

## REPORT OF MEETING OF DOMICILIARY MIDWIVES ASS'N (DMS), 28.3.82, at Palmerston North.

This was a stimulating and productive meeting. We were generously and admirably hosted by Fiona Barnett, 12 Ihaka St, (phone 85 824), a newly registered midwife in Palmerston North. At present, Fiona, who is in charge of the Palmerston North Hospital A/N clinic is sharing home birth cases with Lynley MacFarlane who has recently had a baby.

Present were: Ursula Helem, Chch; Bronwen Pelvin, Nelson; Lynne McLean, Wellington, Fiona & Lynley, Palmerston North and Gillian McNichol, Sian White and Joan Donley, Auckland.

Gillian, Sian & I went down by train (\$72 each return) on the Saturday night, returning Sunday night. Irene covered for Sian and Gillian while Rhonda covered for me.

Aside from the support and sharing of experiences and anecdotes we got through a huge agenda. Minutes were taken by Gillian, so I will give you my overall impressions.

A new midwife is registering in Chch - Pat Fuller. She is having the usual difficulty with the Principal Public Health Nurse (PPHN) who wants Pat to do a refresher course. When Ursula enquired from Chch Women's Hospital re such a refresher course, she was told in a letter, 15.3.82, that "to offer a programme to a midwife undertaking home confinements could be seen as contrary to the policy of the North Canterbury Hospital Board which promotes hospital deliveries."

For the past two years this PPHN has insisted on accompanying Ursula on her A/N visit in order to inspect the premises as to their suitability for home birth. She always inspects the bog! This is really an invasion of the patient's privacy and an insult. It also requires Ursula to make two A/N visits (only one paid) as she is reluctant to take this PPHN on her real A/N visit. Any home that is good enough to take a new baby into after a birth is good enough to deliver a baby into. If not, she should be doing something about such homes, such a putting pressure on the Government to provide decent cheap rental housing! Otherwise, she is not sincere, only obstructionist.

We suggested that Ursula should protest this invasion. Also suggested that the matter could be taken up with the Patients' Rights, Box 33 117, Chch 2.

While on the topic of PPHNs the situation of Gill Williams of Tauranga was mentioned. Miss Grant, Rotorua PPHN has put numerous obstacles in Gill's way, making her comply with the requirements set forth in the yet-to-be released MSC Report, 'Mother and Baby at Home, The Early Days', which requires the domiciliary midwife to carry Entonox, pethidine, etc. Gill was told she would have to have a safe built into her house to store the pethidine. In fact, at this point domiciliary midwives are still under the outdated provisions set forth in April 1939 and signed by Peter Fraser! At the moment Grant is insisting that Gill provide a uniform, although she admits she does not know what the official uniform is but "isn't concerned what is done in the rest of N.Z. - Rotorua Health District is built on professionalism and all her 'girls' are proud to be part of it." (She should see how the underwater midwives deliver babies at Pithiviers - naked!) Bronwen had similar problems with the Nelson PPHN when she first started.

At Chch Bethany has closed and there is a slowly growing demand for home births.

Bronwen told us she is kept reasonably busy. Although there are a lot of alternative life style people in the area they are conservative about home birth. Bronwen and Chris Voaden have good relations with the local hospital and an increasing number of doctors.

Bronwen had a stillbirth last December. A woman who was intending a home birth came into prem labour at 35 weeks. When Bronwen got to her - a long distance over bad roads, she was fully dilated. She drove her in her own vehicle to meet an ambulance, but when they got to the hospital there was no fetal heart beat.

Bronwen says that a Nelson doctor, James Cameron, who is sympathetic to home birth has joined the Pathology department at Auckland hospital. Gwenda Stevenson from Melbourne who is now interested in alternative education is coming to Nelson.

In Wellington Lynne is getting busier. Jennifer Sage who live in The Hutt is finding domiciliary midwifery is too demanding and intends to give it up. However, the proposed birthing centre has fallen through, so later in the year Ros Capper is going to join the domiciliary midwife scene. Lynne's relations with Wn Hospital are good.

Palmerston North have very good relations with their hospital - are provided with all their gear - instruments, O2, suture material, etc. They would rather this was not quoted as a precedent. The obstetricians oppose home birth and have pressured the g.p.s not to take primagravidas. So the midwives do not handle first babies at home.

In Auckland hospital/midwives relationships vary depending on the team and the staff on duty. Sometimes it's good and sometimes not very good. Of course Ak (NWH) is the seat of obstetric power and it is here that policy is made. Recently, I.L.G. Hutchison, Medical Superintendent, NWH expressed the attitude in a letter 28.1.82. He drew attention to the problems encountered by NWH staff from "homebirthers"...who tend to have particular "fads". Staff apparently find it "very upsetting to argue the toss" often about very simple clinical decisions.

On 1.3.82 Prof Boham, NWH and Mr Overton, Medical Sup't of St Helens, decreed that home birth transfers would, in future, have to be admitted as unbokked clinic patients. No longer would they be permitted to be attended by their own g.p. or even by an obstetrician. A lady who had previously booked into St Helens as a private patient under an obstetrician just in case she needed to be transferred from her home birth was directly affected by this edict. She reported the matter to the Ombudsman who took immediate action and confirmed that every woman legally has three options: book in as a clinic patient; or under her own g.p.; or under an obstetrician. The Ombudsman will be happy to hear of any other irregularities.

Lynne reported that after the elections, 28.1.82, she and Jennifer had approached the Secretary of the Minister of Health, Aussie Malcolm, re meeting with the Minister re negotiations over increase in domiciliary midwife's pay. They received a pleasant and cooperative response, and were told the Minister was waiting the MSC Report. Following Malcolm's "Russian roulette" statement, they again contacted the Secretary, who this time was very terse. He told them to put their request in writing. This Lynne did, receiving a reply saying salaries are reviewed annually. I presented the prepared report setting out the arguments for affiliation with F.O.L. (encl). This was accepted with little or no opposition. Lynne is to write to Ken Douglas, Sect'y FOL enquiring about affiliation and setting out why it is against our interests to use any of the existing negotiating bodies, using the prepared paper as the basis of the argument. As set out in the report, a submission is then to be prepared for the Director General of Health outlining our needs and requesting an interview. I have been asked to prepare this paper. The pre-requisite, incorporation, is under way.

Ursula was selected as our representative to the HB Conference in Dunedin, May 7 - 9. She will participate on the Sunday panel discussion, "Where to from Here?", and prepare a report of Conference for DMS.

We sent a remit to Conference deploring the present unsatisfactory midwifery training and the fact that N.Z. nurses had to go overseas to obtain basic practical midwifery training.

In the course of this and discussions concerning NZNA recommendations on our behalf it was decided to draw up our own standards based on NAPSAC 'Five Standards for Safe Childbearing.' Sian will obtain this. Our objectives will be those set out by the Association of Radical Midwives, (ARM), a grass roots organisation. These objectives were developed to restore the role of the midwife for the benefit of the childbearing woman and her babe. They are:

- 1) To reestablish the confidence of the midwife in her own skills;
- 2) To share ideas, skills and information;
- 3) To encourage midwives in their support of a woman's active participation in childbirth;
- 4) To reaffirm the need for midwives to provide continuity of care;
- 5) To explore alternative patterns of care;
- 6) To encourage evaluation of developments in our field.

With the growth of the home birth movement throughout the Western world and the generalised rigid opposition of the 'professional' organisations there is a realignment of forces. In U.S.A. some Certified Nurse Midwives (CNM) and Non-nurse (lay) Midwives (NNM) gathered in a history-making meeting (30.10.81) They worked out a set of **five** goals.

- 1) To open and improve communication for all midwives;
- 2) To establish standards for basic safety skills in midwifery;
- 3) To develop guidelines for education for midwifery;
- 4) To create an identifiable body representing the professional midwife;
- 5) To document public demand for midwifery services. NAPSAC Vol6, No 4.

During these spirited discussions the idea was put by Ak that a Branch of ARM should be established here - DMS is necessarily exclusive while there are a growing number of midwives sympathetic to natural childbirth. This idea proved premature. While in UK in May Sian plans to attend the ARM Conference.

The idea was also put (JD) that eventually we will have to institute our own midwifery training school! to train real midwives as practitioners rather than 'professionals'. Of course this would receive no support from NZNA and such elitist atrophied appendages of the medical profession. It would probably receive support from numerous organisations overseas which are fighting the same battle. It would not receive any government support, but health services are quickly being undermined and eroded, steering people into private health schemes. Maternity service is not as free as it appears when one considers the high taxes collected and the price paid by women in the use of their bodies. It's a topic that bears consideration and thought!

It was requested that a copy of the national newsletter should go to each domiciliary midwife.

Lynne will carry on as Secretary for another year - but not forever.

Sian reported on U.K. research concerning the administration of steroids to women in pre-labour, and the long-term effects of this on a male fetus - feminisation. Anne McQueen had mentioned this at a NZNA meeting.

Joan reported that a visiting American doctor had said that in US they are now bleeding newborns who have a high haematocrit which they reckon contributes to jaundice. She didn't say how this bloodletting was performed and I never thought at the time to ask her if they used leaches.

While talking to Fiona before the others arrived (we arrived at 6 a.m.) we discussed the lack of home help for domiciliary mothers. Fiona suggested we could kill two birds with one stone. Lecture to comprehensive nurses about home birth, take keen ones out to a birth in return for which they would give 10 days part time post natal home help. We could also try and get secondary school students to help home birth mothers as part of training in child care and part of their social and community development.

Lynne's new address, still temporary, is 2/55 Apu Cres, Lyall Bay, Wn. Phone number still the same - 873 801.

Next meeting is in Wellington on Sunday 17 October.

Joan Donley. 29.3.82