

# The New Zealand Home Birth Association

The New Zealand Home Birth Association,  
P.O. Box 7033, Wellesley St., Auckland, 1.

Affiliated with NATIONAL ASSOCIATION for PARENTS and  
PROFESSIONALS for SAFE ALTERNATIVE CHILDBIRTH, U.S.A.

29th November 1980.

Dear Mrs. Yarnton,

The Home Birth Association is concerned that the service provided by domiciliary midwives in conjunction with G.P.s is not keeping pace with the growing demand for home delivery.

We feel sure you would agree that education and the taking of responsibility is to be encouraged in all areas of health care. This is happening, as is shown by the increasing demand for home birth as a safe, beneficial alternative to hospital confinement.

A central problem, limiting the availability of home birth, is the recruitment of midwives. Despite the appeal of the work, midwives are discouraged by a drop in salary and the expense of financing a move from hospital to community midwifery. Whereas a registered nurse earns about \$12,000 per annum, a domiciliary midwife working 52 weeks a year would earn about \$7,280. Whilst it is unthinkable that a midwife working in a hospital be asked to pay for the expensive equipment used when caring for labouring women and newborn babies, this is exactly the case for a domiciliary midwife. She is provided with sterile packs of gowns and linen. Other equipment is bought out of her own pocket:

## Basic Equipment

Scales  
Sphygmomanometer  
Kidney Dishes and receivers  
Clamps x 2  
Scissors x 2  
Coppers  
Needle holders and needles  
Speculum  
Paediatric laryngoscope  
Oxygen  
Pinard stethoscope

## Disposables

Gloves  
Syringes and needles  
Dressings  
Masks  
Intravenous giving sets  
Cannulae  
Plasma  
Barts solution  
Sanitary pads

In Britain, where the Department of Health has a statutory obligation to provide home birth facilities for anyone who requests them, this equipment is quite naturally available to the domiciliary midwives through the hospitals. A comprehensive maternity service, with domiciliary midwifery complemented by hospital obstetrics appears to be the aim.

In New Zealand, relationships between hospital obstetrical units and home midwives have been characterized by poor liaison and outright hostility - a ridiculous situation which does nothing for the care of women and their babies.

We aim to improve working relationships between the hospital and community services, and ask for your support. Requests have been made to the Principal Nursing Officers to give domiciliary midwives free access to the disposable stock they need. We ask you to initiate the provision of basic equipment to domiciliary midwives, as for public health nurses.

This is a matter of some urgency, and your prompt attention would be appreciated.

Yours sincerely,



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NATIONAL EXECUTIVE, N.Z.H.B.A.