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SUBMISSION RE DOMICILIARY MIDWIVES CONTRACTS WITH AUCKLAND AREA HEALTH BOARD

Introduction

The Auckland Home Birth Association is a consumer based organisation with a membership of approximately 600 families. In 1990 approximately 450 women had planned home births in Auckland. As more midwives take up domiciliary contracts with the Minister of Health we expect this number to increase.

This submission addresses the issue of contracts for access to Auckland Area Health Board (AAHB) facilities for Registered Midwives who are not in the employ of the Area Health Board but work in the community attending home births and need sometimes to refer (transfer) clients into the secondary care system. Such a contract will protect the right of women, who choose home birth, to continue to be attended by the midwife of her choice should the need for transfer arise. This right is endorsed by the principles outlined in the Auckland Maternity Services document, "Strategic Directions".(See Appendix 1 - Principles relating to options and continuity of care.)

Domiciliary Midwives as Primary Health Care Providers

1.1 The need for these contracts has arisen chiefly as a result of the passing of the Nurses Amendment Act 1990 which enables a midwife to undertake responsibility for the care of a woman throughout pregnancy, childbirth and the postnatal period, but also as a result of the AAHB's restructuring of the Maternity Services. In the course of this restructuring of the AUckland Maternity Service, the Maternity Services Managers for North Harbour and Health West assumed responsibility for the supervision of the domiciliary midwives working in these areas. They apparently decided that since the repeal of Section 58 of the Nurses Act had relieved the Medical Officer of Health (via the Principal Public Health Nurses) of responsibility for the supervision of all registered midwives and obstetric nurses, domciliary midwives, along with those mid-

wives working in Board facilities should come under the supervision of the District Maternity Services Managers.

The Auckland Home Birth Association strenuously opposes any move to have domiciliary midwives, and thereby the availability of homebirths, supervised from within the secondary health care sector. The philosophical bases from which domiciliary midwives work in the community and those which underpin the management of childbirth in the secondary sector are at opposite of the spectrum. (We acknowledge that the Aims, Goals and Principles expressed in "Strategic Directions" support home birth philosophy, but suggest that there is a long way to go before these are achieved throughout the secondary sector.) The secondary sector of the Maternity Service has never endorsed, supported or promoted home birth as an option for consumers. (Despite its stated principles etc, home birth barely rated a mention in "Strategic Directions".) It is therefore totally unacceptable for domiciliary midwives to be supervised by a section of the AAHB which has had no involvement in the provision of a home birth service in Auckland. Home birth and domiciliary midwifery are clearly primary health care services so should not be supervised by the secondary sector.

1.2 It is also inappropriate for the District Maternity Service Managers to assume supervision of the domiciliary midwives on the mistaken belief that the Area Health Board Act requires this. Section 10(a) charges Area Health Boards with the responsibility of promoting and protecting the health of the residents of its district. However, the AHB Act is based on the WHO global strategy for primary health care outlined in their document, "Health for All by the Year 2000". This definitely does not provide a mandate for the secondary sector to supervise the delivery of care by independent practitioners working in the primary health care sector.

1.3 Domiciliary midwives are well integrated into the primary health care sector. Prior to the passing of the Nurses Act 1990 they had been supervised by the principal public health nurses, who are also the Board's representatives on the Domiciliary Midwives Standards Review Committees. Because domiciliary midwives provide a primary service in the community, they must continue to be attached to the primary division of the Area Health Board - the Health Development Unit.

1.4 The issue of liaison between primary health care maternity services and secondary health care maternity services an easily be resolved by redefining the membership of the Maternity Services Service Development Group so that it includes representatives from the primary sector. We would suggest:- a representative from the Health Development Unit (eg - the District Director of Nursing), a domiciliary midwife, and

a GP-obstetrician who practises in the community. Such changes would also help fulfil the AHB Act's requirement for decentralisation. Instead of simply centralising control of all maternity services under the District Managers, this would allow the primary and secondary sectors to work in partnership to serve the needs of the community.

Contracts granting domiciliary midwives access to Area Health Board facilities

The importance of facilitating a partnership between the primary and secondary maternity care sectors is important to the provision of contracts granting domiciliary midwives access to AAHB facilities. Although domiciliary midwives attend women planning home births, they must have a contract which enables them to refer women into the secondary sector, should the need arise. Such a contract is not only necessary in order to assure her clients of access to appropriate care, it also protects the client's right to continuity of care from the practitioner of her choice.

2.2 The Area Health Board Act 1983 was amended in 1990 to provide for registered midwives to have access to any maternity hospital, maternity ward or maternity annex under the control of an Area Health Board on the same basis as medical practitioners. (Nurses amendment Act - Information for health providers - Dept. of Health Oct 1990)

2.3 The Auckland Home Birth Association endorses the recommendations of the Maternity Services Consumer Council re contracts for practitioners not employed by the AAHB. (The Maternity Services Consumer Council (MSCC) was formed by consumer groups with an interest in the provision of maternity services in April 1990. The aims of this umbrella organisation include, monitoring the changes occurring in the maternity sevices as a result of restructuring and ensuring a broad range of consumer needs and interests are satisfied by this restructuring. The Maternity Servcies SDG is assisted in its requirement for consumer consultation by the MSCC which has representatives on this body. The Auckland Home Birth Association is a member group of the MSCC.) The recommedations of the MSCC are attached as Appendix 2.

2.3 We would like to reiterate that these recommendations refer only to a contract which will allow domiciliary midwives to transfer clients who have planned a home birth, not to those midwives providing DOMINO services. Whereas a woman planning a home birth only uses AHB facilities if she needs secondary level care, women who plan a DOMINO birth intend to use AHB facilities at some point during the birthing process and are therefore, secondary health care consumers.

Monitoring and Quality Assurance

There has been some suggestion that a Maternity Services Review Committee be set up to replace and broaden the functions of the Obstetric Standards Review Committee. We feel that such a committee would not be able to efficiently and fairly "monitor the practice of all professional providers in the region". ("Strategic Directions" 6.7.3) Sucha committee would duplicate functions which are already performed, or could be performed by existing bodies.

3.2 The planning, implementation and administrative aspects of Quality Assurance for the Maternity Services could, for example,be coordinated by the Maternity Services SDG.

3.3 The AAHB complaints procedure states that complaints should be handled promptly and intially at the "local level as close as possible to where the concerns arose". The Maternity Serice has already established procedures which will facilitate the "local" investigation of complaints; and the monitoring and review of standards of care and the reivew of the practice of individual professionals. Most secondary facilities now have Quality Control Programmes which provide a channel for consumers to make complaints or comments. These need to be more accessible to consumers and need to more actively solicit consumer evaluation of the service, but at present they do ensure that consumer complaints etc are handled promptly.

AAHB's computerised data audit for the Maternity Services provides performance indicators for individual health professionals and includes intervention and complication rates. In addition, at NWH, a full time consultant has been appointed to each Delivery Unit to oversee the service provided. Individual Units could easily set up a peer review process using information gleaned from the above sources. Such a process could be undertaken by elected representatives from the various professional groups and consumers nominated by the Maternity Services Consumer Council.

3.4 Independent practitioners who work outside AAHB facilities but who have contracts for access to Board facilities could be subject to a modified version of any Quality Assurance programme operating in the Board's facilties. The terms of this should be defined and appended to their contracts.

3.5 The practice of individual domciliary midwives would continue to be monitored annually by the Domiciliary Midwives Standards Review Committee. We would suggest that GP-obstetricians set up a similar peer review committee.

3.6 Consumer input into Quality Assurance programmes and consumer representation on monitoring bodies is essential if such programmes are to satisfy consumers. The

AAHB's Quality of Service policy states in Section 3.3 - "Quality must be assessed as the effect of the service on the outcome for the consumer." It goes on to comment, "The focus her is on a good service - on "getting it right" for the consumer ... Externally defined standards have a place in this process, but must not overrule a realistic assessment by those who use and provide the service as to what is good quality service.

3.7 Up until now consumers have given their time and expertise on a voluntary basis to various planning groups and SDGs. Likewise all members of the Domiciliary Midwives Standards Review Committee are unpaid. It is unfair and unrealistic to continue to expect consumers to help the Board meet the requirements of the Area Health Board Act and not pay them. Immediate provision needs to be made within both the primary and secondary health care systems to pay consumers for the important contribution they are making.

Brenda Hinton
AHBA committee