

Meeting on midwives granted

By CLAIRE RAMSAY
Political reporter

A special two hour sitting of the social services select committee will give health professionals a chance to comment on changes to the Bill giving midwives more autonomy.

The Nurses Amendment Bill was reported back to Parliament recently, with a series of changes affecting five Acts and five regulations.

Opposition MPs argued the Bill should go back to the select committee so people involved would have a chance to comment

on the supplementary order paper outlining the amendments.

At the time the chairwoman of the select committee Judy Keall was reluctant to do that, because the changes reflected submissions made during the hearing of evidence on the Bill.

The committee also had a full agenda, considering the Smoke Free Environment Bill and the Health Research Council Bill.

But Health Minister Helen Clark has agreed to put the matter back before the select committee and a two hour hearing is planned for July 11.

Opposition Health spokesperson Don McKinnon is claiming

the new meeting as a victory for the Opposition. He said the decision recognised the big changes promoted by the Government had not been considered by the New Zealand Medical Association, the College of GPs, obstetricians or gynaecologists.

"There is uncertainty over prescribing and testing by the midwives and it is therefore appropriate for the air to be cleared between all groups interested in the legislation," Mr McKinnon said. Mrs Keall said the law changes proposed would make it possible for midwives to prescribe a limited number of drugs for obstetric purposes, and

was simply recognising a defacto situation which already existed and that had been accepted for a long time.

She was confident the meeting would go smoothly, because the changes were all in response to submissions made to the select committee.

"The Opposition can't have it both ways. The whole point of hearing submissions is that a Bill should be amended if there are good reasons to do it," she said. If good public submissions, backed up by strong evidence, were presented then Bills were changed, which was what had happened in this case.

Parliament



Midwives get responsibility

Ten years' lobbying has paid off, with the passing of legislation allowing midwives to care for women throughout pregnancy and childbirth — without the involvement of doctors.

The Nurses Amendment Bill passed its final legislative stages yesterday, supported by the Opposition.

Wellington midwife Carey Virtue said midwives would be able to take legitimate responsibility for their patients. — NZPA

Gynecologists fined and reprimanded

By FRANCES ROSS
Health Reporter

A CONSULTANT at a public hospital and an obstetrics registrar have been censured, fined and ordered to pay \$21,000 in costs after a woman gave birth to a brain-damaged baby and suffered a ruptured uterus.

Their names have been suppressed by the Medical Practitioners Disciplinary Committee, which found the registrar guilty of professional misconduct and the consultant guilty of conduct unbecoming a doctor.

The committee's findings came after investigation of a complaint about their management of the labour of a patient identified as Mrs W.

She had previously had a baby by caesarean section. When referred to consultant Dr Z during her second pregnancy, he advised a trial labour, otherwise, he said, a caesarean section would be necessary again.

Mrs W was admitted to hospital in July 1985 at the approach of labour and seen by obstetrics registrar Dr Y, who left her in a house surgeon's care without a management plan.

She was given epidural pain relief, but continued to experience strong pain and make little progress in the labour. The registrar, when approached by the house surgeon, advised allowing her to continue, with a further review in two hours. Fourteen hours after admission she was in severe pain and the baby was distressed. The consultant and the registrar then made arrangements for an emergency caesarean section, but there was a delay in obtaining an anaesthetist.

About 45 minutes after the registrar saw Mrs W, the baby was delivered from a ruptured uterus through which the head

had entered the abdominal cavity. The baby was brain-damaged and needed intensive care.

The mother was not told of the traumatic events at birth and was left unaware of the brain damage till told by her family doctor several months later.

The committee found Dr Y guilty of professional misconduct for allowing the trial labour to continue for 10 hours, for failing to inform the consultant about it and for failing to communicate with the mother.

It said the consultant had failed to establish a management plan with his registrar over difficult obstetric cases, had had only minimal contact with the patient and had not communicated adequately with her about the baby's condition.

He also failed to carry out a review of the labour to identify where the problems arose till 2½ years later when Mr and Mrs W complained to the hospital board.

Together, all the events amounted to conduct unbecoming a medical practitioner, the committee said.

It fined Dr Y \$800, censured him and ordered him to pay costs of \$12,000, about 45 per cent of the inquiry costs.

Dr Z was censured and ordered to pay \$9000.

The committee also expressed great concern about "specialist services where a patient was admitted under a consultant and managed totally by junior staff without reference to the consultant".

WEEKEND

Getting it right, from the start

WAITING for a friend to give birth can be harrowing. Especially when the baby's three weeks overdue and it looks as if it'll never arrive.

The poor mother has every reason to scream when she gets the 12th phone call of the day asking if she's still there.

Of course she's still there. Who do they think's answering the phone? A machine?

Are you still here? also implies a woman vanishes when she gives birth.

In fact, some new mothers do feel as if they've disappeared. Soon after the delivery, her role becomes grindingly obvious. She's here to serve a totally self-centred being, whose demands make Attila the Hun look like Mother Theresa.

This miniature ogre wakes night and day, bellowing instructions in a language no one understands. It aims to exhaust everyone who has anything to do with it — to stretch their physical and emotional limits.

What babies are really like is one of the best kept secrets. People pretend they're cute 'n' cuddly, and a awful lot of fun — which they can be some of the time.

It's true that having a baby can be exciting. But once you have one,



Helen Brown

you keep on having it for the next 20 years.

It seems ironic that the world is divided into three sorts of people; those who don't like kids and don't want anything to do with them; those who like kids and want to see more of them; and those who have kids and would like to see a little less of them.

The first group can look after itself. But it seems to me it would take minimal co-operation to get the second and third to help each other out. A sort of rent-a-kid scheme.

At least, it would be a change for those who like kids to find out if they want to live with them, and it would give parents time to catch up on some sleep.

It had got to the point where I'd

given up on my friend. Maybe it wasn't a baby at all, but an obscure weight problem.

When the phone call finally came, I hardly believed it. I packed the kids in the car, bought a dozen tulips, and hurtled to the hospital.

A little girl had just arrived on the planet. We were privileged to visit her three hours after her birth.

I was nervous of encountering a nurse who might forbid us seeing such a fresh arrival. As we traipsed through corridors, reading names on doors, we saw some tense scenes; young man staring out a window while his wife gazed into a basinette; nightie-clad women who looked as if they were beginning to realise their lives had changed.

It seemed as if our friend was still in the delivery suite. The nurses weren't as fierce as I'd expected. Instead of telling us to go away, they showed us where to find her.

A warm and tender scene was waiting. The new mother smiled from her bed. Her own mother, who had helped her through the birth, sat beside her. Two brothers hovered in the background, while another woman friend held the baby. Though there was no father

around, this baby wouldn't be short on love.

"It's the first time I've held a newborn baby," the mother said with a smile.

It's a shame people's lives are so compartmentalised most have to wait till they have their own before they experience the remarkable sensation of holding a new person.

Birth and its flipside, death, are considered so momentous and scary, they're wrapped up and hidden away till we experience them first hand. As a result, they become even more scary, and we're less able to cope when they happen.

Though we're learning from other cultures, there's still a long way to go before birth and death are encompassed as part of the natural flow.

More enlightened attitudes from hospital staff help. But before we get it right, outlooks need to broaden. When the focus turns away from personal and material wants to giving out and getting involved in other lives, we may feel as if we're on the right track.

Thank heavens it's over, I said, thinking of all the waiting and worrying that had gone on.

It was a silly thing to say. In fact, it had just begun.

