



New Zealand
College of Midwives
WELLINGTON REGION

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Wellington

18/8/1996

SUBMISSION REGARDING THE REVIEW OF THE DIPLOMA IN OBSTETRICS (OTAGO) AND THE DIPLOMA IN OBSTETRICS AND MEDICAL GYNAECOLOGY (AUCKLAND) FROM THE WELLINGTON REGION OF THE NZCOM.

Members of the Wellington Region of the NZCOM understand that there is a need to educate doctors and that there is a need to have obstetricians for the future. However we query the need for them to be attached for the whole of their training to the Obs. and Gynae team in a secondary or tertiary care institution, giving fragmented care to women. We think that it would be of far greater benefit to their profession if they were seconded to a G.P. Obstetric practice for 6 months to gain experience in the continuum of pregnancy and birth, and an understanding of the post natal period. This would prevent them from having the isolated "birth only" experiences which seem to be presently the norm. Women, also, would be more receptive as this approach is far more woman centred.

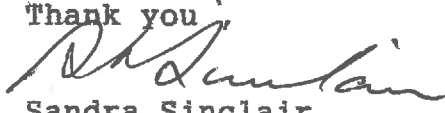
We think that it is important to recognise and acknowledge that general practitioners deal with NORMAL maternity care. Women requiring secondary services see an obstetrician. They therefore work within the same boundaries as a midwife practitioner.

It is with concern that we see medical trainees approaching women in labour and requesting to catch their baby. It is inappropriate from an ethical and obstetrical view and certainly does not fit with a midwifery model of practice. It is debatable if consent to attend a delivery obtained in this way can be considered "informed", considering the vulnerability of the labouring woman.

Some midwives would consider that there is no place for a general practitioner in the care of a woman experiencing a normal pregnancy, labour and delivery, given that women require midwifery care and this midwives provide. However in our present climate general practitioners still do attend women for their pregnancy and birth despite their often limited understanding of the integral components which exist, plus their inability to provide midwifery care and support.

Midwifery is now a three year direct entry program which removes the component of dis-ease from what is for the majority of women a normal life experience. For the those remaining we do need to have well qualified and competent obstetricians.

Thank you


Sandra Sinclair.
Regional co-ordinator.