

# The New Zealand Home Birth Association

The New Zealand Home Birth Association,  
P.O. Box 7093, Wellesley St., Auckland, 1.

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

Ms N. Hill, (A.C.W.A.)  
State Services Commission,  
Private Bag,  
WELLINGTON

12th February 1982

Dear Ms Hill and members of the Committee,

The committee of the Auckland Branch of the N.Z. Home Birth Association has asked me to write to you setting out the position of home birth; the problems midwives, doctors and parents face, and the very real threats to home birth as an option for N.Z. women.

The newly defined functions and objectives of your Committee as set out in News Sheet 19 suggest that you may be able to assist us.

You may have noted the minister of Health's statements on 11th February at the Asia-Oceania Perinatology Congress reported in the Herald (copy enclosed). In addition, a report is expected in the very near future from the Board of Health Maternity Services Committee who have been looking into home birth, domiciliary midwifery etc. Our Association has made detailed submissions to this Committee. We have expressed our concern that no consumer was represented and no domiciliary midwife on that Committee. From a draft report which we have been shown it seems that the Committee has adopted the attitude expressed in the U.K. Short Report (House of Commons, Social Services Committee, Session 1979-80, Perinatal and Neonatal Mortality.) where no distinction is made in considering home births between those occurring 'out of hospital' and those which were planned to occur at home with doctor and midwife in attendance. We have considerable material from home birth groups, including the National Childbirth Trust, in the U.K. and they have been able to level serious criticisms at the Short Report. We can make this material available to you if you would like to see it.

There are in N.Z. now ten branches of the Home Birth Association. The majority of branches now have at least one registered domiciliary midwife while Auckland has six. The midwives are employed as independent contractors to the Health Department and paid on a case load basis. They provide their own vehicles, equipment etc and are paid at a ridiculously low rate. Requests for an improvement in their remuneration have not been met, given the responsibility, hours and expertise they bring to their profession.

Most midwives find that four to six cases per month is sufficient and they are turning away women who wish to book for home births. It is our opinion that this is not a "trendy" option but something that has always been available in N.Z., given the largely British and Dutch nature of settlers here. There are many families like my own where all members have been born at home right back to the dark ages! The number of women lucky enough to arrange for a home birth in no way reflects the real demand for home birth. ~~the~~ More midwives are just not able to work in this area because of the parlous financial state they face.

We face and have been engaged in interminable combat with obstetricians, hospital personnel and politicians. All of whom are men! We are a threat to them in that with the falling birth rate, the increased number of domiciliary midwives and the criticism that informed women are levelling at modern hospital technology and interference, we are a tangible group to be attacked. Given the numbers actually able to have a home birth at present they are seriously overreacting but they are concerned with women making decisions for themselves and their babies.

we have the support in Auckland of at least 35 doctors. They are enthusiastic about home birth and as one senior G.P. puts it, "after twenty years in obstetrics, it was only at my first home birth that I saw a really natural birth". They agree entirely with Dr Shand, as reported in the Herald enclosure, that they are vitally concerned with the welfare of woman and child and that they are not behaving irresponsibly in attending planned home births. It does seem a serious implication to level at G.P.'s who are the best proponents of community and family care.

In early 1980 our Association prepared a statistical form which the midwives complete after each birth. This form is sent to our Hamilton branch and placed on computer there. A University biostatistician prepared the form and did the programming. An Auckland graduate and researcher is now completing the statistical forms from midwife reports pre 1980 back to 1974 when some of our present midwives began domiciliary work in Auckland. we should have within six months comprehensive data on about 1,300 births. we feel that this will be very significant and is the sort of data which is just not available to critics of home birth. Our attempts to compare our outcomes with hospital outcomes have not been successful. The hospitals do not publish their figures. Staff at National Womens have advised that the episiotomy rate there is over 30% and that 85% of women require narcotics during labour. Our statistics show that 5% of women have episiotomies and that 5% require pain relief. I understand that the perinatal mortality rate for base hospitals in N.Z. is 14-16 per 1,000. In the approximately 1,200 N.Z. births at home since 1974 we number only three perinatal deaths and a nil maternal mortality. Like an English statistician Marjorie Tew, we regard home birth as a safer option than hospital birth for the low risk woman. (Once again we can make this material available.)

We would very much like to talk to you or representatives of the Advisory Committee on Womens Affairs. Our Wellington Branch may be contacted at Box 11-412, Wellington. There are two midwives at work in Wellington and I am sure they would like to speak with you, if no one can see us in Auckland. Please let us know if you feel that this is an issue in which you can become involved. I should say that we have had support from women M.P.'s on both sides of the House. It seems to be men who see birth and women in a less sympathetic more calculating fashion.

Yours sincerely,



Barbara Macfarlane M.A., LL.D.

Secretary.