20073-24-053

Auckland Branch Homebirth Assoc.,
P.O.Box 7093 Wellesley Street,
Auckland.

28th July, 1982

Dear Lyn Whiteside,

I am distressed about the amount of trouble we have caused due to our publication of your article in our newsletter.

Barbara passed your last letter on to me as editor of the newsletter. I will attempt to answer your questions.

re 'authority': I received a copy of your Ohomoata Report in a bundle of papers at a meeting of the Auckland Branch committee. I have no recollection from whom I received these.* As is my usual method, I sorted through the papers with others I had collected, selecting interesting material for the newsletter. I have sole authority over such selection. Unless something is marked confidential, and is not obviously libelous, I assume it is available for publication. At meetings I often receive a pile of reprts, articles, notes etc which are to be sorted for possible inclusion in the newsletter. Consequently I did not seek authorisation from you about printing the report. As it was in my possession and did not appear libellous, and was not marked confidential, I assumed I couls go ahead and use it in the newslette I did not know that the report was, in effect, no longer your 'property' anyway. Hence I did not approach anyone regarding it.

re editing: You ask 'did the newsletter sub-committee check out the need for editing or omissions to Ohomoata Branch report before it was published'...if not, why not?' Again, for the reasons outlined above, I had no reason to suspect that any editing was necessary.

The names you refer to, which were printed with the report were on the report, the copy I have.

Along with the Report, I also hadcopies of correspondence between you and the Medical Research Council about the Maternity Services Survey; a sheet headed Multicultural Community Education Resource Centre - Objectives; and Wananga Oranga(Maori Affairs proposals on health 1982-3). On all of these someone has written 'H.B.A.' in ballpoint pen.

re Broadsheet: Once anything is published in the newsletter it is public and therefore anyone can reprint it with reference to its source - as Broadsheet did. No-one submitted the Report from this Association. A member of the public must have read the newsletter and suggested to Broadsheet that they might print it, I suppose. I saw the article in Broadsheet, that was the first I knew about it being reprinted.

I hope this satisfactorily answers you queries. I have not answered each question one at a time, because there is really nothing more to be said about the publication of the report. Except, of course, that we are sorry about this confusion and the trouble which may hav been caused to you or the MWWL. I will certainly be more cautious in the future. But may I suggest too that you mark any copies of reports etc confidential before you part with them!

Yours sincerely,

Alison Jones
President Auckland Branch HBA
Newletter Editor.

* I presume you gave these to some committee member who passed them on to me.

Secretary
Auckland Branch H.B.A.
PO Box 7093
Wellesley St
Auckland.

46 Kenderdine Road
Papatoetoe.
23 July 1982.

Dear Barbara,

Thanks you for your letter and comments. As much as I would love to I am unable to accept your kind invitation to attend next weeks meeting. I have an important test the same night and can not afford to miss it. otherwise I'd come along.

Having read the Broadsheet article I discussed it with a member of mmwh regional exec. who has asked me to submit a full report about it all, at our next Regional Conference which is coming up soon.

Please could I ask you to document for me answers to each of the following questions and forward them to me as soon as possible? Your assistance would be very much appreciated.

1) Please tell Joan I know I said yes to her request. There is no personal ill-will and hope she appreciates that.

2) Who obtained authority from Auckland Branch HBA committee to publish Ohomoata Report in the HBA newsletter? How was this authority obtained and when? Who specifically gave this authorisation? Was any mention made of need to get authorisation from myself, Ohomoata Branch members or Regional executive?

3) Who in HBA newsletter sub-committee confirmed authorisation from HBA committee, myself, Ohomoata Branch, mmwh Regional executive?

4) Did newsletter sub-committee check out need for editting or omissions to Ohamoata Branch Report before it was published in newsletter? Who with? When?
If not, why not?

5) What authorisation was received by sub-committee to use names of myself, Ohamoata Branch, President, and MWWh? Who obtained this, when and who gave authority?

6) Who submitted Ohamoata Branch report for publication in Broadsheet? What authority had they received from HBA committee to do this? When and how was ~~go~~ this given?

7) Was it stipulated that authority was needed from myself, Ohamoata Branch members, or MWWh Regional Executive before the Report could be published in Broadsheet? Who did this and when? How was this obtained?

8) Was it stated that editting might be required and should therefore be checked out with MWWh before publication?

9) Who gave Broadsheet authority to use names of myself, President, Ohamoata Branch, MWWh? When was this given and who by and how?

It is of concern to me personally that the report was published uneditted. One or two points in the report could be damaging to the MWWh. Other points I would have preferred not to see published because they concerned the League's confidential activities.

Please let me know HBA subs so I can pay up because I plan on another homebirth towards the end of January 1983. Dr. Hanne (Panmure) is covering me and he seems like a nice guy. Thanks for the newsletters I received.

Regards to all,
Lyn Whiteside.

M

H.B.A.

THE MEDICAL RESEARCH COUNCIL OF NEW ZEALAND

P.O. Box 5541, Wellesley St.
Auckland, N.Z.

Telegrams 'Medrecil'
Telephone 798 227

18 January 1982

Ms L.R. Whiteside
President Ohuomata Branch
Maori Women's Welfare League
c/- 46 Kenderdine Road
PAPATOETOE

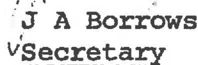
Dear Ms Whiteside,

Thank you for your letter of 4 December addressed to the Chairman of the Council and concerning the possibility of the MRC conducting a study relating to current practices in New Zealand maternity services.

The questions you raised in your letter were obviously important ones, and I intended to refer them to the Medical Research Council/Health Department Health Services Research Committee when it met in mid-February. However, unfortunately your letter became mislaid in the Christmas rush and I would be grateful if you could send me a copy if you still have one available. If not, we will institute a second search of our office files.

I am sorry to put you to this additional trouble.

Yours sincerely,



J A Borrows
Secretary

H.15.A.

The Chairperson
South Auckland Health Consumers' Group
Private Bag
MANUKAU CITY.

The President
Ohomoata Branch
M.W.W.L.
C/- 46 Kenderdine Road
Papatoetoe.
28 January I982.

Dear Madam,

Re Maternity Services Survey.

Much publicity has been given to the reluctance of maori and pacific island women to use antenatal services adequately. The publicity given to home birth however, highlights the everincreasing intrusion of mechanical and chemical interfence into the field of obstetrics. Overseas research indicates that this trend increases medical complications, neonatal and perinatal morbidity and mortality rates.in some cases. This is of [illegible] concern because of the government cuts in Vote Health, particularly of chemicals and machines are being bought and used with no proven medical need or benfit to the consumer.and therefore the community.

We wish to bring to your attention the fact that a Maternity services survey was conducted in West Auckland in I979 and that we are interested in seeing a similar survey conducted here in South Auckland.this year. With the Maternity Servies Committee preparing a report some time this year it is important that this survey be started as soon as possible. We would like to know if your organisation would be interested in combining with us to prepare and conduct such a survey. Our aims would be

- to determine the degree of consumer-satisfaction with Maternity Service in South Auckland (including prenatal, childbirth, postnatalservices)
- to determine the cost-effectiveness of present policies, procedures and and practices of the Maternity Servies in South Auckland
- to determine the degree towhich the MaternityServices in South Auckland cater for and respect cultural differences of consumers.
- to propose alternative services which are acceptable to the ethnic communities of South Auckland.

We would be very interested to hear from your organisation in re lation

to these matters. Please find enclosed the copy of a letter from ourselves tothe Medical Research Council and their reply, which have been included for your information.

Yours faithfully,
L.R.Whiteside.
LRWhiteside
M.W.W.L.

H-B-H.

The Chairman
Medical Research Cuoncil
Private Bag
AUCKLAND.

46 Kenderdine Road
PAPATOETOE.
4 December 1981.

Dear Sir

Re New Zealand Maternity Services.

We note with concern the current controversies over Home Birth as a safe and viable alternative to institutionalised maternity care. While there is much research from overseas available, there seems to be very little reliable information about the New Zealand situation.

We also note with concern the high neonatal and perinatal mortality rates for maori infants. While we recognise the significance of "lifestyle" factors involved, we would be interested in learning if the policies, procedures and practices employed by the maternity services themselves may in fact have any significant influence in contributing towards or causing congenital defects or difficulties in the newborn , and neomatal and perinatal deaths.

"When I had my baby"-- Women's perspective of maternity services for West Auckland. is a survey which was conducted in 1979, by the West Auckland Community Health Group. It is hoped that a similar survey will be conducted in South Auckland next year. However, it will be understood that this type of survey does not cover the points of interest already expressed. Therefore, we humbly request that the M.R.C. conduct, on our behalf, a study of the following:

I. The real(human and medical) benefits of current maternity services' policies, procedures and practices. Particularly, foetal monitoring during labour, episiotomies, inductions, rupturing of the membrane, routine sedation, caesarean rates etc.

2. The cost-effectiveness of current maternity services' policies, procedures and practices. In human terms and medicalterms. Including proven benefits of sedation-methods (to mother and infant) use of foetal monitoring machines, ultra -sound scanners in the diagnosis and treatment of disorders, prematurity and postmaturity accuracy, etc.

3. The safety of the above-mentioned techniques and machines.

Your comments and suggestions in relation tothese matters would be very much appreciated.

Yours faithfully,

L.R.Whiteside.(Ms)
President:Ohomoata Branch,
M.W.W.L.

14.15.14.

Maori Affairs Proposals for 1982-1983. Yet to be approved by Government.

WANANGA ORANGA - HEALTH.

PROPOSAL.

That ten community health co-ordinators be appointed to facilitate health programmes. These people will work in liaison with the Maori Communities and Health department officials and the medical and nursing professions. They will be expected to play a prominent part in the formation of new "Health facilities" as detailed below.

OBJECTIVES.

A. To support the development of community-based cultural activities which create a supportive environment of which health care is an integral part.

B. To provide "health facilities" that are freely available, and within easy reach of all, run by local Maori, and integrated with other community activities and facilities.

C. Establish a community-based "health group" whose principle function will be to facilitate access to health care, including cultural, physical, mental, social and spiritual aspects, and to promote preventive health measures as the key to long-term disease control.

The health group should:

1. Prepare a profile of the health status in the Maori Community.

2. Undertake the treatment of health problems where appropriate.

3. Facilitate referral of more complex problems.

4. Ensure that all pregnant mothers have ante and post natal care, and that deliveries are conducted in a safe setting.

5. Promote the importance of breast feeding.

6. Ensure adequate immunisation of all children.

7. Arrange health wananga ass appropriate.

8. Screen for common disorders and arrange for their appropriate treatment e.g. ear disease, diabetes, high blood pressure, obesity, dental problems.

9. Provide continuing health education taking into account special sensitivities to Maori values, beliefs and feelings.

Detailed [illegible] of Health Workshop.

(iii) Facilitate referal of more complex problems.

It will be important that health problems unable to be resolved by the local "health workers" be referred promptly to the appropriate person or hospital. If the referal system is to work smoothly then channels of communication may need developing between the "health group" and the local doctors and/or hospital.

(iv) Ensure that all pregnant mothers have ante and postnatal care and that deliveries are conducted in a safe setting.

Adequate supervision of pregnant mothers will minimise pregnancy problems. Although in some circumstances deliveries will be conducted in a home setting it should be noted that the safety of both the mother and baby may be less than in a hospital setting where emergency support systems are available. It should be possible, however, to identify higher risk mothers during their antenatal checks and ensure that the delivery of such mothers be conducted, if at all possible, under appropriate supervision in an obstetric clinic. For normal pregnancies home deliveries could be supervised by a maternity nurse or other person with some training in this field.

(v) Promote the importance of breast feeding.

There is a wealth of evidence showing that breast fed babies are healthier than non-breast fed babies. This is particularly important with respect to infantile infections which can at times be severe or even fatal. Maori infants have an excess mortality with respect to chest infections, pneumonia, and gastroenteritis. Such problems could be minimised by promoting breast feeding for as long as possible (at least six months).

(vi) Ensure adequate immunisation of all children.

Immunisation programmes have been the cornerstone of successful preventive medicine in the last few decades. In order that this continue all children should be immunised against tetanus, polio, and whooping cough. Programmes for the appropriate immunisation against both varieties of measles and flu should also be available and promoted. In the very near future vaccines against hepatitis will become available which will be important for Maori people in whom hepatitis is a common and continuing problem.

/ H.B.A.

MULTICULTURAL COMMUNITY EDUCATION RESOURCE CENTRE

OBJECTIVES:

1. To provide facilities, equipment and resource materials (multilingual) for community education programmes.

2. To provide bilingual community education programmes for ethnic minorities and caucasians of all ages - in the centre, schools and community.

3. To provide bilingual, bicultural tutors and resource personnel to prepare and conduct such programmes.

4. To actively promote multi-cultural awareness, understanding and co-operation within the community.

5. To actively research, preserve and promote all areas of ethnic minority cultures.

6. To promote preventive health-education programmes and practices within the ethnic and caucasian communities.

7. To promote ethnic community self-sufficiency and self-determination projects.

8. To increase ethnic community's knowledge, skills and experience - to improve employment opportunities.

9. To provide bilingual resource kits for ethnic minority and caucasian community groups to borrow or purchase (to conduct their own programmes.)

10. To provide facilities and/or equipment, and/or tutors/ resource personnel to assist ethnic minority and caucasian community groups to conduct their own programmes.

MULTI-CULTURAL COMMUNITY HEALTH PROGRAMME

Sessions: 9.00 - 10.30, 10.30 - 12.00, 1.00 - 2.00, 8.00 - 9.30p.m.

Venues: Kokiri, marae, community centres.

MENTAL HEALTH

- self-assertion
- self awareness and development
- social awareness and development
- social relationships and communication
- stress management
- free domestic aid
- free budgetting advice
- free legal aid
- free psychological counselling
- alternative healing arts
- childbirth support group
- homebirth support group
- adoption support group
- abortion support group
- community information service

PHYSICAL HEALTH

- physical growth, development etc.
- sexual growth, development, etc.
- preparation for pregnancy
- prenatal and postnatal class
- contraception, sterilisation, abortion and alternatives
- safety
- hygiene (natural v. synthetic)
- nutrition (natural v. synthetic)
- exercise and relaxation
- natural healing arts
- horticulture (natural v. synthetic)
- orthodox and alternative healing services
- childbirth support group
- homebirth support group
- abortion support group
- adoption support group
- domestic aid
- sport and recreation programmes

CULTURAL HEALTH

- ethnic studies (ethnic and caucasian.)
- caucasian studies (traditional and modern.)
- occupational arts and crafts
- recreational arts, crafts and skills.
- therapeutic arts, crafts and skills.
- community education programmes
- inservice training
- playcentre programmes
- preschool education programmes
  (ethnic and caucasian)
- childcare programmes
  (ethnic and caucasian)

MULTI-CULTURAL COMMUNITY HEALTH CENTRE.

VENUES: Kokiri, Marae, ethnic community centres.

Service:	Programme:
1. Childcare Supervisor. (bicultural, bilingual.) (Education Dept.)	-preschool education tutor / consultant. -parenthood effectiveness tutor.
2. Childcare assistant. (Bicultural, bilingual.) (Registered nurse. Health Dept.)	-childcare education tutor / consultant.
3. Social Worker (Bicultural, bilingual.) (Social Welfare Dept.)	-legal aid -budgetting -benefits -domestic aid -emergency housing -pensions
4. General practitioner. (Bicultural, bilingual.) (Private practice - contract)	-general practice -homebirth service -health studies consultant.
5. Naturopath. (Bicultural, bilingual.) (Private practice - contract.) Ethnic and caucasian.	-general practice -nutrition -natural healing arts -preventive health practices) tutor & consultant.
6. Midwife (Bicultural, bilingual. (Registered nurse. Health Dept.	-prenatal class and care. -postnatal class and care. -infant health and care. -family planning. -homebirth service.
7. Psychologist. (Bicultural, bilingual.) (Private practice - contract.) (Health Dept/Education Dept.)	-individual/group therapy. -human studies tutor / consultant.
8. Public relations worker. (Bicultural, bilingual.) (Health Dept.)	-clerical worker -complaints -Information service.

9. Community workers: (Bicultural, bilingual.) Tutors, counsellors, support groups, referees.

1 COMMUNITY HEALTH CENTRE

- orthodox and "alternative" healing practices. (Caucasian and ethnic.)
- family planning.
- "marriage" guidance.
- free legal aid and budgetting.
- free psychological counselling.
- free domestic aid service.
- free child-care service.
- childbirth support group.
- homebirth service, support group.
- adoption support group.
- abortion support group.
- emergency housing centre.
- community information service. (stationary and mobile)
- public relations worker (bilingual)
- reference library (bilingual) for individuals.
- resource library (bilingual) for groups.

2 HEALTH STUDIES COURSES.

- physical growth, awareness, development, health.
- sexual growth, awareness, development.
- preparation for pregnancy.
- prenatal class.
- postnatal class.
- contraception, sterilisation, abortion and alternatives.
- nutrition (natural v. synthetic).
- hygiene (natural v. synthetic).
- safety.
- natural healing arts.
- horticulture (natural v. synthetic).

N.B. All classes aimed at preventive health information, curative health being secondary.

+3 COMMUNITY EDUCATION

- facilities, equipment, mat[illegible]ials
- bilingual tutors and counsellors
- bilingual resources

Levels: preschool, primary, secondary, community: public and civil services, employers, professional and clerical workers, staff management personnel, the public. MPs.

Courses:
Human studies
Health studies
Cultural studies (ethnic and caucasian.)
Occupational studies
Professional studies
Public relations
Race relations

*1 PUBLIC AND CIVIL SERVICES, PRIVATE SECTOR, COMMUNITY WORKERS, MPs.

- compulsory, continuing in-service education programmes on public relations, ethnic cultural awareness and sensitivity, race relations, professional training.
- free child-care, legal aid, budgetting, medical care (provided by employer.)

MULTI-CULTURAL, COMMUNITY HEALTH CENTRE PROGRAMME.

- nonthreatening
- non judgemental
- non failure
- self-supportive
- group-supportive

- maori and pacific island

- maori and pacific island paid community workers to liaise between ethnic communities and authorities/employers.

*2 COMMUNITY RESOURCE CENTRE

- facilities, equipment, mate ials
- bilingual tutors and counsellors
- reference libraries (bilingual
- reference libraries (bilingual for individuals

Resource libraries (bilingual) for schools and groups.

- tutor training
- counsellor training
- audio-visual production units
- audio-vidual duplicating units
- catering for all levels and courses.

CULTURAL STUDIES COURSES.

- ethnic cultural awareness and sensitivity (for caucasian)
- caucasian cultural awareness and sensitivity (for ethnic minorities.)

Ethnic studies:
(traditional and modern.)
*3
- society studies
- history studies
- political studies

- literacy studies (ethnic and caucasian.)
- languages (ethnic and caucasian.)
- language arts (ethnic and caucasian.)
- sport and recreation
- crafts
- communication arts - drama, mime, graphics, literature etc

VENUES: Kokiri, marae, ethnic community centres.

+2 HUMAN STUDIES COURSES.

- self awareness, development, assertion
- social awareness, development
- social relationships and communication
- prenatal growth, development, experiences (foetal and maternal.)
- postnatal growth, development, experiences (foetal and maternal.)
- child-care and education: infant, preschool, primary, secondary.
- tutor training
- counsellor training
- stress management.

&1 OCCUPATIONAL STUDIES COURSES.

- employment exchange pre-employment training
- inservice training
- recreational programmes
- therapeutic programmes

*4 &2 Courses: Language arts: journalism, business studies, lyrics, etc.
Trades, crafts, skills: plumbing, carpentry etc.
Cottage crafts and skills: sewing, macrame, spinning etc.
Graphic arts: photography, screen-printing, video programming. etc.

* **Education Department priority action programme**
\+ **Health Department priority action programme**
& **Labour Department prioity action programme**

Lyn Whiteside, President of the

OHOMOATA BRANCH ~~REPORT~~

of the Maori Women's Welfare League delivered this Branch Report at the end of last year.

Madam President, honoured guests, fellow members,
Tena koutou, tena koutou, tena koutou katoa.

Over recent months much publicity has been given to the failure of maori women to make satisfactory use of established maternity services. As the president of Ohomoata branch in Otara, I wish to express the concern of many maori women about the delivery of health care by these self-same maternity services.

For centuries before puritanical missionaries cloaked our bodies in shame, before Queen Victoria made drugs in childbirth popular and breast-feeding unpopular our tupuna used only natural methods of child birth and healing. The spiritual significance of childbirth was respected and babies were always born in to a loving, caring natural environment. Centuries before Freud or Piaget were born, our tupuna fully appreciated the need for proper maternity care and positive parenting, the vulnerability and sensitivity of early childhood, and the long-term importance of early childhood experiences. Against much opposition from pakeha society and bureaucracies, and with limited success, our kaumatua have tried to perpetuate and uphold these teachings of our tupunas to the present day. Some of these kaumatua are present at today's hui. Now these self-same bureaucracies and society impose their foreign brand of education, nutrition and health care on our people and accuse us of being ignorant, lazy and bad parents.

Nowadays hospital staff complain that maori women do not attend antenatal classes, or use antenatal clinics or delivery suites early enough. They complain that we don't understand, are ignorant and lazy with personal maternity care. Yet they never take the time to explain or justify their procedures or to give us the information we need and want. Obviously these hospital staff have never suffered the indignities and humiliation they inflict upon us with their total disregard of our right to privacy and confidentiality as patients, our cultural values, beliefs and customs as maori people. They deliberatly deny our civil rights, freedom of choice, freedom of information, about the use, side effects, dangers and safety of drugs and machines which are paid for by our taxes. We are treated like lifeless carcasses on a freezing works chain, then if we object we are labelled ANTI-HOSPITAL or MAORI ACTIVISTS. If this is not so I challenge Middlemore Hospital to prove the safety of the ultra-sound scanner and foetal heart monitoring machine which they use so liberally on pregnant women and their babies, and to produce my clinic file intact for our Regional Committee to inspect.

Pregnancy and childbirth are normal functions of the human body. Functions which have occured over thousands of years before the existence of antenatal clinics, delivery suites or maternity wards. These facilities exist primarly for the benefit of obstetricians and secondly for the training of doctors and nurses. These people require large numbers of pregnant bodies to learn from and practice on. With a falling national birth rate available bodies for learning material are becoming fewer, so we can expect more pressure on ladies to use such facilities. Yet from a medical and humanitarian view point many of their procedures are questionable if not in fact totally unjustifiable. The only way hospital workers can protect their jobs is to insist that all women have hospital births to suppress freedom of information and to further deny us of our civil rights.

Some women will prefer hospital maternity care and others require the medical care offered by such services. This is as it should be. But generally there is no reason whatsoever why the majority of pregnant women can not and should not enjoy natural childbirth in the familiar surroundings of their own home, in the company of people of their own choice, if this is what they want. Homebirth for many women is the only means of avoiding humiliation and degradation. For others it is the only means of controlling their birthing situation and for others still it means avoiding unnecessary frmmxlmxmdxmmmsx separation from loved ones. For all its can be the most beautiful and meaningful way of strengthening family love and unity, and it is certainly the most natural and loving way to bring a baby in to the world.

If the health workers want maori women to use their maternity services then I suggest they involve us in the decision-making process at all levels, show more respect for our feelings as human - beings, cultual difference and needs as maori people and show more respect for our civil rights as health consumers. To encourage spring-cleaning in the established maternity services , Ohomoata Branch proposes the following motions:

1. that the M.W.W.L. seek representation on the maternity services committee.
2. that the M.W.W.L. initiate research into the delivery of maternity health services and its effects on the health of maori women and their families.

   (a) the degree to which maternity health services understand and cater for cultural differences and needs.

   (b) Comparative study of maori maternity health status and health care practices from pre-European to modern times.

   (c) the effects of established maternity health services' policies, procedures and practices on maori women and their families.

   (d) the attitudes of health workers towards maori women and the degree to which this effects their treatment of us.

   (e) Comparative study of the long term effects of home confinement and hospital confinement on the social relationships, physical and mental well-being of the maori family.

   (f) the extent to which maori women understand and assert their rights as health consumers.

No reira Tena koutou, tena koutou, tena koutou katoa,

LYN WHITESIDE

OHOMOATA BRANCH PRESIDENT (OTARA)