts worldwide interest.

In this special healthline she reports on its home birth practice and talks to midwives and obstetricians there plus updates the New Zealand situation on home births.



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Midwives lobby for NZ law change

A law change is currently under review in New Zealand which would enable midwives to practice independently.

President of the New Zealand College of Midwives, Ms Karen Guilliland, says the organisation is lobbying in favour of the law change.

At present the Nurses Act requires a doctor to take the final responsibility for deliveries.

In early November last year an amendment went through a first reading in Parliament removing the requirement for a doctor to take responsibility.

It is now being considered by the Social Services select committee with submissions closing on February 9.

Ms Guilliland says midwives are also trying to get a direct-entry three-year course in midwifery set up.

Irrelevant parts of nursing training would then be left out of a midwife's training.

Presently, midwives attend a one-year post-graduate course after qualifying as registered nurses.

Spokeswoman for the Nelson region of the college, Mrs Angela Kennedy, says a submission supporting the law change had gone forward from the Nelson members.

If the law change goes ahead it would have a more immediate effect on domiciliary than hospital midwives.

Spokeswoman for the New Zealand Domiciliary Midwives Society, Ms Bronwen Pelvin of Nelson, says some women in the Nelson region have problems getting a doctor to support their plans for home births.

In Motueka no doctors are prepared to attend or take responsibility for them.

Ms Pelvin publicly admits having attended a home birth 1988 without a doctor taking responsibility.

She says the law change would revive the situation for women wanting home births and also meant midwives would be able to give more complete care.

A member of the Nelson branch of the Home Birth Association, Mr Nigel Costley, sees the law change as a first step.

The home birth versus hospital birth argument is secondary, he says.

The most important issue is the right

of women to make choices about the obstetric care they wanted.

Developing a system that gives better continuity of care is also important. He says it might take years to develop a new system.

The present system is fragmented because women are cared for by a range of people in hospital and after discharge, he says.

The law change could clear the way for women to choose to take out contracts with midwives who could provide pre-natal, delivery and post-natal services.

Opposition to the law change is being shown by some general practitioner groups, who are also using the argument for continuity of care.

One submission endorsed by the Auckland Faculty of the Royal New Zealand College of General Practitioners was published in a November issue of the New Zealand Doctor newspaper.

It said if midwives were allowed to carry out obstetric nursing without a doctor taking responsibility, it breached continuity of care and meant the patient had no one to turn to in an emergency other than the midwife she chose.

"We suspect few midwives would relish this responsibility but some may accept it, with possible dire consequences for mother and-or child."

It went on to quote a midwife's submission which said GPs should be available as a back-up and consultant for midwives when childbearing deviated from normal, physically or mentally.

GPs knew the families and were valued colleagues. Working together midwives and GPs could provide a very high quality of care and comprehensive follow-up.

In New Zealand in 1988 there were 515 home deliveries, according to the National Health Statistics Centre.

Another 77 were classified as not planned and for 24 it was not stated if the home birth was planned or unplanned.

Including these deliveries makes a total of 616 at home, while there were 55,771 hospital deliveries, meaning home deliveries made up a little over 1 per cent of births.