



PAULINE Scott (left) and Anne Sharplin look over the discussion paper prepared by the task force. A5641

Looking at direct entry idea for midwife training

DOMICILIARY midwife Anne Sharplin of Papamoa is a member of the national task force which has been investigating the possibility of establishing direct entry midwifery courses in this country.

At present, midwifery training is a one-year specialist course done by nurses following three years of general nursing training.

But supporters of direct entry midwifery training say that general nursing training should not be a pre-requisite to becoming a midwife.

Direct entry courses would bypass the general nursing training and focus solely on the training of people in the practice of midwifery.

The task force discussion paper on direct entry states that "midwifery is a profession concerned with the promotion of women's health. It is centred upon sexuality and reproduction and an understanding of women as healthy individuals progressing through the life cycle".

focus on normal pregnancy and childbirth and the role of supporting the woman and her whanau during a normal physiological event, the report says.

"With midwives being trained first in the field of general nursing, they are approaching childbirth from a medical viewpoint instead of looking at it as being a normal, natural occurrence," says Anne Sharplin.

anisation defines a midwife as "a person who is qualified to practise midwifery. She is trained to give necessary care and advice to women during pregnancy, labour and the post natal period, to conduct normal deliveries on her own responsibility and to care for the newly born infant".

"At all times, she must be able to recognise the warning signs of abnormal or

The World Health Org- Turn to page 21

City hospital's epidural rate 'scandalous'

By FRANCES ROSS

WOMEN having babies at Wellington Women's Hospital have a 40 per cent chance of being given epidural anesthesia, a form of intervention which British research has shown to be the second highest cause of death in childbirth.

World Health Organisation maternal and child health specialist Marsden Wagner last weekend criticised New Zealand's epidural rate, which he said was the highest in the world.

College of Midwives president Karen Guilliland said the hospital's 40.6 per cent epidural rate, the highest in New Zealand, was "shocking".

Christchurch had the second highest rate, 37 per cent, and National Women's 30 per cent.

Ms Guilliland said the Wellington figure was scandalous.

"That rate of administration suggests it's pretty close to being routine but you don't give anything as a matter of routine when there is a risk."

Women having epidural anesthesia, an injection in the spine which numbs sensation from the waist down, had a five times greater chance of a forceps delivery which increased the risk of vaginal and cervical trauma as well as damage to the baby's head.

Ms Guilliland said women in labour were particularly vulnerable and as their fear increased so did the level of pain they experienced.

"And then the doctor comes and says we can take your pain away but the women are never told the price."

The best pain relief was continuity of care from someone the patient knew and trusted.

The World Health Organisation maximum rate for caesarians was 15 per cent yet the rate at Wellington was 15.5 per cent. A further 14.5 per cent of women giving birth at the hospital had forceps deliveries, she said.

Professor John Hutton, head of the department of obstetrics and gynecology at Wellington, was not prepared to comment on the figures.

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More women go for home birth

A WHANGAREI mother has captured national attention by allegedly breaking the law in delivering her own baby, at home, without the presence of medical personnel.

The medical officer of health for the area, David Sloan, says it is illegal for women deliberately to have children without a doctor or midwife present and the mother could be prosecuted.

But the question of whether the law has been broken could be one of interpretation of that law.

The Nurses Act 1977 and its amendments refers to the carrying out of 'obstetric nursing' and it could be asked if giving birth to your own child constitutes carrying out obstetric nursing, says childbirth educator Pauline Scott of Tauranga and domiciliary midwife Anne Sharplin of Papamoa.

"Women have been conditioned over hundreds of years to believe that they need medical help in order to give birth," says Pauline.

"But the truth is that 85 per cent of women are quite capable of giving birth without it. Childbirth is not looked upon as a normal event in a woman's life but rather a pathological event."

There has been increasing argument that there is often unnecessary medical intervention in births that take place in hospitals.

In all births in New Zealand, whether at home or in a hospital, the legal responsibility for the birth lies with a

medical practitioner, although an amendment to the Nurses Act currently going through Parliament would give this responsibility to midwives if it was passed.

But there are some members of the medical profession who are reluctant to relinquish this responsibility, claiming that women and midwives are incapable of managing a birth without their input.

"It is just complete nonsense for midwives to think they can manage without medical input. It's rubbish."

"They can't. And they've got to come to their senses," said the Otago-Southland representative on the Royal College of General Practitioners, Dr Nick Terpstra (New Zealand Listener, March 12, 1990).

But Anu Sparx, the woman at the centre of the allegations of illegality asks: "What right have they (the medical profession) to tell me how I should have my baby?"

"All they can do is take it from the woman's body as she delivers it. It's her birth. It's nothing to do with them."

Anne Sharplin says: "Childbirth is part of a woman's natural, intimate life, therefore she is at the heart of any process or decision-making regarding that event."

Anne says there has been an upsurge in the number of women choosing to have their babies at home, surrounded by their family and attended by a midwife and GP.

"Many women give as their reason for choosing a home birth the desire to experience natural childbirth without medical interference and drugs," she says.

"Last year, approximately 1000 women had their babies at home. They chose the safe, free and legal option endorsed by the Department of Health."

"What Ms Sparx did was an underground movement. It is important to make the distinction between her home birth and the home birth movement in New Zealand, where a woman chooses to have her baby at home with the attendance of a domiciliary midwife and a GP."

Anne says that in some areas, restrictions are placed on the practice of the domiciliary midwife.

"Where there are such restrictions and a woman's choice to have a home birth is interfered with, then she may be forced to go ahead by herself anyway."

"And when services are restricted, then lay midwives will emerge."

'Women have been conditioned to believe they need medical help'

From page 4

potentially abnormal conditions which necessitates referral to a doctor and to carry out emergency measures in the absence of a doctor."

Anne Sharplin points out that nowhere in the WHO definition does it say a midwife must be a trained nurse.

"Midwifery practice traditionally recognises birth as part of normal growth and development and as such is a normal physiological process," she says.

"As the demand for a midwifery focus in childbirth grows, there has been a simultaneous increase in the number of women wishing to practise as midwives."

"These women seek an education and preparation which is not based on nursing education."

The Health Studies Department of Carrington Polytechnic (endorsed by the New Zealand College of Midwives and the direct entry midwifery task force) will offer the first direct entry midwifery training school in New Zealand, starting February 1991.

Wairariki Polytechnic in Rotorua is currently considering offering the same

course through the department of Health Science for 1991, if there is client interest and demand shown.

To help gauge the level, Anne Sharplin, childbirth educator Pauline Scott intend calling a meeting in the near future.