

20073-22-108

C/- Derby City Hospital
4 Horley Rd
Derby DE3 5NE.
25/5/80.

at Barbara and Home Birth Association, ①
You have been together
a while now and I wonder how things are progressing.
I have received the odd newspaper clipping from family &
friends and it seems there are some exciting changes in
childbirth in N.Z.

I have now done 9 months of this direct entry
midwifery course and I find myself lacking description
even tho' we seem to spend quite a few hours quizzing
and discussing the hospital events & atmosphere.

We are 2 from N.Z. doing the course along with
a few other friendly warm women who help create a
friendly atmosphere amongst us which helps us to keep going
through the system. A.R.M. helps keep it together too.

Derby City Hospital is quite small with 85 beds
in the maternity unit, a large special care Baby Unit
and the Midwifery Teaching unit. It was designed to
take for 2,000 births a year but now has over 4,000
mums and babies are rapidly redistributed elsewhere.
There are separate antenatal, delivery & postnatal wards,
and in the delivery ward mums are kept on a main ward
& almost ready to give birth when they are quickly wheeled
to a glaring delivery room along with rattling trolleys,
singing attendants, loud voices & general bedlam. Only

obstands (or "consorts", as they are labelled) & mothers are allowed
(one at a time), so we be tied if your best friend is
other women & you can't smuggle her in (usually impossible). ②
Women who know a little about what is happening, to
m & ask questions or refuse something are definitely
"problem cases" & must be kept in line! It is always a
pain to work on the labour ward. Forever too many chiefs
not enough indians & no chance (or very little) to just
work with an alone labouring woman.

There is one intake of Direct entrants a year. We
2 months in school and then 1/2 day per week, which
is really enough, ^{there} being so much to learn. The rest of the
year we work on the wards which is enjoyable & can be
stimulating - slowly we learn the practical skills, and
contact with people & the new family is always a joy.

It is a challenge to keep ones individuality &
not be totally sterilized yet avoid ego & work as a team, at
the moment this seems quite easy as I day dream alot &
understand spending most of my time with the mums.
It seems there are new people coming into the hospital
& some new ideas, people in higher positions that have
training and experience to change things & the archaic
system & listen a little to the wishes of mums & dads,
but the people who have the ultimate power are the
substantives & they are really very distant from the emotion
of the actually happening of birth.

Good local antenatal teaching, help, is lacking, it
is very conventional and conservative here - there is no
continuity of care which is an essential basis for change.

technology is well advanced, but used too often & abused. It is the norm rather than a carefully used aid & is realised to be a potentially dangerous interference (eg ③ an, amniocentesis, induction, epistomy etc etc). (Need I say more?).

On to brighter fields. I have now been to 2 R.M. meetings - and would liked to have been to more. I enjoy very much, restoring my faith in my own personal generally alternative aims.

Started 3 years ago by 2 midwives, originally as a support group for midwives it has now grown to involve any people, obstetricians, nursing officers & lay people supporting alternative childbirth.

Most of the last meeting was discussing the structure regions of A.R.M. Membership has grown rapidly and communication & information has tended not to circulate as well it should. Meetings have been restructured to help get through programmes and ensure all items are covered with chairperson and votes are counted on important issues. We discussed the stand we were going to take on the Foe Bill (similarities to the new abortion law Xmas '77.???) and decided to oppose the bill as it would result in women going to the back streets again & consequently dying. It also stops a women's right to choose. Thank - goodness the bill hit the floor of the house & was hotted on till we ran out & it will not have any more time allowed to it.

We heard from Chlöe Fisher a Nursing Officer at St. Radcliff hospital in Oxford. Chlöe had been to the conference in Philadelphia which covered all aspects of

childbirth in lectures, groups & discussions. People from all over the world were there sharing their knowledge & findings. I was very impressed by the fast growing strength of midwifery schools in the states, and the vast savoir-faire of the lay midwives who are so positive & creative. (4)

We saw Suzanne Arms film "5 women - 5 births". A series of shots of a home, a hospital and 1 caesarean - dialogue by the women themselves. Very striking & well done. (This film drastically needs support.)

Two more films showed the acute awareness of the newborn child, and how responsive it is to outside stimuli especially its mother. We found these so lovely compared to milk company films & wonder why they are not shown at antenatal clinics. Chloë said at the Radcliffe Rooms were shown on an obstetrical ward and all the mums rushed back & talked to & cuddled their babies.

We discussed on a casual basis natural family planning with a woman who had been using combined oral body temp, mucus testing and looking at the cervix for 2 years. The combination seems highly successful and helps body awareness. We combined this with a 15 min examination session & found ourselves giggling about how few women had seen their own cervix especially midwives! We hope to do more skill sharing in the future.

There was also a member of the Birth Centre Panel, very active London group, who put out a wonderful

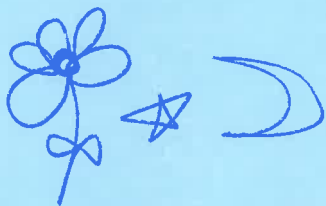
letter and have vast stores of information. It was
fun that I made my first inquiries to do this con-
So... even though I do tend to find many facets of
course difficult there are compensations & I hope I will
with it. I see it only as a little step towards further
ing & hope to work in Holland and/or France in
field of alternative childbirth care. I think I will
be it back home one day. (5)

I would be interested to receive your newsletter
see what happens in little ole' N.S. I'm sure it
be encouraging.

Health & Happiness to all.

xxx
Veronica.

(Mullen)



5 included for newsletter.



do direct entry midwifery ^(2 yrs) or post graduate midwifery
 you must have 5 S.C. subjects. (including
 1 science subjects). These qualifications must be accepted
 by the Central Midwifery Board - these people are really
 firm persuasion. I have
 1 told them to accept the
 mapping subjects.

Central Midwifery
 39 Harrington
 South Kensington
 London SW7 4JY.

O levels = S.C.
 A levels = U.C.

think there are 5 hospitals doing Direct Entrant courses
 C.M.B provide lists. Ipswich sounds like a very good course -
 there are of course many more hospitals doing the 1 yrs post-
 d course.

Birth Centre
 5th London Birth Centre
 Ros Claxton
 Simpson St.
 London S.W. 11.
 1 yrs subs = £3.00
 back issues at 30 p each.

Homebirth
 Boston University Station
 P.O. Box 355
 Boston
 Mass 02215
 U.S.A.
 1 yrs subs \$4.50
 with a good range of books
 and instruments.

the name
 of the
 address
 of the
 subscriber.

Association for childbirth at home international
 Box 1219
 Cerritos
 CA 90701 U.S.A.