

AUCKLAND HOSPITAL BOARD

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NATIONAL WOMEN'S HOSPITAL

CLAUDE RD., EPSOM,
AUCKLAND, 3. N.Z.

YOUR REFERENCE

IN YOUR
REPLY PLEASE
QUOTE

ILGH/cf

28th January 1982

Dr D. Nash,
7 St. Georges Bay Road,
FARNELL.

Dear Dr Nash,

Re: Recent delivery - Mrs [REDACTED],
[REDACTED] (Hospital No. [REDACTED]).

The events surrounding the delivery of the above patient ([REDACTED]) have been brought to my attention and I have had some enquiries made, and the result of these enquiries I must inform you has caused me grave disquiet. This patient who had opted for a home delivery, (and hence was unbooked at National Women's Hospital) on admission to this hospital automatically became a public hospital patient. As such the responsibility for her clinical care ultimately rested on Professor Bonham (through his Registrar, Dr Puni). In these cases we quite often allow the outside practitioner and/or Domiciliary Midwife to remain with the patient as a bystander or resource person. The conduct of the delivery on the admission of that patient is the responsibility of the public hospital team. On occasions in the past we have had problems with "homebirthers" and their attendants, who tend to have particular "fads". It is immaterial to me how they practise these "fads" in the home situation, as it is their clinical responsibility, but we find too often when they ultimately have to be admitted to a public hospital (because these "fads" have not been sufficient to achieve delivery) they are still very vocal that their ideas should still take precedence over the public hospital teams decisions. It is very upsetting for our junior medical staff and our own midwives to have to "argue the toss", often about very simple clinical decisions.