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NAB

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Dear Judi:

Sorry to take so long to reply to your letter, but...as most of the DMs here are taking the holidays off Veronika and I were left with the load. I had four births in five days which kept me going...

How right you are that you've had an impact and that it is based on power relations. It's great to score a political victory but often the personal reprecussions can be very uncomfortable since you polarise the forces. Actually NAHB are on the defensive - so keep them that way!

Of course they want to 'negotiate' with the GP because the GPs are dependent on the Obstetrics Standards Review Committee (OSRC) to renew their contracts with the hospital, therefore they can be much more easily manipulated (it's called peer pressure) than an independnet consumer body that is controlling the 'clinical material' (i.e. women's bodies) that the O&Gs need to stay in business.

As you point out NAHB are resisting their own policy - which is also endorsed by the Health Benefits Review Report. THis is a strong argument especially if you can give it wide publicity. The Report says (p57) "...decision on local health priorities...probably reflect the power of various factions in the area...Improvements may still come if greater emphasis is placed on structures which can be responsive to needs and desires in the community. Such suggestions are part of the philosophy of the area health boards." What are your press relations like? Do you have any sympathetic feminist reporters? If so, contact them and ask them to enquire about these power relations - to ask Mr Parry ? representing the obstetricians why they oppose home birth and on what grounds etc (the same questions you put in your letter to NAHB); to ask Dr John Hall the basis of his opposition and Elizabeth Lee why they are so reluctant to involve the consumer.*

You made reference to home birth in Holland. It may be of interest to know that Holland does NOT have a flying squad. (Henny Ligtermoet of HOmebirth Australia told me this). Furthermore, everybody in Holland is not within a stone's throw of a hospital - there are also inaccessible rural areas. As for the Auckland flying squad, it is quicker to take a woman to hospital in our own car or call the ordinary ambulance if necessary. By the time the flying squad organises their gear, find a registrar and a midwife etc etc you can be there and back. On the other hand the majority of transfers are for failure to progress in either first or second stage and these are hardly obstetrical emergencies.

Back to publicity - this is an excellent way to keep NAHB on the defensive. You are not the only group that is having difficulty trying to break down the old power relations. When I attended Sally Shaw's Primary Health Care Workshop last June, Gay Abercrombie, H.O.D. Health Studies, Northland Community College (ph 489 659) spoke about a similar power struggle with NAHB trying to maintain the status quo. Get in touch with her, maybe you can coordinate your activities.

Also, have you met Terri Webby Northland PPHN? She has been a domiciliary midwife and is very sympathetic to the issue of home births, but she would probably have to tread rather carefully. She has attended the last two meeting of the Auckland DMs and our PPHNs. Her phone no is 487 019.

* What would be the estimated cost of a birthing unit especially compared to providing equipment for a home birth.

The more allies you can line up, the better. How about Betty Biddles, 12 Ranfurly St, Dargaville, ph 8810? She is a member of the Women's Health Committee. Betty was a member of the Northland Hospital Board and involved in the Northland Community College. She should be an ally. I have met her and she seemed pretty progressive.

Another tactic is to attend every meeting of your Health Services Committee. A group of you could take turns to sit in on these. You can't speak, but they find it very disconcerting to have onlookers taking notes. Here in Auckland members of Maternity Action have been doing this and it has really paid off as you can see from the latest HBA newsletter - we forced the OSRC to back down over home birth transfers to hospital becoming 'clincial material'.

Another suggested contact would be Don Ross, 1 Memorial Drive, Whangarei. He has a lot of mana with workers and also has insights into the political situation in Whangarei which could be helpful

If these tactics and free publicity fail to budge NAHB and they still refuse to involve consumers, you could bring the matter to the attention of Sally Shaw, currently Chief Nursing Officer with the Department of Health (P.O. Box 5013, Wellington) She is really keen on primary health care. Also complain to Dr George Salmond, Director General of Health, and to the Ministry of Women's Affairs. (note the comment on home births in the enclosed newsletter).

Finally, how about organising a public meeting - panel style and get these jokers to defend their stance in public? If you're lucky you might be able to get Diony YOung (info encl) to address a meeting. She has written Changing Child Birth. I'm not sure how long she will be in N.Z., but a contact address is her sister-in-law, Ulla Skold, 19 Chamberlain St, Grey Lynn. Her brother is Oliver Sutherland and that's the name the phone number would be under. They've just come back from overseas.. Depending on the date I could probably come up, and perhaps Lynda Williams of Maternity Action. Her address is 16 McEntree Rd, Waitakere, WAK 442.

Aside from what you can squeeze out of NAHB there is another possibility. The new policies make provision for going outside the structure via the contract system. "Contracts need not be confined to either present providers or to current services'. (p119 HSRR), and in NZNJ, Oct 86 in an article on restructuring the health system, Sally Shaw says, "The department will develop a greater use of contracting for services from outside the organisation to ensure expert input into many different reas of planning." (p 25).

Now, I notice that there were 1320 births in Northland Base hospital in 1985/6. Ask Elizabeth Lee how many of these were clinic patients and how many private patients. Since only 16 GPs (less than half according to your survey) do obstetrics I should imagine that the majority are clinic patients. Therefore, conduct a survey of clinic patients asking them via a questionaire of they are satisfied with the attitudes and the care they experience in the clinic; how many different people they see; how long they have to wait and what suggestions they have for improvements and whether they would be happier with neighbourhoood clinics conducted by midwives. Then enlist the cooperation of the midwives in the area through the Midwives Section, NZNA. The contact person is Sue Bree, president of Whangarei Midwives Section, phone Pihia 27 191. She has been out with me and I know her fairly well. (I am on the Auckland Branch, MIdwives Section executive.) Maybe your HBA members could arrange to discuss this with the Section midwives at one of their meetings..

You could also contact any feminist groups in Whangarei and look at setting up a combination of well women's clinic and antenatal clinic.

At our last meeting with PPHNs Terri Webby reported that only 20 percent of women in NOrthland attended antenatal clinics and the climate was favourable to establish neighbourhood antenatal and well women's clinics (Minutes 26.11.86). The HBRR points out (pp 120/1) that in the area of maternity services (preventive care) "various contracting arrangements are possible. For instance midwives could offer competing services..... (or) one which we favour since it emphasises teamwork - is to encourage "firms" of midwives and doctor combinations to tender for providing a range of services." How about a team of HBA, a feminist group, one or two midwives and a doctor (who will attend home birth) for referral? Care under a midwife is cheaper than doctor care. For 1985/6 the cost of medical maternity benefits was $20.2 million. Since the government are prepared to provide subsidised maternity care they should be prepared to pay for equiping a clinic and paying the wages of the midwives and doctor.

Yes. I could write something (much briefer than this) for your newsletter. When would you want it for? And about how long?

Save the Midwife

By the way, how would your group feel about selling my book at the Mangawhai Women's Festival? You can obtain copies for sale or return from New Women's Press P. O. BOx 47 339, and make a profit on the deal. Wendy Harrix is the person you contact, phone 767 150.

Regards.

Joan Dudley