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Nicky Emerson

Conference

1987

NATIONAL HOME

BIRTH CONFERENCE

THE ANNUAL REPORT OF THE WAIKATO HOME BIRTH ASSOCIATION 1986 - 1987.

This year started with a meeting called by the Domiciliary Midwife, who had previously disassociated from the W. Home Birth Association. Claire Hutchinson called the meeting to express her concerns about the Assoc. and tell us how she considered we should change. The whole committee of nine members was present.

Because, from past experience, we had found it impossible to discuss rationally and reach a decision by consensus with this midwife, we decided that we would not attempt to reply to her at this meeting, but would tape her comments, consider and discuss them and reply to her in writing.

This we did, the 17 page reply turned out to be basically a clarification of our AIMS and BELIEFS, which, it appeared from her comments, she was unable to accept.

In August, Claire attended the Midwives' Conference in Palmerston North, at which she complained to the D.M's present about the W.H.B.A.

At this meeting, the D.M's supported her, and it was decided that a group of D.M's should meet with Claire and the W.H.B.A committee.

This meeting was reluctantly agreed to by us

the W.H.B.A and the meeting was held in Dec. 1986?
It was facilitated by D.M. Rhonda Jackson from Auckland and was attended by 5 DMs including Claire.

The meeting was well facilitated with each person getting the opportunity to express their feelings and concerns. It was soon evident to the DM's present that our concerns were justified. The meeting resulted in the D.M's giving strong support to the work we had done and the AIMS and BELIEFS of the W.H.B.A.

It was suggested by the Midwives present that Claire consider her position in the H.B Movement and it was suggested that one of our committee contact her some time after, to discuss her feelings. This was done and when Comm. member Gleys Parton rang Claire, she compained that she had not been fairly treated and that the D.Ms had not been impartial. As it was the M.W's who had planned the meeting at Claire's instigation, we consider she was more than fairly treated. We had hoped that this would then put an end to the business, but unfortunately it is not that

simple. Because we do not have another D.M? and because Claire is still practising and is bad mouthing the Association, and because most people make direct contact with her, we are seeing very few of the H.B parents. These people then, on hearsay, are continuing the stories that they hear from Claire, without having ever made ANY contact with the H.B Movement.

On the brighter side, those who come to H.B.A meetings and Ante-natal classes consider the information they learn from us to be very positive and constructive and even if they do have a H.B with Claire and are satisfied with it, continue to support us and say how valuable they found our help. We wish we could build up these numbers to help counteract the unfortunate publicity we are getting. It is all so detrimental to the H.B. Mvmt. and drains so much energy from the committee.

We have continued to be productive, even though dozens of meetings have involved 'dealing with the M/W situation'

We have held 4 series of six ante-natal classes over the past year. These were attended by some trainee midwives who were very interested and whose outlook on Home birth dramatically changed after attending the series.

Financially we have been managing to survive. We had a garage sale early this year, which raised over $200 and we have small sales tables at each meeting. We also received a grant from the Hamilton City Council which is to go towards the production of a book - to prepare parents for Home or Natural Childbirth which two of our members, Gleys Wood and Jill Friar are writing and hope to complete this year.

For H.B week we organised a one-day Semaar with Suzanne Arms which, unfortunately, had to be cancelled because she did not come. We also held two displays, at the Public library (Central) and at Chartwell.

This report was written by the Co-Ordinator

Gleys Wood.
34 Bettina Rd
Hamilton

TAURANGA HOMEBIRTH ASSOCIATION

The past 12 months have been pretty uneventful due to the absence of a midwife and low energies of the group in general. We have never been strong on the political side of things and this year really showed that.

We lost our midwife in October 1985. She returned to the maternity annexe to work four days a week. Our first homebirth for the year was in June. We had seven planned homebirths last year, but only three mothers were actually fortunate enough to give birth at home. Two transferred to hospital with complications and the other two went to hospital because a midwife was unavailable to attend them at home, therefore a doctor woudn't either.

A large part of our energies we obviously spent trying to entice a midwife to commit herself to homebirth. We had two women interested, but both were quite afraid to take the plunge and accept the position.

Our two members who attended national Conference in Palmerston North returned full of praise for the superb organisationn and the interesting speakers.

The only fundraising we did all year was a "Cascade" lottery raffle, those things well known and well dreaded by buyers and sellers alike, but it is a good way to earn a good sum of money. Unfortunately, not one of the prizes came anywhere near our area.

At one of our monthly meetings, we invited along one of our two G.P's consenting to do homebirths. The topic was "the Group's attitude to the responsibilities involved in Homebirth:" also his view toward homebirth. An interesting evening, but we weren't told anything we didn't already know regarding his criteria for a homebirth - much the same as most G.P's, but unfortunately he includes first babies and after five babies a "no-no"for homebirths. In his view, there is no place for the primagravida at home. Now just recently, our other supportive G.P. says he will no longer deliver first babies at home.

Social activities included a pot luck lunch and another lunch gathering later in the year to meet Ann Sharplin, the then Thames Valley Midwife. Ann had been staying a few weeks Sept/October to cover three expectant families who all conveniently delivered while she was here to attend them. Midyear, five of our members attended a day conference held at Waikino by the Thames Valley group. An enjoyable and informative day was had by all.

For Homebirth Week in October, we held a poorly attended coffee morning. The local paper ran a small article and we spent three days manning a community caravan parked in the centre of town. This attracted very little interest, but at least it let people know that we are still very much here.

Though it has been a very low key time this past year, it is coming to a close on a very high point - the arrival of our midwife Ann, her husband Barry, and son Rata. It certainly seems that at last the pendulum swings in our favour as, at Easter time, we have another midwife coming to live in Tauranga with her holistic G.P. husband and two daughters. So, how's that for good fortune? Things are certainly looking good for 1987 and beyond for those of us here in the Bay of Plenty.

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MANAWATU HOME-BIRTH ASSOCIATION REPORT: MARCH '87

Manawatu Home Birth Statistics 1986

Booked-in home births 24

Primigravida (1st baby)..... 7

2nd baby 11

3rd + baby 6

Successful deliveries at home 18

Transfers to hospital 6

1. Pre-labour - 2.
2. In labour - 3
3. Post delivery - 1

1. 2x post term 42 weeks; early discharge.
2. 1x failure to progress, pain relief.

   2x obstructed labour cephalo-pelvic disproportion

   ceasarean section.

3. phototherapy for jaundice baby.

Compared to 1985 when we had 12 home births.

. . .

Hi Everyone,

First, we wish to greet all members of the New Zealand Home Birth Association and thank them for the helping energy they generate around the country: It is part and parcel of the secure position our Home Birth group enjoys in our region at the moment. From our part, a great deal of joyous enthusiasm and energy is involved. Our shape has become very

"full". So many pregnant happy people at each meeting, so many small babies... Even our midwives are doing it! Fiona Barnett gave birth to a 1st child, "Lucy," and Amanda Wall gave birth to a 4th. We are definitely growing fast. In 1985, we had 12 booked-in Home Births, in 1986, there were 24 (see enclosed 1985 - 1986 statistics for December to January for details). This year there are already 24 Births booked-in until September. 6 babies were born at home since January 1st. The attendance to our monthly meeting has reached 40 or more. Jobs are easy to fill. It seems as if the work will get done easily (hence this report...). The social background of our association is widening a little too, which is a small relief: yet, Home Birth is still much of a white middle class advantage in our region.

We estimate that our growth is a combination of factors: It may have been directly affected by the publicity initiated by the 1986 Home-Birth conference in Palmerston North, which reinforced the desire of many parents to gain more control of the environment of the birth of their children, as well as their awareness of the politics of child birth. The wide circulation of the Home Birth video we produced has also certainly contributed to the new general awareness of birth as a non medical and safe event (this video is to be shown to a large co-ed high school this year).

Another contributing factor to the recognition of Home Birth as a safe alternative, is the results of the public relations the domiciliary midwives have been pursuing. One of them is involved in teaching contact with plunket nurses, Bridging student nurses doing their obstetric module at the polytech, accompany a domiciliary midwife for booking-in visits as well as post natal visits and a polytech teacher is soon to be present at a Home Birth. Also the charge nurse from the N.N.U. attended a Home Birth last year. We also managed without any difficulty to have our 1986 Home Birth conference report published in the New Nursing Praxis Magazine.

The relationship of our Home Birth Association and domiciliary midwives with the hospital is on excellent terms of cooperation and mutual respect. Mothers there too find it easier to express themselves and intervention in birth is diminishing somewhat. There are now 7 known sympathetic G.P.s. Four of them to the point of referring "suitable candidates" to domiciliary midwives. The extremely well attended stretching classes in town also help spread a greater awareness of active birth and of the real nature of birth which benifits the growth for our association.

Such results to our work and support for Home Birth have all contributed to our growth, but of course the main factor is the brave, competent and beautiful mothers and babies in labour and the precious caring and support our domiciliary midwives offer them. Together they prove wrong the myth of pathology of childbirth. They create and offer new models for those following them.

We are now envisaging the production of a new video with Shirley Rollston, the birthing most of you saw, starring labour and birth with her 5th baby. We are hoping to reach a wider approach to labour and birth, to mother and baby and to midwifery skills than just a birth story.

The picture is not all roses though. At the moment there are 8 registered midwives, but only 2 are practising part-time and 1 full-time at one time and they are all mothers as well. They work on a sharing basis but the time may come when they might find themselves unable to offer their skills and support to all prospective Home Birth parents. Our Associations attempts to support these practicing midwives has involved the purchase of a bleeper for $500 which allows them a greater freedom of movement. We also set up a support network to allow Fiona Barnett fulltime midwife and new mother to attend 8 births in February. This network allowed 2 volunteers for each birth, one of them a nursing mother to

look after, feed and chauffeur her then 4 months old baby. This backing proved helpful to Fiona, her husband Simon and the birthing families of that time.

Another problem we feel we need to be very aware of is that it is still possible for some parents to be unable to find a G.P. to cover them in giving birth at home, in which case our midwives are <u>not</u> legally allowed to assist them due to the close proximity of a hospital. This shows that home-birth cannot yet entirely be of the parents dominion and that in the last resort it is the medical practitioner who has the final word.

Our meeting consists of a 45 minute ante natal session immediately before the general business discussion. Support to pregnant and new mothers is offered through "coffee mornings" twice a month. Over the summer new mothers could also benefit from low-cost post natal home help partly funded by a government work scheme.

Well, this is the end of our report. We are greatly looking forward to the next Home Birth Conference in Thames. We wish a happy birthday to all prospective Home Birth parents and a lot of good rewarding work to all members.

Dominique de Borrekens

for the Manawatu Home Birth Association

TARANAKI HOME BIRTH ASSOCIATION Annual Report

We have a membership of 60, and a committee of 9. During the yaer we held 3 Natural childbirth classes, one each school term, held in a home. These classes bring in new members and some additional money, we charge $15 a couple.

In the Spring we organised and ran a Health Awareness afternoon. We had people on their own stalls in a hall, like La Leche League, Herb society, chriopratic clinic, Allergy Support, Health Food Shop, Rudolf Steiner School, and of corse our association! We held cooking demonstrations, asain and vegetarian, a ante-natal exercise routine and sold afternoon herb tea with donated wholemeal cooking. It was a discustingly wet day but we charged at the door and made a healthy profit of over $400 and learnt alot to make the next one even more successful.

The Taranaki Savings Bank gave us a grant of $70, the CHIFS gave us $300 for equipment and COGS $600 for administration. We were lucky to have Lynley McFarland return from overseas and stay with her mother in new Plymouth for a few months. As an enthusiastic and already registered Domiciliary midwife she went to Auckland and bought all the equipment we needed and enthused another midwife who was feeling a bit iffy about doing a home birth for a friend.

Anne Brown is trying to get a contract with the Health Dep. but has yet not, but the PPHN said she can back clam the births she does now once she is under contract.

This year 4 home births, one a transfer to hospital for breach. Each under a different Dr. One Dr. chose not to attend. There are at least 6 pregnant in the group at the moment wanting a home birth.

We put out a monthly newsletter and hold a~~XXXXXX~~ meeting on various topics we have our best attendance with amorning tea meeting.

We are really making ground in New Plymouth and are excited about the prospect of an Area HEALTH BOARD in 1988.

Jan Jannie Jan

ANNUAL REPORT
DUNEDIN HOME BIRTH

Having met Adrienne (previous midwife), and Lynn Platt (assoc. member) at the 1986 Home Birth Conference, came my move south to Dunedin. A decision full of impulse and zeal, and blessed in many ways despite all...
Arrival in Mid June 1986 in time to anticipate the 8 imminent births over the following 10 - 12 weeks. My home remained with Adrienne and Pauls hospitality until Adrienne had their 2nd child . July.

"Such is Life" - the recognised 15% transfer rate for homebirths came all at once, to make up for the past "X" years!
Of those 8 births - 4 required hospital confinements -
3 caesarean sections;
1 spontaneous premature birth at 37 wks, unexpectedly critically ill baby boy later diagnosed as previously infected by an invasive virus suffered by the mother between 32-35 wks. He miraculously survived, with no evident morbidity.

The 'straw and the camels back ALMOST met', fortunately prevented by Maria's (ch.ch. midwife) suggestion I relieve her of a heavy caseload for December.
Total of 6 births attended, restoring my integrity.
Of those 6 births attended, 1 required Casarean section for CPD (11½lb baby)!!

So - a New Year.
There have been a total of 5 births over these first 5 months,
i.e. 2 necessary transfers for hospital births.
The conclusion... the primigravida transfer rate is HIGH.
The reception of transferred homebirthers to Queen Mary Hospital continues to improve. My partial involvment as their midwife depends on the staff present. There tends to be a very positive response to the general and anicipated wishes of homebirthers. Seldom has any direct account of the labour been asked of me, however.

Progress and Otherwise.
I have just been accepted onto Casual staff at Queen Mary, having first requested work last October!!
However there has been a recent increase in staff numbers which compromises my chances of much work. Ironically, I have accepted their offer of a regular Thursday, as "runner' for the Elective Caesarean list - a sharp contrast...
The Hospital CSSD has approved the sterilizing of the Birth Kit instruments, not without serious deliberation over the question of charging me - in view of the cut Hospital Board budget!!
We did run a BETTER BIRTH SERIES childbirth education. However serious financial constraints saw the end of them
(NCEA were again offering a course, which ultimately had too few enquiries to begin!)
Adrienne accepted an invitation to speak to trainee Plunket Nurses, with interested response.
My offer to speak at Parent Centre was accepted, to antenatal committee
Very Responsive.
The relationship with Parent Centre has improved immensely over the past 6 months. We have been offered space in their Newsletter.
Hospital Inservice Education tutor has requested 1 speak on an Obstetric Enrolled Nurses study day. Yet to gain access to the Technical Institute and O&G Meeting!
The annual discussion with 4th year Medical students aroused extreme responses, from "gee, you have restored my faith in natural childbirth, we've had a day of bombardment with abnormality" (female student)
to an evaluation coment by a male student "please, don't EXPOSE us to bitter twisted midwife" (my emphasis)!
Home Birth Publicity week - October: Managed a large library display; good media coverage: article in regional paper; presentation of home birth on The South Tonight; interviews on Radio; an Open Day for enquirers held at Parent Centre, plus a poorly supported garage sale.

1987 Annual Report Dund. HomeBirth. cont.

Doctor support and opposition:
There remain 4-5 agreeable to cover homebirth, and all remain very Low Profile due to peer pressure. 2 have not yet attended a homebirth in the 12 months, and certainly do not get referrals from colleagues. Women have had to cope with vehement opposition to them changing from a particular doctor's care in order to have a homebirth.
One Obstetrician is a 'token support'- I surmise for his ultimate gain.
There have been no further blatent 'grumblings' from Professor Seddon.
The Association:
Perpetually a Struggle. Marilyn's resignation as the automonous organiser with bottomless input into Association welfare, has found no relief.
It appears the reasonably new Alternative Birthing Area in Queen Mary Hosp. is proving to be irresistable for even previous successful homebirthers. Henc m
'multipling has not solved the problem of scanty bookings. The Alternative Unit is often not available due to staff problems, and it has a very restrictive criteria for approval to use.

There MUST be a more encouraging and profitable way to run a group of this nature - if you've 'cracked it' please see me at Conference. Maybe a good topi for a workshop?
I stare unbelievably at my GROSS income from Dom. midwifery over the 12 months having spent 11 months attempting to find paid employment, flexible to end > m Dom. Mid. work. Totals $4,594, and how we all know that includes unsociable hours, overtime, on-call, annual/sick leave. [Total = Maternity Benefits paid]
My total dependency on this income has been a crippling compromise - the greatest factor enabling me to remain in Dunedin has been generous sponsored accommmodation, for which I am humbly grateful.
Mental integrity has been saved by the past 2 months working with Yvonne Sutherland, making "Happy Hens"!
We Dom. Midwives are a Social Welfare enigma. Brushed off as "self employed", -yet not free to charge the equivalent of our hospital contemporaries!
Summary:- Personal '
This past year as Dom Midwife in Dunedin has passed swiftly, fired by passion and pain.
Despite the high transfer rate, the 'purity' of birth at home has inspired a (hopefully) insatiable drive, for me.
I have learnt how difficult it is for a small Home Birth Group to function effectively - and not much how to effectively motivate lastingly...
My presence at Queen Mary Hospital is proving valuable for public relations.

It is highly probable there will be a vacancy for a financially sponsored supported Dom. Midwife in Dunedin from July of this year. Interested? Catch me at the Annual Conference.

Felix

FELIZ BARNETT
DOMICILIARY MIDWIFE - DUNEDIN
23 APRIL 1987

THAMES VALLEY HOME BIRTH ASSOCIATION

ANNUAL REPORT : 1987

Thames Valley have had another very challenging year. Anne Sharplin (domicilary midwife) started working in our area in March 1986. She attended 15 births in the Thames Valley. also three in Tauranga, one in Waikato, and had four "early discharge" to follow up.

With her very pleasant, low-key approach, Anne built up a co-operative relationship with the hospital (with regards to servicing her equipment) and with a number of G.P's. You will be aware of the difficulties in our area and therefore appreciate the energy this entailed. Anne became a very special and valued person in our association - she inspired us with information, challenged us into action and provided endless entertainment with her sense of humour. We wish her well in Tauranga, where she has moved, to be near her family.

Two births did not have G.P. cover. In one case, the G.P. withdrew support days before E.D.D. This resulted in the mother writing to the Ombudsman and eventually approval for the birth was given by the Health Department. The arrangement with the G.P. was that "he" would come if called. "He" meant whatever doctor was on duty at the time.

This action had followed a letter sent from the Thames Hospital Obstetrician to all G.P's. strongly advising them to withdraw support from homebirth parents. This instigated letters being sent from the association to the Health Department (Wellington), the Standing Committee on Health and Women's Affairs.

The Health Department wrote to the Hospital Board and were informed that Mr Harrison's letter should be regarded as a personal assessment of the situation and that the Obstetric Review Committee would investigate the matter.

No further action has been taken to date (11 months later!). The Health Department are pursuing the development.

Recently Mr Harrison sent another letter to a G.P. in the area who has offered homebirth support.

On 22 December 1986 the Obstetric Review Committee sent Anne a copy of "Minimal Standards of Patient Care for Domicilary deliveries. We have yet to compile a response to this document which covers "Patient Selection, Site of Confinement, the Midwife, the Domicilary Obstetrician, High Risk Factors in Ante-natal Assessment for Domicilary Midwife and Domicilary Midwife Protocol."

There is some merit in a few of the points raised but, of course, the criteria eliminates virtually everyone. One lady in Thames, who met with all the criteria and made history from the fact that it was the first official homebirth in Thames, and approved by the Obstetrician, died seven days Post Partum, with complications that arose after the birth. The most revealing aspect of this was the vulnerability of the Domicilary midwife when they are away from the umbrella of the hospital environment.

1987 has been taken up by Conference planning - ante-natal series and newsletter publication.

We are now without a domicilary midwife. We do have a midwife in the area who is doing Post Natal care and Early Discharge. So we are relying again on midwives willing to travel into our area.

We very much appreciate the support we received from many branches regarding letters to the Obstetric Review Committee. The "voluminous correspondence" was responsible for a milestone and that was that the Obstetric Review Committee acknowledges a place for homebirth.

So we now look forward to a stimulating and challenging National Conference and welcome you all to Whangamata.

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HOME BIRTH - NOW A REALITY IN WHANGAREI:

After a year of constant lobbying and increasing political awareness on the behalf of those of us determined to see the choice for home birth become available to women in the Whangarei area, it has finally happened.
The first planned HB with a supportive GP in attendance went very successfully, and has encouraged other GP's to also make the same committment to attend HB until a domiciliary midwife is practising in this area.

12 months ago, the MOH attached to the Northland Area Health Board expressed his surprise at the suggestion of a dmw service in the Whangarei area, and stated that there were no supportive GP's, and no apparant interest from the community either.
However, a brief questionaire to Drs in the Whangarei District , showed that of the 16 Drs attending births, 12 were supportive of the home birth option; although the level of support varies between them and most require approval from their "peers" to be involved.
The majority also required the presence of a dmw service, plus the availability of backup facilities - in particular oxygen/rescus. equipment.
Support from the community - particularly from women has been continuing to increase, and we have established a strong network of people determined to see that the HB option in Whg. is readily available to <u>all</u> women.

Following submissions from all 3 Northland HB groups to the NAHB requesting (in brief) an expanded dmw service with access to equipment/facilities, support for midwives, GP's and parents involved in HB, appropriate professional recognition and renumeration for dmw, plus the establishment of a home help service for mothers with new babies - supportive recommendations were passed by the Board.
The submissions were received with a generally favourable response from the Health Services Committee, despite opposition from the senior obstetricians employed by the Board. The committee acknowledged the reality of the existance of HB; and that HB are happening anyway, whether midwifery attendants are available or not.
There have been 44 HB in Northland from Jan'83-Aug'86. Of these, 16 were planned and supervised; and it was suspected by the Bd. that a large percentage of the others were also planned but unsupervised due to the lack of a dmw service.
Therefore, in acknowledgement of public pressure and the increased demand, they have recommended a more supportive policy on HB. They feel this will lead to a better supervised and safer situation.

Unfortunately, the cost effectiveness issue which should logically be attractive to the Health Service - particularly the NAHB which has a cost effective community orientated concept - was overlooked in favour of moral judgements like.....

"The Board would be unwise to develop a HB service at the expense of its present hosp. services."

"The obstetricians believe that HB involves a potential extra risk for mother and child which would be better avoided."

These statements had no accompanying data to support them, and in fact, well respected statistics and references presented to the Bd. with the submissions indicate quite the opposite, so these issues needed addressing.

The good news on a practical level was the recommendation that HB services be assisted through the provision of equipment/facilities, access to inservice education for dmw, plus home help for all new mothers.

The report also recommended that its in-hospital and follow-up services s hould be developed in such a way as to encourage their acceptability to expectant women. They are feeling the heat in this area also.

We felt the Bd's moves to be positive ones we welcomed; but considered a general statement of support was not enough, and that most of the recommendations required clarification.

Indeed, following these recommendations, the situation for women in Whg. remained unchanged.

At this stage the options available to women wanting a HB were as follows -

1. To experience a pregnancy full of uncertainty and stress, worrying about how to have the HB they choose when the proper service isn't operational.
2. To "go it alone" if they are determined to have a HB.
3. To find a sympathetic support person to assist them at home.
   (? increase in lay midwifery)
4. To travel long distances in labour to have a HB in Auckland or Kaitaia in someone elses home (sometimes a strangers).
5. To have the birth in hosp. with early discharge; unknown midwives, uncertain control over the birth, disruption to their family and no post natal followup.

It also became critical to clarify the provision of equipment/facilities so women wanting HB understood the procedure necessary for home confinements to take place under the care of a GP only - now that equipment was to be made available to them.

Consequently, further discussion was arranged with the Chief Nurse to clarify these issues. A representation of 3 HB members attended this session, taking notes to report back to other members.
We felt we had a good hearing with a positive exchange on both sides, although it was made clear to us that the NAHB will not take active steps to endorse its statement of support.
The NAHB has a critical shortage of midwives for its hosp. services, and we were informed that it is up to the HB Assoc. to find a dmw, and that the Bd. will not provide advertising facilities for this purpose.
It is also up to the HB Assoc. to make these new recommendations known to the community, although the NAHB state they have notified their staff who have been requested to pass this information on to hosp. patients where appropriate.
The NAHB is agreeable for a dmw on contract to also be employed within the hosp. services on a part time basis.

Following this discussion, a brief summary was made in the local HB newsletter to clarify for members the procedure necessary for equipment to become available to GP's so they will attend HB until a dmw service becomes operational.

Much to our surprise (or perhaps political naivity?) this summary caused an explosion of some magnitude.
Apparantly, the information was not to be made public. Although pregnant women and GP's found it a helpful and successful guide to obtaining equipment, the Bd. considered our public statement to be "unwise and unacceptable" and our group has been told "not to instruct GP's".
A correction was requested by the Bd. to state -

> "...that any arrangement regarding the use of equipment/facilities for home births be between the licensed practitioner and the NAHB, and the HB Assoc. is not to be involved."

We have agreed to print this as we feel it says alot in itself, and indeed clarifies the political implications involved in the HB issue.
It has also been cause for some reflection on our strategies, as we are obviously making an impact on the Health Services and are observing some resistance to this.

Politically it is quite a revelation to see the NAHB resisting their own policy of involving the consumer in the health care services. In our case, they have actually instructed us to not be involved, although a clearly stated AHB objective is -

> "The community has a duty and right to participate individually and collectively in the planning and implementation of the health care services."

We wonder why they are so reluctant to involve the consumer.
Further political manoeuvring has been apparent in the appointment of a Community Liason Midwife which is a positive step (probably from pressure) but also a restrictive compromise in that the position operates only on a Mon-Fri basis, with postnatal follow up until Day 6 only, and provides a service only for mothers and babies who live within the Whangarei City limits and preferably on the phone.
We are hopeful that the demands on this position will result in an expanded and more flexible service in the near future.

In the meantime, women in Whangarei are feeling encouraged by the results of their determination and pressure on the Health Services; and wait hopefully for a dmw prepared to practise in Whg. so the full service can be operational and easily available to all women in the area.

Judi Shid and
Nicky Hanover

WHANGAREI HOME BIRTH SUPPORT GROUP:

ANNUAL REPORT APRIL'87

We are feeling very encouraged by the progress we have made over the past year, and also by the positive response from the community for Home Births to be an available option for women in Whangarei.
Although we are still without a midwife (a situation we hope will change very soon) the"climate" is now very favourable for women wanting Home Births.
Due to the availability of equipment and home help facilities etc. approved by the Northland Area Health Board, 2 GP's are actively supportive; attending Home Births until such time as a domiciliary midwifery service is operational. 10 other GP's are following the progress of Home Births with positive interest.

Due to community pressure, a Community Liaison Midwife has been appointed by the NAHB to followup early discharge mothers and babies. She is presently also providing follow up for GP supervised Home Births. The restrictions of this service are being challenged by women who don't "meet the criteria", so we hope to see a greater flexibility with this follow up in the future.

We are constantly aware of just how political the HB issue is, in our contact with the NAHB. The past year has been one of constant lobbying and reminders to the Board of their committment to consumer input into Health Services. Members of our group attend the NAHB Health Services Committee Meeting each month; and we assume their reluctance to involve the consumer has been due to the same old people running the same old system; but under a new name with a new philosophy. We do wonder if the principles of Area Health Boards can indeed be activated with these persistant "old structures" still in place.

However, despite resistance from the Board, we have established a positive rapport with hosp. obstetric staff including a receptive Obstetrician who has attended HB's in the UK. They have expressed a keen interest in ongoing contact with our group to ensure womens needs in childbirth are being met.

We have been told that a domiciliary midwife will be welcome to work on a casual basis within the hosp. to both gain further experience, become familiar with staff/routines etc. at the hosp., and for supplementary income.
In this capacity she will be supernumary to the roster so as not to compromise loyalties between the hosp. and HB clients.
We commend this progressive decision, and also their statement that a dmw will continue to attend HB clients upon transfer to hospital. They agree that continuity of care is important in the interests of the woman and her baby.
We hope this will establish a precedent that other Area Health Boards and Hospital Boards will follow.

FAR NORTH HOMEBIRTH GROUP REPORT FOR 1986-87

Firstly, we thought it more applicable to call ourselves "Far North Homebirth Group" as there are now two other homebirth groups in Northland.

It has been a quiet year, with only two planned homebirths since last Conference, with another two booked for the end of May. It is a little disappointing that so few women here avail themselves of the homebirth option.

We still have regular bi-monthly meetings with an average attendance of 15 women. These meetings offer support and information. In fact, we decided at our last meeting to advertise ourselves as not only a homebirth group, but as a group supporting natural birth wherever it takes place, as we feel we will be able to educate women about their rights concerning childbirth and politize them and reach more women this way.

We still have a problem with no G.P. allowing women having their first baby to do so at home, and homebirths can only take place within a half-hour drive from Kaitaia Hospital, which, in a rural area is quite restricting.

In August, our group joined with a group of women hoping to establish a new women's clinic in Kaitaia. However, we did not get funds for this, so plans have been shelved, but it was good to meet with other women in the community concerned with alternative health care.

During Homebirth Week, we had a publicity/fundraising stall in the main street of Kaitaia and we raised $70.00. We had two other fundraising events that raised $200.00 to enable someone to go to Conference.

During the spring, two of our members organised a series of ante-natal classes with an active birth teacher. These were fairly well supported and we feel a good alternative to what Kaitaia hospital offers. A video evening we organised was disappointing with only three people attending.

We have decided to have a publicity campaign to attract more people to our meetings and to apply for funding from Ministry of Women's Affairs to print a leaflet about the homebirth alternative service.

Lastly, our midwife Chrissie is having a baby herself in a couple of weeks and that's indeed something to celebrate.

Micky Harrowe

20073-291-050

CANTERBURY HOME BIRTH

SUPPORT GROUP

P.O. BOX 13-454, CHRISTCHURCH, 1 TELEPHONE: 795-688

25 April, 1987.

The Co-ordinator,
Auckland Home Birth Association.

Dear Co-ordinator,

Since the beginning of this year the Canterbury Home Birth Support Group has been offering a complete home birth service to women in the Christchurch and north Canterbury area, as an alternative to the Christchurch branch of the Home Birth Association. So far there has been a lot of interest and support from the community.

In February/March we held our first six-week course of ante-natal classes and we are now in the midst of planning our next course. I am writing in the hope that you may be able to help us with videos of home births. Do you have any videos available for loan, hire or purchase? Or can you suggest someone who would be able to help? I am sure you will appreciate how important videos are in preparing parents-to-be for a birth at home.

Many thanks for your help. I hope all is going well for your group and that the May birth season isn't as scant as it is in this part of the world!

I am looking forward to hearing from you.

Sally Trerise

Sally Trerise
(for the Canterbury Home Birth Support Group)

AUCKLAND HOME BIRTH ASSOCIATION

P.O. Box 7093 Wellesley Street Auckland

HOME BIRTH
A SAFE ALTERNATIVE

Report May 1986 - May 1987

Over the past 12 months we have had seven domiciliary midwives working in the Auckland area so our membership and activities have increased accordingly. Like all Home Birth Associations our work falls into four main areas:-

1. Lobbying and public education
2. Administration
3. Publicity and Communication
4. Antenatal and Postnatal Support and Education

Lobbying and Public Education

In May last year we presented a submission to the Health Benefits Review. The two major issues we presented were - the establishment of a community midwifery service where midwives would work as independent practitioners responsible for women anticipating normal delivery and also go on to attend the labours and deliveries of those women choosing to give birth at home; and the setting up of a fully subsidised home-help service which would be available to all mothers for 14 days postnatally.

We raised the issue of Home Help again in a submission we sent to the Ministerial Task Force on Social Welfare Services, and in our submission to the Ministerial Task Force on Income Maintenance, we presented the case for raising the Family Benefit to a realistic level and introducing a Carers Benefit.

We are presenting the case for fully subsidised Home Help again in the submission we are currently preparing for the Royal Commission on Social Policy. We will also be pressing the need for Maternity Services to remain fully subsidised. We are concerned that in the current environment of user-pays, the Maternity Services in general and especially the Domiciliary Service could lose their subsidised status.

In August we prepared a critque to the booklet prepared by the Auckland Hospital Board on the setting up of an Area Health Board in Auckland.

We also sent comments to the Cancer Society in response to a paper they circulated concerning proposed programmes for screening for cervical cancer; and a paper in support of the setting up of one of the three Pilot Well Womens Clinics in Auckland.

Administration

Last June we standardised subscriptions so that all subs. to the AHBA fall due in June each year. Many people's subs were lapsing because they couldn't remember when they were due, and missed the reminder notice we used to stamp on newsletters. Last year we posted sub. forms to everybody who had been a member since 1984. Although this was expensive, it was worth it as over 500 people/families renewed their sub. We also instituted a variable subscription rate starting at $5 so that people pay what they can afford. On our sub. form we included the opportunity to make a donation to the midwives negotiating fund and raised nearly $2,000.

We applied for, and received a CHIFS grant of $1,000 last year for the printing of a booklet to accompany our antenatal classes. This is currently being printed. (We hope to have samples available at conference) If other branches are interested we should be able to sell it to them at a nominal cost.

The Auckland Home Birth Association became an Incorporated Society in 1986, in the hope of securing more and bigger grants to assist us with our work!

Communication and Publicity

The publication of newsletters, both national and local, is our most important avenue of communication. We are now printing 1,000 National Newsletters and 600 local. We are hoping to change the format of the National Newsletter this year so that we can sell it through newsagents throughout the country. This will mean attracting advertisers to cover the costs. The planned format will be similar to the Parents Centre Bulletin. Other Home Birth Asoociations will be able to buy extra for distribution in their areas.

Home Birth Week didn't attract much outside interest this year despite the fact that we printed posters and advertised our seminar widely. However, 70 members attended a talk on Immunisation given by Hilary Butler, and about 100 attended the one day seminar which featured a

panel discussion, workshops, sales tables and music.

Sales and information stalls were set up at the Mt Eden Festival of Health and Harmony, and the Alternative Medicine Exhibition at Auckland University. Both of these attracted considerable interest. We do not advertise much because we simply do not have enough doctors or midwives to cope with a greater demand for homebirth.

Between 1 January - 31 December 1986 about 213 babies were born at home in Auckland. A further 21 were planned homebirths but were transferred to hospital. Some of the midwives also attended Domino deliveries and gave postnatal care to women and babies who chose early discharge - these accounted for a further 24 cases.

We crossed swords with the OSRC in the middle of the year on the subject of transfers to hospital. The OSRC issued policy which stated that women who had planned homebirth but were transferred to hospital during labour would come under the care of the team of the day. With the help of Maternity Action we were successful in reversing this ruling. Auckland women transferred from home to hospital during labour can now remain under the care of their own GPs, and if a specialist is required may call in a specialist of their choice.

The 258 mothers and babies referred to above have kept the four Support Groups busy during the last year. Two of these groups have managed to get their antenatal courses into the Continuing Education Programmes at local High Schools, so are virtually financially self-sufficient, plus getting free publicity in their community when the night school programmes are published. We have spent several hundred dollars on books for the support groups this year - with so many good new (and expensive)books being published it's hard to keep up. We have not yet managed to solve the problem of un-returned library books. At least two of the Support groups regularly hold postnatal get togethers where speakers are invited to present topics of interest to mothers.

We started off last year with seven Domiciliary Midwives and gained two more at the beginning of this year. Two have recently retired for the time being and a third is expecting a baby in a few months. Luckily two more have put in applications for contracts so it seems that another 250+ women will be able to have their babies at home this year. We are currently trying to get more G.Ps involved as the regulars are very overworked.

CONSUMER ACTION IN AUCKLAND

Last year the Auckland Obstetrics Standards Review Committee (OSRC) advised home birth doctors that henceforth women transferred to hospital from home would come under the team of the day i.e. become clinic patients.

This arbitrary decision was discussed at a meeting of home birth doctors and domiciliary midwives. A legal opinion was sought and this was paid for by the Auckland HBA. It was established that the Social Security Act 1964 s. 106 established the right of a woman to choose her own medical practitioner. The Hospitals Act s 61 allows a hospital board to place a condition on that right in that it may require the medical practitioner to enter an agreement as to the terms of his/her entitlement to treat the patient in that hospital.

Maternity Action, a coalition of 16 consumer organisations, took up the battle from that point. It was established that the OSRC is merely an advisory body and its recommendations have to be approved by the Board. A formal complaint to the Auckland Hospital Board elicited the following comments:

"RESPONSE TO COMPLAINTS

'Was the arrangement a proper arrangement?'
The answer must be 'no, it was not'. It discriminated against a group of women solely because they chose to give birth at home rather than in hospital.

'Was this arrangement in accord with Board policy?'
No, it was not. At the same time, one would not expect Board to have a policy for each and every eventuality. But Board would expect administration to be fair and reasonable.

'Were any women denied any rights?'
The answer is yes.

'Was this matter the proper concern of the Obstetrics Standards Review Committee?'
Strictly it was not. However, the Committee must be well informed of all aspects of present practice if it is to fulfil its role.

ACTION

Action has been taken to make a change in the administrative ruling, and to ensure the possibility of choice. Referral to a specialist remains a clinical decision.

SUMMARY

The complaint made by Maternity Action is sustained. There is need for continual review of policy, administrative and clinical practice. Appropriate steps have been taken to remedy the situation."

Report of Dr Honeyman's report to the Board's Investigations Committee as reported in Maternity Action Newsletter Feb 1987.

Now, not only home birth women, but transfers from level 0 and 1 hospitals may continue under the care of their g.p.s and not automatically become 'clinical material'.

J.D.

HILARY BUTLER ON IMMUNIZATION

From MANAWATU HOME BIRTH ASSOCIATION, NEWSLETTER APRIL 1987.

By Jean Kennedy

Some Home Birth Association members and others attended a talk by Hilary Butler on immunization at Fiona's on Saturday the 7th of February while Hilary was visiting Palmerston North. For those who weren't able to make it here are my impressions and an outline of what she said.

Hilary Butler is a "mere mother" who has made public her opposition to immunization. This has become a major work area in her life. This was initially through a concern for her personal health from reactions to immunization as she has had effects from diptheria, rubella and small pox immunizations. She developed a form of arthritis after the rubella vaccination and had chronically ulcerated tonsils after the diptheria vaccination. She was next concerned with avoiding immunization with her children and initially sought advice to whether it was thought necessary to immunize fully breast-fed babies. She received a lot of varying and conflicting advice from doctors and so began her own research.

Hilary is now so well informed in the area of immunology that Immunologists won't front up to her as she can out-argue them with the modern and historical research available.

I went along to listen to Hilary with an open mind but with the basic belief that immunization was a reasonably safe method of getting the body to create a natural immunity to serious infectious diseases - that weakened or dead micro-organisms or detoxified toxins were injected or swallowed so that the body could produce natural immunity to them in the virulent form.

I have totally changed my outlook after listening to Hilary's view point.

For a start what is injected, or fed to our children (and ourselves) is not a purified solution of the specific weakened or dead micro-organisms or toxin but contains other substances such as aluminium, mercury formaldehyde and something like the anti-freeze that is put in cars. The information of what goes into a vaccine is hard to obtain as the health department considers it classified information and the companies that produce the vaccines won't tell giving copyright as their reason, (see D D T, A shot in the Dark by Harris L Coulter and Barbara Lee Fisher).

There can also be contamination by particles smaller than viruses which can't be seen by the strongest microscopes, ie, vivions and chromosomal aberrations. Vivions are linked with causing leukaemia in children. One of the first batches of oral polio vaccine used in NZ in the '60's was contaminated with a virus - the SV40 virus. This vaccine was produced in monkey kidney cells contaminated with the SV40 virus. Research shows this virus causes brain tumours. Hilary was in a school class that received this contaminated vaccine as a child and 2 from her class have already died from brain tumours!

Immunization is usually by injection directly into the blood stream. This according to Hilary produces a crisis situation. This sensitises the immune system more than a normal illness (at least 10 times more) and teaches the immune system to over react and thus causing a strain on the thymus - an important organ for the immune system. Normally the antigens associated with an infectious disease gradually infiltrate the body allowing the body to be gradually alerted as the infection goes through various stages. For example measles, naturally occurring, begins with the respiratory system and reaches the blood stream on about the 14th day when the body is already alerted.

Breastfeeding gives babies a natural protection from infections. Breastmilk contains antibodies (IGA & IGE) which protect the baby by coating the possible portals of entry by infections, ie, the gut and mucus membranes. These antibodies neutralise viruses and inhibit other microbial infections.

The age of immunization for babies is becoming younger, and in Auckland, now babies are routinely immunized for Hepatitis B (a cheap vaccine of dubious quality) and are given the BCG vaccine for tuberculosis. Babies are repeatedly exposed at an early age to a widening number of vaccines - quite a burden to an immature immune system. The BCG vaccine was in the past given to high school children, more particularly in the North Island. Major BCG studies show that the BCG immunization has a nil affixture rate, ie, those immunized have as much TB as those not immunized.

There has been a whooping cough epidemic in Auckland (and wider reaching) affecting immunized and non-immunized children. There are about 13 strains of whooping cough and the immunization for whooping cough is for only one of these strains. The case is similar with measles. Polio is caused by more than the one virus immunized against. There is a lot of research that shows statistically that immunization fails for many individuals.

Hilary uses research to show a definite nutritional link to the disease we are immunized against and good diet rich in vitamins and nutrients and low in refined foods, fizzy drinks, preservatives and colourings etc protects against disease. Antibiotics repress the immune system. Research shows TB is prevalent in areas with nutritional problems and particularly in vitamin A deficiency. Malnutrition in the form of obesity as well as under nourishment weakens the immune system.

There is a tonsilectomy factor with the polio outbreak between 1920 - 50's. Up to 1920 polio was a non issue. It was also after this that tonsillectomy became medically popular. The tonsils are an important part of the immune system.

There are numerous side effects linked with immunization. Hilary gave us the example of polio myllitis immunization having the side effects of chronic ear infections, asthma, floppy babies, learning disabilities, food allergies and tetanus. Other more general health problems she linked with immunization in general were ulcerated tonsils, multiple schlerosis, various forms of arthritis, exzema, inaccessable cancers, leukaemia and various immune problems.

Hilary's GP in Auckland noted that immunized children do not respond as well to homeopathic remedies.

So we are left with the question - are we creating more risks to our children and ourselves with immunization?. Hilary Butler answers "Yes, definitely" to this. She says that vaccination is a trade off - diseases which are treatable for those which aren't.

There is a definite political interest to the capitalist companies that produce the vaccines. They would like as big a demand as possible for their product. They have a vested interest in seeing that the medical profession strongly endorse their products.

Dr Robert Mendelson is one United States Doctor Hilary mentioned who speaks out against immunization. He says "Immunization is a medical time bomb".