

MINUTES OF A MEETING held by doctors and midwives practising homebirths,  
Feb 17, 7.30 pm, 4 St Stephens Ave, Parnell.

PRESENT: Heather Waugh, Di Nash, Carolyn Young, Lynda Williams, Joan Donley, Judy Larkin, Alison Copeland, Steven Taylor, John Hilton, Phil RAILTON, Geoff Bridgeman, Dr D Dalziell.

APOLOGIES; Dr Michael Bassett, John Boyd, Sian White, Veronika Muller, Rhonda Evans.

## 1. STANDARDS

The difficulty of setting uniform standards was discussed. The fact that standards vary according to one's perspective, that some standards, e.g. nutrition, are very difficult to assess in a surgery, and the need for flexibility led to the conclusion that what is needed is a mutually agreed upon "statement of philosophy" that will, in and of itself, indicate standards. Di Nash agreed to draw up a draft of such a statement to include the following points;

\*the right of a woman to choose a home birth. Consent forms were suggested as a possible way of relieving the doctor of any legal responsibility in cases where the parents refuse to go to hospital for the birth.

\*in a healthy woman free of any major physiological illness one can expect labour to be a normal process. Nevertheless any woman entering a spontaneous labour is undergoing a trial of labour, whether in hospital or at home.

\*the NAPSAC standards for a safe birth; homebirth, natural birth, breastfeeding, midwifery, good nutrition.

\*that the usual obstetric criteria apply as regards acceptance and transfer.

\*that the transfer of mother and baby occur when both are in optimum condition.

\*in controversial areas, such as maternal age and parity, the right of the doctor to make an individual decision be recognised.

Areas in NZ differ as regards acceptance for a homebirth - in Dunedin it is apparently possible to have a VBAC at home - not so in Auckland.

## 2. CONSULTING

It was suggested that the home birth doctors consult another home birth G.P. in addition to the midwife if difficulty in reaching a decision re transfer is experienced. The desirability of an emotionally uninvolved judgement was stressed. Referring to an obstetrician rather than another G.P. was seen as a disadvantage to poorer women, although it was noted that some GPs waive fees.

### 3. HOME BIRTH PRACTITIONERS

It should be pointed out to the obstetric hierarchy that homebirth doctors do in fact meet regularly and operate a homebirth OSRC. Case studies should be presented at these meetings.

### 4. NORTH SHORE STANDARDS

A list of criteria for acceptance and transfer of patients at North Shore Hospital was circulated after the last meeting. Geoff Bridgeman offered to draw up a questionnaire using these standards and have the results collated before the next meeting. The Q. is to be sent to all midwives and Drs

Milford	Gilmour	Hilton	Hahn
Boyd	Nealie	Taylor	Grieve
Judkins	Baird	Nash	
Bundaloo	Copeland	Baxter	

### 5. MIDWIVES

Doctors were asked to ask their patients to VISIT the domiciliary midwife to book in, rather than phoning her as is currently the practice. This will give the midwife more antenatal contact and remove some anxiety about the midwife among mothers, many of whom do not meet their mw until the seventh month.

The necessary prerequisites for domiciliary midwifery were discussed. A nursing qual. is necessary, and most intending homebirth midwives go out with a practising mw first. Midwives also must provide themselves with gear determined by the Dept. of Health.

### 6. TRANSFERS.

It was suggested that the ANBA write to National Womens expressing its appreciation of the way transfers are handled and asking whether homebirth parents and/or practitioners can do anything further to smooth the process.

A RECOMMENDATION was made that all homebirth doctors book their patients into a Level III hospital to ensure ease of transfer should it become necessary.

### 7. TRAINING

Deferred to next meeting

### 8. EQUIPMENT

Alison agreed to make a comprehensive list of equipment she feels is necessary for all doctors and midwives to carry, and to present this list at the next meeting. Items suggested were; endotracheal tubes, IV fluids, drips and tubing, oxygen, suction, laryngoscope.

NEXT MEETING::::::::::Sunday 26 May, 7.30 pm, 4 St. Stephens Ave, Parnell.

CO ORDINATOR Carolyn Young, 36 Larnoch Rd, Henderson. 836 2770.