

20073-27-031

27, La Belle Alliance Square,  
Ramsgate, Kent, England,  
21-6-85.

Dear Sir/Madam,

I am writing to you after reading  
your article in The Birth Centre's  
Newsletter, No 19, concerning Birth At  
Home. (London).

I am a Student Midwife at :-  
The Edith Greaves Maternity Hospital,  
Margate General Hospital,  
Margate, Kent.

At present I am doing a research  
project concerning Home Confinements.  
I would be very grateful if  
you could send me any informat-  
ion regarding home deliveries in  
New Zealand.

I am interested to find out  
if :-

① The Obstetric Standards Review Committee (OSRC) has prepared an obstetric list of G.P.'s?

② Any information regarding the report 'Mother and Baby At Home' by the Maternity Services Committee.

③ If a woman has a home delivery and complications develop, what happens? Is there an emergency obstetric team?

I hope that you may be willing to help me, and I look forward to your reply.

Thank you.

Yours sincerely

Tracey Cook.

21.9.85

Dear Tracey:

Re your enquiries,

1) The NZCOG would very much like to have an obstetric list but the Medical Ass'n of N.Z. (MANZ) have resisted this. However, at the rate things are moving with the complete regionalisation of maternity and neonatal services, it won't be too long before there will not be enough G.P.s to put on a register, which is the way the NZCOG want it.  
put on the register, which is the way the RCOG wants it.

2) Mother & Baby at Home: The Early Days was prepared by the now defunct Maternity Services Committee (MSC) The MSC had 15 members of which 8 were obstetricians and 11 were men. There was one female consumer! Your Short Report was used to prepare Mother & Baby. The Report narrowly concentrated on home births and early discharge. It displayed a passive tolerance of a practice which it considered inadvisable and concentrated on risk factors and recommendations which would clip the wings of both domiciliary midwives and G.P.s Many of the recommendations subsequently appeared in the Nurses Amendment Act, 1983, while others became Dep't of Health policy in registering domiciliary midwives without benefit of statutory regulations.

3) Most transfers are for failure to progress, in which case we generally transport women in our own vehicles. We could call an ambulance but our own vehicle is quicker. Occasionally we transfer for a retained placenta in which case we do call the ambulance even if there is no bleeding. There is a 'flying squadd' in Auckland but I can't recall that any of us have ever used it.

Hope this answers your questions satisfactorily. It's pretty difficult to try and encapsulate a whole service into three questions!

Sincerely

Joan Donley, domiciliary midwife  
3 Hendon Ave,  
Auckland 3, N.Z.