

REPORT FROM N.Z. HOMEBIRTH ASSOCIATION

for

AUSTRALIAN 8th NATIONAL HOMEBIRTH CONFERENCE, BUNBURY, 1987.

We are disappointed not to have an official representative at your 1987 Conference - for the second year in a row, but we will bring you up-to-date with a report.

1986 has been a hectic year! Our health services are in disarray, in fact the whole country is in a state of chaos while we open this so-called 'welfare state' up to open slather 'market forces' referred to as "Rogernomics".

At our 1986 N.Z.HBA Conference at Palmerston North, the membership agreed to subsidise the cost of hiring an industrial lawyer to negotiate a contract for the domiciliary midwives with the Health Department. (Our present contract is signed by Peter Fraser, Prime Minister of N.Z. in 1939). Negotiations were stalled awaiting a Health Benefits Review which was looking at cost-effective health care based on the concept of primary health care, eg Health for all by the Year 2000. We sent a lengthy submission to this Review calling for a complete restructuring of N.Z.'s maternity services to be founded on a realistic philosophical base. The Report Choices for Health Care was released in December. It is a surprisingly honest evaluation of the present health care system. It actually recognises the 'growing influence' of the 'vocal home birth movement' which, associated with patients' rights and women's health issues has been able 'to make some headway against the medical establishment'. It notes that there are less than 40 domiciliary midwives registered and that their 'low rates of pay may not be entirely unrelated to (the attitudes of)...a large section of the medical community who consider home birth as an unsafe, second-best option which is best discouraged'. Negotiations have now proceeded to a Draft Contract with attached fee-for-service schedule. Meanwhile a Senior Advisory Officer from the Health Department's new Division of Women, Children and Family Health is carrying out a research survey on home births. Such a 'Study Proposal' was put forward in Feb 1986 when the Auckland domiciliary midwives opposed 'Draft Guidelines' which were seen as 'archaic', 'contradictory' and completely out of line with the primary health care concept endorsed by the Government.

At present, mainly due to the cost of high-tech health care, there is strong pressure from influential groups and individuals

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to institute preventive/primary health services, which, of course, includes home births. Our Ministry of Women's Affairs openly supports the home birth option.

These developments in N.Z. could be of relevance to the Australian home birth movement in view of the Second Report from your Medical Benefits Review which recommends a \$2m pilot programme on domiciliary midwifery service along the lines of the proposal developed by the Queen Victoria Medical Centre. Even before starting it gives only 'qualified acceptance of the effectiveness of domiciliary midwives'. Maybe you are already aware that Margaret Peters was a keynote speaker at the N.Z. Midwives Conference, Christchurch, in August 1986 and went home with much information about the state of midwifery in N.Z. including a copy of my paper on the Status and Role of the Domiciliary Midwife.

As a direct result of consumer pressure, i.e. the home birth movement, maternity care, especially in the delivery units has improved greatly, at least for assertive women. These changes are also due to changes in the attitudes of midwives who are fighting to reclaim their professional status and are seeing themselves as the consumer's advocate rather than the doctor's handmaiden - but again, it is the domiciliary midwives who have been responsible for this consciousness raising.

In Auckland, which has the highest incidence of home birth (> 250 p.a.) and eight domiciliary midwives, we continue to have quarterly meetings with our home birth doctors in order to maintain good lines of communication and to work collectively against threats to this option. As there is a chronic shortage of 'clinical material' the Diploma of Obstetrics has been extended from six to nine months. The Obstetrics Standards Review Committee (OSRC) looked at home birth transfers as a source and arbitrarily decided that these would, in future become clinic patients. All our women are booked into hospital in the antenatal period under their own doctor. And since by law every woman is guaranteed the doctor of her choice regardless of any hospital board ruling we forced the OSRC to back down. They are finding it hard to accept that those bodies belong to the women who live in them, not to the obstetricians!

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At Thames, an area under tight O&G control; we unfortunately had a maternal death in December - septicaemia (lesion on ovary) at seven days post partum. There has been an occasional home birth in this area but women often come to Auckland because of the local opposition. Local doctors have been warned by the reigning autocrat not to cover for home birth on threat of loss of their hospital privileges. However, as a result of consumer pressure, a midwife got established and this was the first home birth to which this obstetrician had given official approval. Following this tragedy, the Thames OSRC, feeling themselves to be in a strong political position, issued 'Minimal Standards of Patient Care' for Domiciliary Confinements. Using the generally accepted 'high risk' categories plus a few extra, their Patient Selection would exclude practically every woman from home birth. However, just in case a few might slip through the net they included 'Social Risk Factors' such as financial lack/mismanagement, low self-esteem and history of failure at school or at work, social isolation, evidence of poor impulse control and/or personality problems. There are a number of others, just as bizarre. This document was passed on to the Midwives Section, N.Z.N.A. which wrote to Thames OSRC saying their document is an insult to women and to midwives. It's really encouraging to see this liaison and support for domiciliary midwives from the hospital-based midwives on the official level. We are now all 'midwives' working in different areas and fighting for survival. (See enclosed pamphlet). From 1 January 1987 we commenced use of the enclosed stat form. This evolved from the work done by Maggie and myself. Our stats are collected from Jan to Dec. The 1986 stats will be ready for our Annual Conference which is May 8,9,10 at Whangamata if any of you are in N.Z. at that time we would love to see you there. Enclosed are our stats to 1985 - not complete as we still have problems to get midwives to fill in the forms and send them to Stan Gillanders our collator.

Joan Donley

Joan Donley

29 March 1987.

HOME BIRTH AUSTRALASIA STATISTICS FORM

Midwife/Doctor code

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office use only

MOTHER

This section should be completed by the mother. (circle relevant numbers)

How much did the following encourage you to home birth?

Desire for natural birth	1	2	3	4	5	9
The effect on your baby	1	2	3	4	5	9
No separation from children	1	2	3	4	5	9
Absence of drugs	1	2	3	4	5	9
Presence of friends/family	1	2	3	4	5	9
Religious beliefs	1	2	3	4	5	9
Your opinion of hospitals	1	2	3	4	5	9

1 = encouraged a lot
2 = encouraged
3 = little influence
4 = discouraged
5 = not applicable
9 = unknown

Area of Residence

Postcode					
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If unknown, suburb & town:

Month and Year of completing last pregnancy

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Outcome of last pregnancy

- 1 all babies live born
- 2 still birth
- 3 miscarriage
- 4 termination of pregnancy
- 9 unknown

THIS PREGNANCY

Date of last period

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(best estimate if unknown)

Smoking

- 1 never in pregnancy
- 2 0-5 cigarettes/day
- 3 6-20 (1 pack)/day
- 4 over 1 pack/day
- 9 unknown

Procedures in pregnancy

- 1 none
- 2 ultrasonic scan
- 3 Amniocentesis:
 - before 20 weeks
 - 20 or more weeks
- 4 cervical suture
- 8 other
- 9 unknown

LABOUR AND DELIVERY

Place of birth

- 1 home
- 2 hospital
- 3 other

Was this place

- 1 planned/intended
- 2 emergency

Labour onset

- 1 spontaneous
- 2 medically induced
- 3 surgically induced (ARM)

Procedures in Labour

- 1 none
- 2 pain relieving drugs
- 3 ARM
- 4 acupuncture
- 5 homeopathic remedies
- 6 episiotomy
- 7 sutured laceration
- 9 unknown

Positions used in 2nd stage

- 1 squatting or sitting
- 2 kneeling
- 3 standing or walking
- 4 lateral

(continued from previous column)

- 5 hands and knees
- 6 dorsal
- 7 bath
- 8 other
- 9 unknown

Presentation

- 1 vertex
- 2 pop
- 3 breech
- 8 other
- 9 unknown

Type of delivery

- 1 spontaneous cephalic
- 2 spontaneous breech
- 3 forceps
- 4 ventouse
- 5 elective caesarian
- 6 emergency caesarian
- 8 other
- 9 unknown

Length of Labour

First stage	Days			Hours			Mins		
2nd stage									
3rd stage									

Membrane rupture to delivery

(At birth = 1 minute)

Complications of labour

- 1 none
- 2 foetal distress
- 3 prolonged labour
- 4 retained placenta
- 5 antepartum haemorrhage
- 6 postpartum haemorrhage
- 7 cord prolapse
- 8 other
- 9 unknown

Complications of puerperium

- 1 none
- 2 urinary tract infection
- 3 genital tract infection
- 4 breast infection
- 5 venous thrombosis
- 6 secondary pph
- 7 post natal depression
- 8 other
- 9 unknown

Postnatal intervention for mother

- If birth at home:
- 1 - remained at home
 - 2 - for treatment
 - 3 - to accompany baby
- Transfer to hospital:
- 4 - normal discharge
 - 5 - prolonged treatment
- If mother died:
- 6 - with autopsy
 - 7 - without autopsy
 - 9 - Intervention unknown

BABY

Complete a separate form for each baby of a multiple birth

Plurality

- 1 single birth

or

this record refers to born of children.

Date of birth

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Sex

- 1 male
- 2 female
- 3 indeterminate
- 9 unknown

Condition

- 1 live born
- 2 still born

Birthweight (gms)

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Appar

- at one minute
- at 5 minutes

Resuscitation

- 1 none/routine
- 2 oxygen
- 3 intubation
- 4 injection
- 8 other
- 9 unknown

Postnatal intervention for baby

- If born at home:
- 1 - remained at home
 - 2 - transferred to hospital:
 - for treatment
 - to accompany mother
- If born in hospital:
- 4 - normal discharge
 - 5 - Prolonged treatment:
- If baby died:
- 6 - with autopsy
 - 7 - without autopsy
 - 9 Intervention unknown

Congenital anomalies

- 1 no
- 2 yes (specify)

9 unknown

Neonatal morbidity

- 1 none
- 2 extreme prematurity
- 3 jaundice with phototherapy
- 4 infection
- 5 birth injuries
- 8 other
- 9 unknown

Feeding at two weeks

- 1 breast milk only
- 2 breast plus supplement
- 3 bottle feeding
- 9 unknown

(continued next column)

Signature: _____