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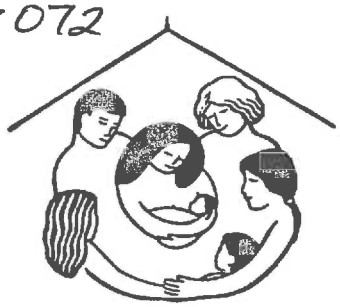

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15 May 1996

Dear Sam

Thank you for sending the us a copy of the **April Draft.** Unfortunately due to the tight time frame we have been unable to circulate the document widely amongst our committee for comment. We also have not had formal feed-back from negotiations between the RHA(s) and NZMA and NZCoM. It appears that several changes have been made since the fourth draft following these negotiations which make the current draft difficult for us to follow/understand in places. We have therefore chosen to focus on two areas of concern which we had raised in previous letters/submissions to you.

1. Payment of second practitioner present at a home birth.
2. The amount of money allocated to the Services Following the Birth module.

(1) Payment of second practitioner
The service specifications for the Labour and Birth Module state 3.4.4.5 "a second maternity health professional is available during the birth." However we note that in the breakdown of the modular payments for labour and birth services 1.2.4 that there is no allocation for payment of a second practitioner. We assume that this means that such a payment will be deducted either from the $750/$950 labour and birth payment or in the case of a homebirth from the $180 payment allocated to Supplies and Services for Home Birth. We must reiterate that we feel that payment from either of these sources is inadequate. The second practitioner is on call and will be called out for an unspecified duration of time depending on the progress and outcome of the birth. During this time the practitioner will incur costs related to reorganising or providing back-up care for clients who were scheduled to see during this time and the costs of time and travel involved in getting to the

homebirth. Adequate financial remuneration must be paid to recompense these costs and the costs of disruption to that practitioner's personal life, otherwise practitioners will be reluctant to attend promptly possibly putting the health of the labouring woman and her baby at unnecessary risk. Women opting to give birth at home and the practitioners who support this choice save the RHA considerable amounts in capital costs etc. It is only fair for them to expect that an adequate portion of these savings be redirected into a payment which will ensure the availability of a second practitioner to attend a homebirth.

We therefore recommend that a sum of at least $180 be allocated to payment of a second practitioner at a home birth and that a further $40-50 be made available for homebirth supplies etc.

We are also dismayed to read in clause 3.4.4.10 that the LMC for a home birth is required to provide three days nappy supply for women giving birth at home. The Auckland Home Birth Association does not support or encourage the use of disposable nappies, neither would a significant portion of our membership use them even if they were made available. A number of midwives who regularly attend homebirth would also have ethical concerns around being required to supply disposables which we believe would be the only feasible way of supplying nappies for such a short duration.

We recommend that nappy supply be removed from home birth supplies and that nappy service be addressed in the home help supplement which, if adequately financed, would give women the choice of nappy service or disposables.

(2) Services following birth

We were disappointed and concerned that the sum allocated to this module had not been significantly increased. We believe that this module continues to be underfunded and therefore undervalued. In North Health's "Child and Youth Health Strategy" it is stated that, "The major health problems of children in the first year of life are the result of problems which occurred at birth or soon after. These include inherited problems or disabilities, Sudden Infant Death Syndrome, parental smoking and infectious diseases..." We would strongly support this statement and add that many other chronic or recurring illnesses occur as a result of insufficient professional support and education in the early postnatal period, especially with the establishment of breastfeeding. We also note a continued emphasis on the diagnosis and treatment of postnatal depression in the April Draft.The underfunding of the Services Following the Birth Module will only increase the incidence of health problems, both physical and psychological, for children and their mothers/families.

The service specifications for this module appear in 3.4.5.8 and 3.4.5.9 to require the LMC to visit a woman only three times before handing over to a Well Child provider. We would consider 7 visits during the first 12 days postnatally to be the absolute minimum required in order to provide a safe service. If this module is to cover the first 28 days a 10 visit minimum would be needed.

We strongly recommend that the the RHA state the minimum number of visits required by this module and allocate sufficient funding to cover these. We further recommend that the RHA require visits during this period to take place in a CHE/hospital facility or the woman's own home and that the level of funding allocated includes recognition of the costs involved to the provider in making these visits. Our personal experiences tell us that no less than half and hour attendance is required for each postnatal visit. In addition providers will incur time and transport costs. We believe that a fee of $60 each for a minimum of 10 visits i.e. $600 should be the minimum amount allocated to the module for Services Following the Birth. Furthermore we recommend that the six week check of the baby be removed from this modular payment and paid under the schedule for single service episodes.

We assume that clause 3.4.5.2 means that postnatal service must be provided by a midwife and we would endorse this but suggest that this clause be reworded to make this very clear. Very few GPs or obstetricians have any real knowledge or experience of supporting women to establish breastfeeding or indeed of identifying postnatal distress. Both these are key elements of a quality postnatal service.

Home Help Services

We note that description of the RHA's maternity home help programme is missing from this document. We hope that this programme will be implemented at the same time as the changeover to the modular system. We understand that the CHE's etc are being funded for approximately 2.4 days of postnatal care. Women choosing homebirth as well as those who will be encouraged to leave hospital at such an early time will need home help to ensure a healthy recovery from labour and the successful establishment of breastfeeding. The provision of a maternity home help programme is a major undertaking which will need considerable planning as well as a realistic allocation of funds. We are really concerned that no progress seems to have been made in establishing the availability of appropriate home help services despite the fact that the RHA seems determined to implement the new maternity service structure on 1 July 1996. The absence of this vital component of the service will only compromise the health and wellbeing of women and their babies.

We understand that the joint RHAs have a capped budget for primary maternity services but feel that if this budget cap does not allow for provision of safe and quality postnatal services then the Ministry of Health must be lobbied for an increase. We note that during the 2 years of "consultations" involved in getting this Draft prepared, that the Ministry has make huge top-up grants to other medical services where a obvious need exists. The AHBA and many other consumer organisations know that postnatal health care services are important enough to warrant additional funding if the current budget really does not allow adequate allocation of funding. We would therefore urge the North Health to make every possible effort to ensure that adequate funding is made available to this module.

We regret that the haste with which we have had to put this submission together has not allowed us to fully consider this document. There are further issues regarding handover to secondary care and the continuing availability of the LMC to provide some (unspecified) services that we believe need more consideration given to them in order to make them safe and workable. We are pleased to note that the current document does not appear to support routine multiple ultrasound scans and that the medical push for a "complexity" payment seems to have been rejected.

We look forward to your response to the issues we have raised.

Yours sincerely

Brenda Hinton
Spokesperson
AHBA