

NEW ZEALAND HOMEBIRTH ASSOCIATION
P.O. Box 7093
Wellesley Street,
Auckland.

March 1982

AUCKLAND BRANCH NEWSLETTER NO.15

AGM AGM

AGM This year's Annual General Meeting will be held at Sian and Gillian's place, in AGM
AGM their huge ballroom ! AGM

AGM 250 Puhinui Road AGM
AGM Papatoetoe (ph 278 2222) AGM

AGM It will be a social as well as business meeting. Please bring a (full) plate as AGM
AGM contribution towards an early tea. AGM

AGM SATURDAY 24TH APRIL 2.30PM AGM
AGM

AGM THIS IS ONE OF THE FEW OPPORTUNITIES WE HAVE TO GET TOGETHER AS AN ASSOCIATION - AGM
AGM SO PLEASE KEEP THIS DATE FREE. COME AND MEET OTHER HOMEBIRTH PARENTS & KIDS AGM

AGM AGM

NEWS FROM THE SUPPORT GROUPS

WEST AUCKLAND

Our meetings are held on the first Monday of the month at Carolyn Young's house - 36 Larnoch Road, Henderson - at 7.30pm. They take the form of informal discussions led by a guest speaker. The programme for the last two meetings in this series are:

- 5th April Tape recording of a delivery by Dick Grantly Reed.
Breastfeeding
Contraception and sexuality
- 3rd May Film 'Five Women, Five Births.'
Discussion on breathing and relaxation techniques used in labour,
including yoga and massage.

Due to the large support of these meetings a less formal daytime group is starting up - Mutual Family Support Group - This is for women to come and share experiences and problems relating to any aspect of pregnancy and childcare. Anyone is welcome - not only home birth mums - to come and join in these informal discussions.

They will be held on the third Tuesday of the month. The first will be at Cheryl Robertsons home - 2 Shore Rd, Oratia. Ph 8185248. April 20th 11am. A creche is available for toddlers. Bring a plate for a shared lunch. The topic of this meeting will be - 'Coping with the first six weeks after birth.'

+++++

SOUTH AUCKLAND

Date for our next series of meetings are:

- 19 May Homebirth
- 9 June Nutrition
- 21 July Antenatal exercises and relaxation (practical participation - bring mat or rug)
- 18 August Contraception, sex during pregnancy and breastfeeding

The venue has not yet been confirmed.

We are planning a coffee morning with a film and talk on herbs by iridologist Julie Caton. We are going to hold South Auckland support group committee meetings once a month between our series of meetings. Anyone interested in helping with running the support group are welcome. For further information on all the above, contact Mary Emslie ph 2988953.

+++++

NORTH SHORE

Our next series of meetings will be held in May:

- Tuesday 4th May Preparation for your 'birthday'
- Tuesday 11th May The birth process
- Wednesday 19th May Methods of coping with labour and delivery
- Tuesday 25th May After the birth

Contact: Pauline Proud 453 489
Cathi Sadler 478 9418

We welcome Isabel Smith, our new midwife, from Australia. Isabel's main interest is under-water birth....

+++++

AUCKLAND CENTRAL AND EAST

Our meetings are now held in the old Custom House, Cnr Albert & Custom St, City 2nd Floor, Seddon Room.

We have had to change the dates as follows:

1st Series	2nd Series	3rd Series	
	Mon. May 17	Mon. Sept 13	Nutrition, overcoming minor illnesses & discomforts with natural remedies.
	Tues. June 22	Mon. Oct 11	The Birth, emotional & practical preparation, fathers role, siblings at the birth.
Thurs Apr 22	Mon. July 19	Mon Nov. 9	Pre-natal exercises & relaxation
	Tues. Aug 17	Mon Dec. 13	Postnatal exercises, the first few days, breastfeeding and contraception.

Anyone who would like to help with supper on any of these dates please contact us. Two people are needed for each meeting.

We also need books for our library.

Contact numbers: Central Daphne Mitten 764-991
East Ann Ireland 502 765

+++++

To Maria A Girl

Normally my exalted position of self appointed voluntary co-organiser of the Eastern/Central support group is basic routine. It involves a lot of ringing people and repeating information on support group meetings over and over, not what you'd term exciting. However, the support group meeting in the Customs house on March 5th was very exciting and a night I shall never forget. At 9pm just as we broke up for tea a woman came up to me and said "Maria is looking for you, she's in the toilet and she thinks her waters have broken". I rushed in to see Maria who was very calm and saying things like "well I think my waters have gone, but I'm not sure, it was just a trickle" "are you having any contractions" I asked her. "Well I've been having niggley pains but now I'm not sure if I'm just imagining them". I rang Sian, Maria's midwife from the Customs house and said Maria thought her waters had gone and I was taking her home, but there was no panic and I would stay with Maria and ring Sian again later. 9pm on Friday nights in town is pretty busy and I had to get my car from the parking building and come back to Customs house to pick Maria up. But there was no where to park except a very busy taxi rank. The taxi drivers were all tooting their horns at me and shouting unprintable statements as I parked and rushed out of the car to get Maria, so I said to one taxi driver "do you see that very pregnant lady over there she's having a baby now!!! He went and told the other taxi drivers who stopped tooting and he opened my car door for me and asked if he could do anything to help - it was just like the movies! We got back to Maria's flat about 9.40pm and she thought yes she was definately having pains but they weren't really hurting, so her mum made us a cup of tea after which Maria was going to have a bath. However as we were having the tea I noticed Maria went very red in the face - "are you having a pain now" I asked her "Yes" she said "and have the pains you've been having felt like that one", "yes" she said. I immediately rang Sian and said "you'd better come immediately I think she's a lot further advanced than she's aware of". At this stage Maria was sitting in her chair drinking tea and still saying "it doesn't feel like labour - it's nothing like the book says" She was so relaxed no one would know she was fast approaching the end of the first stage - least of all Maria herself. She was still saying the pains she felt were "sort of niggley". After Maria finished her tea, about 10.15pm, she thought she'd have a bath, it was when she stood up she really felt her first definite hurting pain. I suggested she knelt

leaning forward supporting herself with her arms on a chair. Maria had two or three more really strong contractions and then she tried a change of position this time lying on her side on her bed with pillows supporting her tum and under her leg. It was almost 10.30pm by this stage and Maria looked at me and said she could feel the baby pressing very low down and she felt she wanted to have a bowel movement. I said it was her baby pressing on her rectum. Over and over Maria kept saying "this is nothing like the book", then she said "I'm not sure what to do I think I want to push". I said to her "You do whatever You feel You want to do. If you want to push, push". Fortunately she was just coming to the end of the first stage and wasn't ready to push just then. Just a minute or two after 10.30pm Sian arrived and by 11pm Maria's doctor Dr. Di Nash arrived. The baby arrived just after midnight an enormous effort on Maria's part to push the baby out, Maria being small and the baby being quite large - 8lb. All through the birth Maria kept repeating "It's nothing like the book" and "I can't do it - I can't do it" then immediately the baby was born Maria gave an enormous sigh and said "that wasn't so bad" ! - what an understatement - it was brilliant. And I now know the true meaning of being a support group person. The emphasis being on support. My shoulders were so sore from supporting Maria in a squatting position but it was a soreness I was so happy and privileged to bear. Just to be able to share with Maria and her mother the birth of Maria's daughter.

+++++

BIRTHS

Joan Donley

- 21.12.81 Judy & Rex Hefferen a daughter, Arana, 6lb 11oz
- 28.12.81 Anne & Denis Jarvis a daughter, Laura Jane, 9lb 8oz
- 4.1.82 Heather Sinclair & Warren Sly, a son - transfer to NWH
- 15.1.82 Margot Trocchi & Marty Clarke a son 8lb 3oz
- 23.1.82 Linda Luxton a son, Luke, 9lb 8oz
- 2.2.82 Delwyn & Brian Wilson a son, Nicholas John, 8lb 5oz
- 15.2.82 Maggie & David McCarthy, a daughter, Jade, 6lb 1oz - Televised for
'Eye Witness'
- 23.2.82 Bridget & Garry Brent a son, 7lb 3oz
- 27.2.82 Jenni Churton & Alan Daylight a daughter, Lucy Miranda May, 7lb 14oz
- 27.2.82 Joanne Forsythe & Hemi Epiha a son, Johnathan, 9lb 1oz
- 6.3.82 Mary Beth Taylor & Lynn Pistoll a son, Chance, 8lb 12oz
- 7.3.82 Marie & Simon Webster a son, Eamon Hugh, 7lb 5oz
- 16.3.82 Deborah Wallingford & Jonathan Acorn a son 7lb 7oz, Rua.

Carolyn Young

- 7.11.81 Sue & Terry Pond a son, Shane, 6lb 14 oz
- 25.11.81 Vivian & David Tasker a daughter, Naomi, 7lb 6oz
- 6.12.81 Santicna & Christopher Manford a daughter, 4lb 15oz
- 10.12.81 Sue & John Hannan a son, Max, 8lb 6oz
- 11.12.81 Mary & Branko Palinovic a son, 8lb 3oz
- 17.12.81 Sharyne ' Skve Saunay a son, 7lbs
- 20.12.81 Susanne & Brien Ashmore a daughter, Astrid, 6lb 9oz
- 22.12.81 Rena & Bill Hill a daughter Julia 7lb 2oz
- 18.12.81 Carol & Ian Coughlan a son, 8lb 6oz
- 4.1.82 Linda & Jamie Isaza a daughter 6lb 9oz
- 17.1.82 Susy & Paul Powell a daughter Sylvia 8lb 13oz
- 28.1.82 Kate & Matt McLean a son Graham, 7lb 10oz
- 3.2.82 Clare & Graham Minhinnick a son Daniel 7lb 5oz
- 18.2.82 Heather & John Cunningham a son Joseph, 6lb 15oz
- 24.2.82 Heather & Colin Dray a son Russell, 9lbs
- 26.2.82 Elaine & Michael Robertson a daughter Sharra, 6lb 13oz
- 26.2.82 Karensza & Richard Fullerton a daughter, Amber, 7lb 6oz

Sian White

- 17.12.81 Dawn & Daniel Steensma a daughter, Kristy Quintina, 7lb 12oz
- 22.12.81 Pam & Robbie Willis a son, Alec 6lb 8oz
- 4.1.82 Sharon & David Duncan a daughter, Kristy, 7lb 13oz (Gillian & Sian)
- 22.1.82 Karen & Johan Morreau a son, Benjamin 9lb 7oz
- 23.1.82 Cherry & David Schmidt a daughter, Angela 7lb 2oz
- 25.1.82 Kerry & Ray Cole a daughter, Jasmine, 8lb 6oz
- 7.2.82 Ann & Stephen Cropp a son, Timothy, 11lb 2oz !
- 15.2.82 Linda & David Noll a daughter, Kristy Sian, 7lb 3oz
- 19.2.82 Anthea & Stephen Randell a daughter, Stacey, 7lb
- 21.2.82 Jenny McDonald & Nigel Robinson a daughter, Eve, 7lb 2oz (hospital)

22.2.82 Ann & Peter Van Oirschott a son David John 9lb 6oz who died 4 hrs old (hospital transfer)
 24.2.82 Theresa & Ian Williamson a son Aaron, 8lb 10oz
 25.2.82 Ginny & Mike King a son, Luke B.B. 7lb 5oz (hospital)
 27.2.82 Chris & Lewis Dagger a girl, Emily 9lb 8oz
 6.3.82 Maria Hanak a girl 8lb

Gillian McNicol

11.12.81 Janice & Michael Beazley a daughter Astrid Stella Ivy
 16.1.82 Rosemary & John Bastion a son, Harlan Michael
 12.1.82 Catherine & Ken Huggard a daughter, Kerry-Lee
 7.2.82 Elizabeth Stuckenberger a daughter Maria Louisa - hospital transfer (breech)
 2.3.82 Susan & Bruce Farley a son, Jeff
 6.3.82 Lynda & Gordon Preston a daughter, Catherine
 18.3.82 Frances & Tony Knotts a daughter.

Rhonda Evans

19.12.81 Vicki & Greg Rood Benjamin
 23.12.81 Margaret & Kevin O'Meora Simone
 31.12.81 Roz Henry & David Elworthy Harriet
 24.12.81 Lynette Sly Elizabeth
 Joanne Hughes Arron
 31.12.81 Lyn & Hugh McNaughton Christopher
 3.1.82 Nicola Painter Daniel (transferred)
 3.2.82 Andrea & Keith Rudi (transferred)
 Maria & Rod Henson Mathiew
 14.1.82 Julie & Dave Lampitt Alana (transferred)
 26.2.82 Miriam Beatson & Geoff Chapple boy
 Debbie & Brian Crooks Jesse
 15.2.82 Christine & Martin Brett Waveney (transferred)
 23.2.82 Diane & Warren Eden Amy
 13.3.82 Gill Cahill Suzzanah
 21.3.82 Jackie & Peter Williams girl
 20.3.82 Virginia & John Horrocks boy.

TAURANGA NOW HAVE an experienced and well qualified midwife prepared to do domiciliary midwifery in her area. Unfortunately she is running into obstructionist tactics from the Principal Health Nurse in her area who is trying to impose on her the procedure to be implemented in the future and as set out in the draft report of the Maternity Services Committee. As it stands now the legal requirements are embodied in the Social Security regulations as set out in 1939. Copies of this can be obtained from your local Principal Health Nurse. If you have any difficulty in obtaining this statement and the application form to enrol as a domiciliary midwife contact this Home Birth Association.

DOES ANYONE HAVE A FILING CABINET ? We need one for the statistical information on homebirth being collected by Jill Wittmer, phone 8109 565.

BIRTHS AT HOME DEFENDED (reprinted from N.Z. Herald 20.3.82)

Labour women MPs have defended the right of people to choose to give birth at home. They have criticised the Minister of Health, Mr Malcolm, for saying recently that home births were "trendy."

Women's issue caucus members Mary Batchelor, Whetu Tirikatene-Sullivan, Ann Hercus, Helen Clark, Margaret Shields and Fran Wilde said yesterday that Mr Malcolm would place obstacles in the way of home births.

They are writing to the minister asking him when the final report of the Maternity Services Committee will be released, and for details of the Government's plans on home birth.

WHY IS HOME BIRTH BEING ATTACKED ?

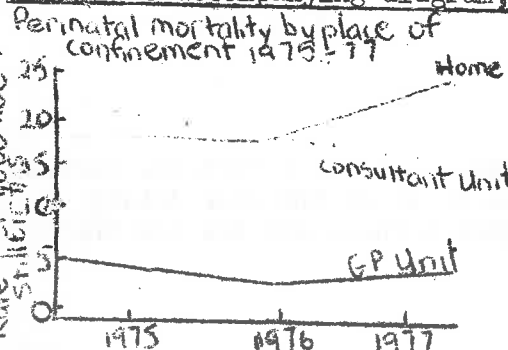
Home birth is under attack! Suddenly, a series of unfounded charges have been levelled against the home birth option. This is not accidental. There is good reason for it from the point of view of the attackers.

Home birth is gaining in popularity and more and more midwives are coming in in spite of the paltry wage. The present attack is calculated to prepare and mould public opinion against home birth in readiness for the release of the Maternity Services Committee (MSC) Report, 'Mother & Baby at Home, The Early Days', which pays lip service to home birth while making recommendations to stifle it.

The issue of perinatal mortality is the rationale for promoting the concept that every baby born in a base hospital where electronic monitoring can be carried out. As one member of the MSC, Professor Wright says, routine technical monitoring is "here to stay and women had to be persuaded to use this equipment." (1) so what better platform from which to launch an attack against home birth than the Second Asia-Oceanic Perinatal Congress held in Auckland in February ?

The "trendy advocacy" for home confinements should be discouraged said Minister of Health Aussie Malcolm in opening the Congress. Home-Birth option 'Russian roulette' proclaimed Professor Richard Beard, and Auckland Savings Bank visiting professor to the Congress. Beard was also one of the three expert advisers to the recent U.K. Parliamentary Social Services Committee which brought down the 'Short Report' named after its chairperson, Labour M.P. Renee Short. This Report advocated 100% delivery in consultant units with every labour electronically monitored ! The proposals were made with the baby in mind rather than the mother according to a British magazine, and were prompted by a 1975 - 76 report, Perinatal and infant deaths: social & biological factors, which was reviewed in the HB newsletter No.13

Using the accompanying diagram,



this report purported to show that there were more perinatal deaths per 1000 live births at home than in consultant units. However, these births at home included all births at home - unplanned as well as planned. A N.Z. survey in 1972/73 said that infants born in places other than hospitals were at nine times greater risk of failing to survive than those born in hospitals. But they also said, "As infants born outside hospital would include precipitate deliveries and unattended deliveries, it should not be inferred that planned home deliveries constitute the same risk as unplanned home deliveries."

In spite of this known difference between planned and unplanned home deliveries, UK obstetricians still claim that birth in a consultant unit is safer than birth at home or in a general practitioner medical unit (GPMU). Marjorie Tew, who is a research statistician at the Department of Surgery (Orthopaedic), Nottingham University Medical School debunks this claim. She says, in fact, that the reverse is true and that the obstetricians' own survey in 1970 found that the perinatal mortality rate (PNMR) per 1000 births was 27.8 in hospital compared to only 9.5 in GPMUs attached to large hospitals, 5.4 for other GPMU and 4.3 for home deliveries.

Between 1970 - 1978 there was a decrease in the hospital PNMR, but Tew claims that nearly one-third of this decrease was due simply to dilution with low risk births which previously would have taken place in GPMU or at home. She says: "These figures make it obvious that the decrease in perinatal mortality cannot be attributed to advantages of the new technological methods. It rather looks as though technology has retarded the fall in mortality."

Even though the Short Report had "a mixed reception" and split people into two opposing camps, a copy of this report was issued to each member of the MSC as a basis for their report shortly to be released (no pun intended).

This is the political background to the recent attacks on home birth. In U.K. Renee Short's 152 proposals are estimated to cost over £30 million. Organisations such as the National Childbirth Trust and AIMS, who were not invited to give evidence to the Committee have taken up the cause of women for a choice in childbirth. Short has dismissed them as "fuddy-duddy middle-class mothers". To oppose these strong voices the manufacturers of the fetal heart monitor have funded an organisation, but according to accounts from U.K. the NCT and AIMS have managed to hold their own.

Fetal heart monitoring is a million dollar business. Judith Lumley, a lecturer in obstetrics at Monash University, Melbourne and coauthor of Birth Rites, says that one British firm sold 800 such machines worth over £2 million in one year, while the manufacturer concerned was among the most generous supporter of both research into fetal physiology and international conferences on the same topic.

Home birth is still a limited option in N.Z. But, in view of the MSC Report which is based on the Short Report there is no reason to feel complacent about it. There are many powerful forces opposing it - the O & G Society, the multinational manufacturers of fetal heart monitors, the NZ Nurses Assn as a body, although a number of individual midwives are accepting homebirth. If you want this option kept open for your own and your daughters' welfare you will have to fight for it !

- write letters to the editor.
- write to Aussie Malcom and ask him to supply statistics to back up his statement
- contact your local MP and provide him/her with information on home birth that can be used to challenge Malcolm and will be of use when the Amendments to the Obstetrics Regulations come up in Parliament after the MSC Report comes out;
- help locate midwives who are prepared to do domiciliary midwifery to meet the growing demand.
- write to the Listener and ask them to reproduce the two discussions on the Short Report which were featured on BBC TV programmes, 'Brass Tacks' July 1980 and 'Man Alive' Nov 1980. These are on video.
- join and support your home birth association. We need workers as well as financial/moral support. People are needed to organise and run our antenatal classes, postnatal support, workshops, seminars. We need researchers, typists, people who will gather news clippings, write articles etc.

It is your organisation, it is up to YOU to keep it growing !

FOOTNOTES:

1. Minutes, Maternity Services Committee, 22.4.81
2. Special Report on Perinatal Mortality in N.Z. 1972/73 Department of Health.
3. Marjorie Tew, 'Home Rule for Babies?' Guardian 23.6.81

Joan Donley

TWO PROFESSORS

One professor says he feels embarrassed about doing a vaginal exam on a woman when her husband is present. The other says there is no necessity for the husband to leave the room during such an examination as after all, it is his (the husband's) vagina ! These are the men who are moulding the attitudes of future obstetricians.

DOCTORS & MIDWIVES MEET: On Sunday 28th February a meeting was held in the Ngaruawahia Room in the Custom house between domiciliary midwives, representatives of the Homebirth Association and home birth doctors.

Forty eight doctors were each sent a letter inviting them to attend; eight made it to the meeting.

A number of issues were raised and it was found to be a valuable opportunity to discuss various matters and allow information to be exchanged.

One main result was that future such meetings will be held on an informal basis. It is hoped that for more doctors who have attended domiciliary deliveries will come to feel encouraged to involve themselves. We are only grateful for those who did attend.

You too can do your bit to support these doctors by taking every opportunity homebirth, particularly to the Government through your M.P.

If you are a doctor reading this complimentary copy of the H.B.A. newsletter and you wish to enquire further, please ring Sister Maureen Murphy. Phone 660 273.

PALESTINE HOME BIRTH GROUP reports heartening response from their Health Department - possible grant of equipment, while a midwife working for the Health Dept has been granted time off work (at her own expense) to attend a home birth. Maybe Aussie Malcolm should communicate with N.T. Minister of Health to learn about the "trends" elsewhere.

LYN WHITESIDE, PRESIDENT OF THE OHOMOATA BRANCH OF THE MAORI WOMEN'S WELFARE LEAGUE delivered this Branch Report at the end of last year.

Madam President, honoured guests, fellow members,
Tena Koutou, tena koutou, tena koutou katoa.

Over recent months much publicity has been given to the failure of maori women to make satisfactory use of established maternity services. As the president of Ohomoata branch in Otara, I wish to express the concern of many maori women about the delivery of health care by these self-same maternity services.

For centuries before puritanical missionaries cloaked our bodies in shame, before Queen Victoria made drugs in childbirth popular and breast-feeding unpopular our tupuna used only natural methods of child birth and healing. The spiritual significance of child birth was respected and babies were always born in to a loving, caring natural environment. Centuries before Freud or Piaget were born, our tupuna fully appreciated the need for proper maternity care and positive parenting, the vulnerability and sensitivity of early childhood, and the long term importance of early childhood experiences. Against much opposition from pakeha society and bureaucracies, and with limited success, our kaumatua have tried to perpetuate and uphold these teachings of our tupunas to the present day. Some of these kaumatua are present at today's hui. Now these self-same bureaucracies and society impose their foreign brand of education, nutrition and health care on our people and accuse us of being ignorant, lazy and bad parents.

Nowadays hospital staff complain that maori women do not attend antenatal classes, or use antenatal clinics or delivery suites early enough. They complain that we don't understand, are ignorant and lazy with personal maternity care. Yet they never take the time to explain or justify their procedures or to give us the information we need and want. Obviously these hospital staff have never suffered the indignities and humiliation they inflict upon us with their total disregard of our right to privacy and confidentiality as patients, our cultural values, beliefs and customs as maori people. They deliberately deny our civil rights, freedom of choice, freedom of information, about the use, side effects, dangers and safety of drugs and machines which are paid for by our taxes. We are treated like lifeless carcasses on a freezing works chain, then if we object we are labelled ANTI-HOSPITAL OR MAORI ACTIVISTS. If this is not so I challenge Middlemore Hospital to prove the safety of the ultra-sound scanner and fetal heart monitoring machine which they use so liberally on pregnant women and their babies, and to produce my clinic file intact for our Regional Committee to inspect.

Pregnancy and childbirth are normal functions of the human body. Functions which have occurred over thousands of years before the existence of antenatal clinics, delivery suites or maternity wards. These facilities exist primarily for the benefit of obstetricians and secondly for the training of doctors and nurses. These people require large numbers of pregnant bodies to learn from and practice on. With a falling national birth rate available bodies for learning material are becoming fewer, so we can expect more pressure on ladies to use such facilities. Yet from a medical and humanitarian view point many of their procedures are questionable if not in fact totally unjustifiable. The only way hospital workers can protect their job is to insist that all women have hospital births to suppress freedom of information and to further deny us of our civil rights.

Some women will prefer hospital maternity care and others require the medical care offered by such services. This is as it should be. But generally there is no reason whatsoever why the majority of pregnant women can not and should not enjoy natural childbirth in the familiar surroundings of their own home, in the company of people of their own choice, if this is what they want. Homebirth for many women is the only means of avoiding humiliation and degradation. For others it is the only means of controlling their birthing situation and for others still it means avoiding unnecessary separation from loved ones. For all it can be the most beautiful and meaningful way of strengthening family love and unity, and it is certainly the most natural and loving way to bring a baby in to the world.

If the health workers want maori women to use their maternity services then I suggest they involve us in the decision making process at all levels, show more respect for our feelings as human beings, cultural difference and needs as maori people and show more respect for our civil rights as health consumers. To encourage spring cleaning in the established maternity services, Ohomoata Branch proposes the following motions:

1. That the M.W.W.L. seek representation on the maternity services committee.
2. That the M.W.W.L. initiate research into the delivery of maternity health services and its effects on the health of maori women and their families.
 - (a) the degree to which maternity health services understand and cater for cultural differences and needs.

- (b) Comparative study of maori maternity health status and health care practices from pre-European to modern times.
- (c) the effects of established maternity health services' policies, procedures and practices on maori women and their families.
- (d) the attitudes of health workers towards maori women and the degree to which this effects their treatment of us.
- (e) Comparative study of the long term effects of home confinement and hospital confinement on the social relationships, physical and mental well-being of the maori family.
- (f) the extent to which maori women understand and assert their rights as health consumers.

No reira Tena koutou, tena koutou, tena koutou katoa,

LYN WHITESIDE
OHOMOATA BRANCH PRESIDENT (OTARA)

+++++

PETER HUNTINGFORD well known U.K. professor of obstetrics and gynecology spoke at the 25th Anniversary Conference of the National Childbirth Trust (NCT).

The following is a report of his talk by Ros Claxton as printed in the Birth Centre Newsletter No, 17 1981.

Peter Huntingford said that the maternity services were becoming more uniform and that he had yet to meet a woman who had been fully informed without prejudice. He challenged the assertion made by some of his colleagues that the medical profession cared more about the outcome of a pregnancy than the parents themselves. He felt that "choice" promotes responsibility. Women, he said, are labelled as "irresponsible" when they try to involve themselves fully in their pregnancies and labour - in fact it is the professionals who are being both irresponsible and arrogant in their attitude. There are few situations, he said, where the professionals know which is the right road. He felt it was an indictment of the maternity services that the word "humanised" (cf. Short report "we shall humanise the hospitals") should be used at all. He criticised Maternity Alliance for being part of the establishment and urged the NCT not to give up its function as a pressure group.

He went on to question the use of labels such as "high risk" and "low risk" and criticised the male take-over in maternity care and deplored the decline in the role of the midwife and the associated displacement of birth from home to hospital. Power, he said, is exerted without question by specialist groups such as the Royal College of Obstetricians and Gynaecologists. Recent government reports reflect the way in which the establishment has taken over. Specialist obstetrics has displaced the family doctor who formerly gave support to mothers and midwives. The services and skills built up over the years have been dismantled without apology.

He went on to criticise the anxious approach of obstetricians and the assertion that only they understood the complexities of childbearing. 'Experts' do not lose their expertise when they stop doing and start listening - in fact they become more expert. He said that he often regretted that he had had anything to do with the introduction of technology. He felt it was still possible to redress the balance if the professionals were prepared to listen to the consumer, if they were willing to give back responsibility.

More objective research needed also to be done. The object of his talk, he said, was to strengthen and encourage those individuals who wished to question what was happening in the maternity services today.

+++++

FROM THE BIRTH CENTRE LONDON NEWSLETTER 17 comes this advise from John Hargreaves.

"There is a new antenatal exercise which I can highly recommend. You sit in front of a mirror (with your partner, cross-legged, back straight) and you shape your lips for a firm, confident 'N...' followed by a strong, deliberate 'O...' You practise it over and over 'No...', 'No...', until you can master it with confidence: 'No, doctor. I do not agree to this course of treatment.' "

+++++

BREAST MILK is three times richer in essential fatty acids than is cow's milk. These essential fatty acids affect growth. Breast milk has three times the amount of iron of cow's milk; not however, enough for the baby after five months.

There is three times the Vitamin A, twice the Vitamin C in breast milk, and a sufficient amount of all the B vitamins for the baby. There is not enough Vitamin D in either human or cow's milk to protect the baby against rickets. Vitamin E is in the right ratio in human milk to the poly-unsaturated fats. The breast fed baby has normal adult levels of Vitamin E in his blood on the sixth day of life, whereas the artificially fed baby does not reach adult levels until eight months. It has been suggested that the pathological features occurring in infants who died suddenly i.e. cot deaths, are very like those occurring in Vitamin E or selenium deficient pigs.

In breast-fed babies, fat is better absorbed, so also is calcium and other essential nutrients the fat soluble vitamins, for instance. Protein also is affected, the larger stools of the artificially fed baby carrying out nutriment.

Lactose, higher in human milk, increases the retention of calcium. The higher salt content of cow's milk will result in hypertonic dehydration in the artificially fed baby exposed to excessive heat or to diarrhoea.

Printed from Natural Lifestyles Vol. 2 No. 1

+++++

NATUREBIRTH is conscious birth. To be conscious for birth, we need to be conscious in pregnancy; we need to know as much as possible about our bodies, our minds, and how they function together, both during the time a baby is forming in the womb and in the powerful movement and sensations of labour.

Essential to preparation for Naturebirth is a sense of the importance of immediate contact with nature as a way to understanding and integrating the spiritual and the physical self. Preparation offers information as an aid to achieving this total awareness.

This is not an admonition to return to the primitive as the only true way - but rather an admonition not to deny the primitive instincts which are in all of us; to blend ancient wisdom with new science, but to recognize that in calling either one absolute, there is always a margin of error. There is an element in nature for which we have no scientific explanation: the life force. It can neither be replaced by machinery nor controlled by it. Technology should abet the course of nature, yet there is evidence that man's mechanical interference is in danger of disturbing a fragile natural balance. In the last analysis, instinct may be as precise a guide as we ever have. Learning how to listen to, interpret and act upon instinct is a vital part of the preparation for Naturebirth. In acknowledging the validity of the instinctive impulse we allow ourselves the chance to feel birth at every level of consciousness.

'Taken from Nature-birth by Danae Brook'

+++++

POSTURE of the pregnant woman during labor or the later months of pregnancy may have a dire effect on the baby she is carrying. In a recent study done by Drs. Kent Veland and John M. Hansen of the University of Washington first reported in The American Journal of Obstetrics and Gynecology 1969, it was discovered that the woman in the last few months of pregnancy or in labor who lies on her back may rob her unborn infant of life-giving blood. The articles point out that the position of the mother may cause the pregnant uterus to compress the inferior vena cava (venous return to the heart) and the aorta and its branches causing a lowering of blood pressure. The study included 23 labouring women placed in a "typical posture" (on their backs) while the amount of blood being delivered to the baby with each heartbeat was determined. It was found that if the mother turned from her back to her side, the output of the heart increased by 24.7 per cent; the stroke volume of each heartbeat increased by 26.7 per cent; and the heart rate decreased by 5.6 per cent.

Reprinted from Natural Lifestyles Vol.2 No. 1

+++++

Excerpts from The New Zealand Home Birth Association headquarters in Wellington.

To all Home Birth Assn Branches:

Dunedin have been very busy planning Conference '82, Arana Hall, Dunedin May 7th - 9th. They have been trying very hard to get someone from overseas as a guest speaker and are frantically raising funds to finance his/her airfare.

They have arranged some very worthwhile people to take workshops, and have especially tried to make them of interest to our midwives as well as to the public and HBA members. They would at this moment desperately like some feedback from branches to give them some sort of idea on:

1. Whether and how many of you intend to attend the conference.
2. What things you would like to see discussed.

Please think of remits and proposals for discussion at the national meeting. Write them down and send them to me for circulation around the branches, so that all branches can discuss them at their meetings and bring clear views to the national meeting. It is vital that branches do this if they want the Home Birth Movement to be in any way effectual and valid.

It is vitally important that a representative from each branch attend. This is the only opportunity in the year for that national interaction that leads to a sense of unity and national action. So we hope you will do everything you can as a branch to help send at least one delegate, and hopefully also a midwife, down.

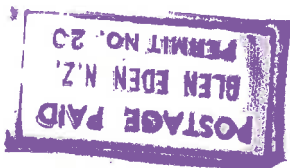
Below are some ideas Wellington have discussed which you could think about and form proposals about:

1. We need a national logo.
2. We should try to have a National Lobbying Co-ordinator, whose job it would be to organise well-planned and thought-out national lobbying programme to achieve our aims of improved pay for domiciliary midwives and specialised training for D.M.'s. This person would also be responsible for giving suggestions to branches on how to lobby in their own region and with their own politicians and officials, and preparing submissions to be used by all branches.
3. Should national funds be used to help pay for transport costs to conference of national body officers.
4. Is the system of rotating the job of national executive around the branches each year a good one. Wellington feel that it takes about a year to learn the skills, acquire the necessary background information, and confidence in public speaking et needed. Perhaps the job should be done by one branch for a slong as they feel happy doing it. Dunedin have already indicated they will not have the resources to be national executive next year. Perhaps it is time to have a national body of representatives from all branches. If so, how often could we afford to have them meet? Should their transport costs come from national funds? Is it feasible to have a spokesperson, in one area, treasurer in another, secretary in another.

Regards Henriette Kemp.

**** Anyone interested in either going to Dunedin or sending down any information or topics you want discussed?? Contact Marilyn Walker P.O. Box 6124 Dunedin.

L. Nicol
 2 Amy St
 Ellerslie



NOT CLAIMED WITHIN 7 DAYS RETURN P.O. BOX 7093, WELLESLEY ST., AUCKLAND