

Fears over birthing unit

Replacement of Elderslea Maternity Hospital with a two-bed birthing unit would be a disaster for the women of the Upper Hutt Valley, Dr Nora Duffield says.

Dr Duffield, who has been active in the campaign to retain a full maternity unit at Upper Hutt, said a birthing unit was a hopelessly inadequate substitute.

It was designed for very low-risk mothers who would be discharged six to eight hours after delivery.

Dr Duffield said she had surveyed doctors practising at the Upper Hutt Health Centre, and only two were prepared to use a birthing unit.

Mothers would be faced with either

arranging their prenatal care through a Lower Hutt doctor who would deliver them, or arranging local prenatal care.

"It can be a highly unsettling situation for one GP to care for a mother until the time of birth, with another doctor stepping in to do the delivery," she said.

The cost-cutting was a panic measure being imposed without adequate backup for women discharged within hours of giving birth.

She predicted there would be many more sick babies at home whose problems were going to be diagnosed late.

"I fear we are going to see neonatal deaths as a result of this policy."

Women need to 'know options' in childbirth

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By ASTRID SMEELE

It is important for women to be confident and comfortable in pregnancy and childbirth and have some of the decision-making in their own control, a Christchurch doctor told a public meeting on birthing options in Christchurch recently.

Dr Jenny Keightley said choosing a family doctor or a doctor for the pregnancy and delivery, choosing a hospital or midwifery system, and deciding on an early discharge or maternity leave were some of the decisions faced by parents-to-be.

Dr Keightley said it was important to know the options but to keep them open as what happened during pregnancy and birth was often unpredictable.

About seventy women and men attended the meeting, organised by the Christchurch Parents Centre, to hear the panel discussion on options available in antenatal and postnatal care, and in where to give birth.

The centre had been concerned for some time that women were attend-

ing antenatal classes quite late in pregnancy without knowing what the different choices were.

Ms Carol Bartle and Ms Barbra Pullar, of the Independent Midwives Practice, spoke about the importance of continuity of care which is the main focus of their work. The practice was started to fill a need for postnatal home support. The service enables a mother to leave the hospital as early as six hours after the birth and still receive support and care in the home.

Ms Pullar also discussed the proposed amendment to the Nurses Act which will allow a midwife to be responsible for a birth. At the moment only a doctor has that responsibility. The amendment will give women an enormous choice in childbirth, said Ms Pullar.

The home birth option was discussed by Ms Ursula Helem, of the Home Birth Association. She estimated there had been about 500 home births in Christchurch since 1974. The service included three antenatal visits and visits for two weeks after the birth.

National group for midwives

Midwives have set up their own professional organisation to break away from what they see as elitism in the medical profession.

After several years planning, the New Zealand College of Midwives was formally launched in Christchurch on Saturday.

The national president, Mrs Karen Guilliland, said the Cartwright report had made a lot of midwives accept that a separate body was needed.

"The report highlighted how elitist the medical profession has become," she said. "We do not want to exclude women from what is going on."

Mrs Guilliland said the women the college worked for were included as active members.

"We rely on the involvement of other women in order to achieve a profession and health service which reflects their needs. The objectives of the college reflect this commitment to sharing knowledge."

In the past midwives have been represented by the Nurses' Association.

Doctors and midwives are arguing over who should attend normal births as a parliamentary select committee considers the Nurses Amendment Bill which gives midwives more autonomy. Last Wednesday the Medical Association told the committee that midwifery training in New Zealand offered "insufficient clinical experience for safe independent practice to be undertaken," and they were concerned patient safety would be compromised.

Even in low-risk births, complications such as haemorrhages or babies being born with the umbilical cord around the neck could arise, demanding expert care by a doctor/nurse team, he said. Dr King said it was important to consider complete systems of care offered in other countries, such as the "flying squads" which backed up British midwives. He suggested evaluation of the support systems that existed, training, the need for peer review and quality assurance before greater autonomy was granted to midwives.



MS GUILLILAND

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