Bronwen Pelvin
Riverside Community R.D 2
Lower Moutere
Nelson.

THE DOMICILIARY MIDWIVES NEWSLETTER.

Editor Heather Waugh
6 Laxton Terrace,
Newmarket, Auckland. Ph. 540.424

This third issue of our newsletter is going to be a joy to write. I have received much news and information from Midwives around New Zealand and for this I'm very grateful. I hope the trend continues on into the next issue.

Especial thanks to Bronwen Pelvin.

A FEW NEWS ITEMS

Joan Donley's book, Save the Midwife, published by New Womens' Press, should be available from your local book store at a cost of $19.95c. Well worth the money. Full of historical insight as to how we have evolved. Should be compulsory reading for all Midwives.

The book was launched here in Auckland on June 14th amid much hilarity and fun. Music by Meg and the Phones, speeches, flowers, and a skit with Carolyn dressed as an incompetent Dr. delivering the book (with many instruments and much cutting) from a giant cake fashioned in the shape of a fanny, pubic hair and all.

Chris Voaden, in her written report to me, mentioned she would like to get together with other Domicilliary Midwives for workshops on sexually transmitted diseases, crying babies in the first two weeks of life, Guthrie testing, % picked up etc.,etc. I would be pleased to use this newsletter as a format for exchange of information and ideas

on these and any other related topics. With us spread so far and wide, this is really our best avenue of communication.

With this in mind and the fact there seems to be a few new practitioners, I would like to give them my support and encouragement, by briefly outlining how I found my first year in Domiciliary Practise. The nuts and bolts of organising time, filling in charts correctly, asking patients the right questions at the right time, had all settled down by the end of the first year. My major stumbling block was primigravidas; having transferred three in a row for failure to progress, I began to feel I had more sucess with them in hospital than at home. After much soul searching and getting Sian to come out with me to the next Primps delivery, something clicked. My attitude shifted from one of semi expecting every Primip. would have to be transferred, to totally expecting every woman to complete their labour and delivery at home, unless of course there was some obvious indication for transfer. To me now, Primips. are the most enjoyable and rewarding women to deliver, to see a new family emerge where once two single people stood has to be one of the pluses of this job.

I was lucky to be in an area that has plenty of Domiciliary Midwives, so I could call on Sian for support when it was needed. I feel strongly, with our numbers so few and the area so large, that we must stand by each other to learn and grow and therefore be a force to be reckoned with.

I have been forwarded an article from "Scientific America", entitled "the stress of being born" by Hugo Lagercrantz and Theodore Slotkin. Briefly it outlines that during the normal birth process the foetus produces unusually high levels of "stress" hormones, higher than a person suffering a heart attack. These catecholamines typically prepare the body for a fight or flight reaction.

The importance of this catecholamine surge is threefold. 1. It facilitates normal breathing (infants delivered by elective Ceasarian Section are known to be predisposed to breathing difficulties). 2. It also speeds up the infants metabolic rate, this accelerates the breakdown of stored energy into forms that can nourish cells once the infant no longer recieves a steady supply of nutrients via the umbilical cord. 3. It alters blood flow, enhancing flow to vital organs and reducing flow to periphery.

The Department of Nursing Studies and Social Sciences extension - Massy University, is running a course called Midwifery Practice: from the past to the future. 11th - 15th August. Registration fee $100 includes lunch, morning and afternoon teas, plus accommodation. Any takers? Bronwen, Sian and Yvette are all probably going.

Your $10 subs to Domiciliary Midwives Society are due, please pay up, it is the only support we have and we MUST stand together. Last year out of twenty five Domiciliary Midwives only ten belonged to the Society. This year fifteen have joined so far. Subs to Bronwyn Pelvin, Secretary Domiciliary Midwives Society,
Riverside Community R.D.2, Lower Moutere.

STOP PRESS

Jenny Johnston suggested in a letter she would like to arrange a study day/get together in november.
Any takers please let Jenny know —▷ ph 898258
1 Cardall St
Wellington.

NEW MIDWIFE FOR NEW PLYMOUTH

Delwyn Hunter
c/o 14 Julian Place
New Plymouth.

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next newsletter due out beginning of November.

HAMILTON

Clare Hutchinson,
42 Clements Cres.,
Hamilton. ph:53.785

Kay Curtin,
33 Ann St.,
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HASTINGS

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WELLINGTON

Jenny Johnston,
1 Cardall St,
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BLENHEIM

Ngaire Witte,
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D.M. SOCIETY FINANCES MAY 1984 - 1985

Opening Balance	334.93
Income : Subscriptions	90.00
Outgoing :Bank Fees	5.50
Closing Balance	$429.43

D.M. SOCIETY FINANCES MAY 1985 - 1986

Opening Balance			429.43
Income : Subscriptions			90.00
Outgoing : Conference		$60.00	
Newsletter & Stamps		50.00	
Bankfees		8.55	118.55
Closing Balance			$400.88

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The annual Home Birth Conference in Palmerston North [illegible] been thoroughly enjoyed by all. One major and positive step that was taken there was the formation of a negotiating committee for our pay claims. Rod Trot, a Union Lawyer and professional negotiator has been

hired to represent us in our pay claims.

The committee comprises of Alison Livingstone, accountant Ph. Waiheke 8557. Joan Donley Midwife, Ph. Auckland 887.759 Jenny Johnston Midwife Ph. Wellington 898.258 Madelaine Gooda, Ph Wellington 842.628 Bronwyn Pelvin, Midwife. Nelson. Ph Lower Moutere 807

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TABLE 1

Rates of Benefits payable to domiciliary midwives since 1971

Year	1971	1975	1977	1980	1984*	1985
A/N visit	-	-	3.00	4.25	5.00	6.00
Labour	11.50	20.00	25.00	36.00	50.00	54.00
P/N visit	2.25	4.00	6.00	7.25	8.50	9.00
Live in @ (per day)	7.50	13.25	17.00	24.50	28.50	30.00
Total payment	$43.00	$76.00	$98.00	$141.75	$167.00	$180.00
x 60 births a year	$2580	$4560	$5880	$8505	$10020	$10800

WEST AUCKLAND

Veronica Muller,
11 Laingholm Drive,
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Carolyn Young,
36 Larnoch Road,
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AUCKLAND CENTRAL

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Yvette Watson,
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NORTH AUCKLAND

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Mills Lane, Albany ph:415.9468

Adele Birbeck
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Milford.

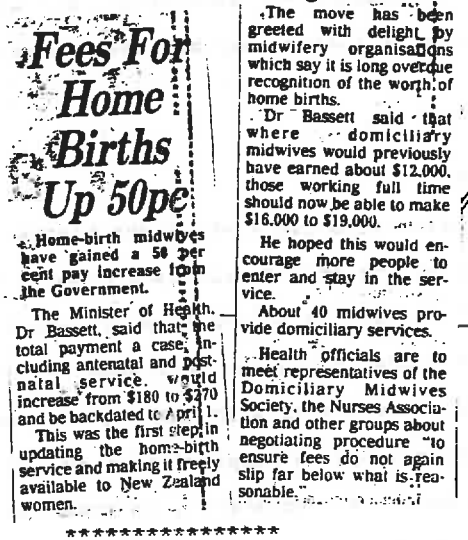
IS WE MIDWIVES, OR IS WE AINT?

Note that domiciliary practice is defined as "obstetric nursing". For a start, obstetrics is about abnormal birth, while midwifery is concerned with normal birth. Since we handle only normal birth in the home, how can it be referred to as obstetric nursing? Secondly, the difference between an obstetric nurse and a midwife is that the former is taught tasks, while the midwife, is taught skills in order to "be with" childbearing women, rather than performing tasks. In a Position Paper prepared by the Auckland Branch of the Midwives Section (1983) it states "obstetric nursing is not midwifery".

So why does the Department of Health persist with this definition? Either they are completely confused or downright psychotic about the whole issue. We are registered as 'midwives' (R.M.) then defined as 'being a registered general obstetric or comprehensive nurse'. And despite repeated representations from midwives throughout New Zealand, this definition has been reinforced in these Obstetric Regulations which became effective 1 May 1986 - without and previous notification.

Joan Donley.

Yippee!!!



Fees For Home Births Up 50pc

Home-birth midwives have gained a 50 per cent pay increase from the Government.

The Minister of Health, Dr Bassett, said that the total payment a case, including antenatal and postnatal service, would increase from $180 to $270 and be backdated to April 1.

This was the first step in updating the home-birth service and making it freely available to New Zealand women.

The move has been greeted with delight by midwifery organisations which say it is long overdue recognition of the worth of home births.

Dr Bassett said that where domiciliary midwives would previously have earned about $12,000, those working full time should now be able to make $16,000 to $19,000.

He hoped this would encourage more people to enter and stay in the service.

About 40 midwives provide domiciliary services.

Health officials are to meet representatives of the Domiciliary Midwives Society, the Nurses Association and other groups about negotiating procedure "to ensure fees do not again slip far below what is reasonable."

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Report from Domiciliary Midwives Society Annual Meeting. Held 8pm, Friday 30th May 1986.

Present: Bronwyn Pelvin (Secretary), Maria Ware, Jenny Johnstone, Joan Donley, Chrissie Sygrove, Anne Sharplin, Amanda Wall, Ellen Salmon, Caroline Young, Adrienne Mulqueen, Fiona Barnett, Adele Birkbeck.

Also attending: Mick Harrower, Jo Braddick, Stan Gillanders, Margaret Gillanders, Lynda Williams, Val Wallace, Mary Garner, Mary Hammonds, Kay Higgins and Jeliz Barnett.

This was the bext attended D.M.S. meeting ever, Midwives are on the move!

The first business was Midwives reports:

CHRISTCHURCH: See Ursula and Maria's Midwife's reports.

Ursula has now left the area, leaving Maria and Celeste to cover the area. They have attended three births since Ursula's departure and

provide good support for each other, but with two Midwives practising, the financial situation may be less secure.

WELLINGTON

Jenny Johnston attended fifty eight births last year. After two and a half years as the only Domiciliary Midwife in the area, feels "burnt out", with no back up and no time off apart from two weeks in January, when Chris Voaden relieved, this seems hardly suprising. Has a reasonable relationship with Wellington Women's Hosital. Has attended some Women in Hospital plus follow up care for early discharge patients. Apparently no other follow up is provided for these people in Wellington. Fifteen G.P's. in Wellington will agree to home births, with a stable core of about five. Jenny speaks at Wellington Polytech., to both nursing and midwifery students, the latter who have come to some home births.

KAITAIA

Chrissie Sygrove took four months to get her contract approved and did not practise during this time due to a misunderstanding. Is limited to attending births in a ten km. radius of Kaitaia Hospital! Is also not allowed to accept Primips. for home birth.

There is a birthing unit at Kaitaia Hospital which is basically unused, will suggest it is used by Domiciliary Midwives as per Domino Scheme in U.K.

There is a lay Midwife in the area who travels around and does underwater births.

2. Interpretation—(1) In these regulations, unless the context otherwise requires,—

"Domiciliary practice" means the carrying out of obstetric nursing, in any place other than an institution under the control of an area health board or a hospital board or a licensed hospital within the meaning of Part V of the Hospitals Act 1957, by a registered midwife or a registered nurse approved to carry out obstetric nursing under section 110 of the Social Security Act 1964:

"Manager" means the manager of a private maternity hospital licensed as such under Part V of the Hospitals Act 1957:

"Maternity aftercare unit" means a maternity ward used only for the care of mothers and infants after delivery:

"Maternity hospital" means any maternity hospital, or any part of a hospital that is used for maternity purposes, being in either case a hospital that is under the control of an area health board or a hospital board, or is a licensed private maternity hospital under Part V of the Hospitals Act 1957:

"Medical superintendent" means the medical superintendent of a maternity hospital, or any other person in administrative charge of any such hospital:

"Neonatal infection" means a condition occurring in an infant who, within 14 days after birth, exhibits one of the following conditions:

(a) Congenital rubella:
(b) Congenital syphilis:
(c) Eye infection gonococcus:
(d) Gastroenteritis:
(e) Listeriosis:
(f) Meningoencephalitis:
(g) Septicaemia:
(h) Staphylococcal skin infection:
(i) Streptococcal Infections Groups A and B:
(j) Toxoplasmosis:

"Obstetric unit" means a maternity hospital in which the services of an obstetrician and of a paediatrician are respectively available for mothers and in which there are a neonatal intensive care unit and an isolation ward with appropriate facilities in each case:

"Puerperal infection" means a condition occurring in a woman who, within 14 days after childbirth, has any infection either generalised or local arising from the genital tract or breasts:

"Septic condition" means any pathological condition in which tissue reaction to pathological organisms has occurred or is threatening.

(2) The expressions "communicable disease", "Director-General of Health", and "Medical Officer of Health", have the meanings respectively assigned to them in the Health Act 1956.

(3) Expressions not otherwise defined in this regulation, but defined in the Hospitals Act 1957 or the Nurses Act 1977, have the meanings so defined, unless the context otherwise requires.

3. Staffing of maternity hospitals—(1) Unless the Director-General of Health otherwise permits in writing, in every maternity hospital there shall be on duty at all times such number of registered or enrolled nurses, and there shall be employed such domestic and other staff, as may be required for the efficient conduct of the hospital.

(2) In addition to the requirements of subclause (1) of this regulation, the following requirements shall be met:

(a) In every obstetric unit there shall be a registered midwife, being a person who is also a registered general and obstetric nurse or a registered comprehensive nurse, on duty at all times:

(b) In every maternity unit there shall be a registered midwife, being a person who is also a registered general and obstetric nurse or a registered comprehensive nurse, in charge at all times:

(c) In every maternity aftercare unit there shall be a registered general nurse, or a registered general and obstetric nurse, or a registered comprehensive nurse, or an enrolled nurse on duty at all times:

(d) In the case of a maternity aftercare unit in which no registered midwife is employed, the unit shall, while any mother and infant are resident there, be visited daily by a registered midwife, being a person who is also a registered general and obstetric nurse or a registered comprehensive nurse.

(3) It shall be sufficient compliance with paragraph (b) of subclause (2) of this regulation if the person in charge of the maternity unit is a registered midwife and was in charge of that unit immediately before the 1st day of May 1986.

4. Use of facilities—In every maternity hospital, the following conditions shall apply:

(a) No patient other than a maternity patient shall occupy a room intended for the reception and treatment of maternity patients:

(b) No maternity patient or infant shall occupy a room intended for the reception and treatment of patients other than maternity patients:

(c) No maternity patient or infant shall occupy a room intended for the use of hospital staff:

(d) Every preparation room, first-stage room, and delivery room shall be used exclusively for obstetric purposes:

(e) There shall be adequate and separate bathroom and water closet facilities to be used exclusively by maternity patients.

5. Admission to be refused in certain cases—Except in the case of an emergency or with the prior consent of the Medical Officer of Health, neither the medical superintendent nor the manager of a maternity hospital shall admit to that hospital any person who is suffering from a septic condition, or is suffering from or is suspected to be suffering from any communicable disease.

6. Medical practitioner to notify of septic condition, etc.—(1) If any patient in a maternity hospital develops puerperal infection, or any mother or infant in any such hospital develops a septic condition, or develops symptoms that could lead to the diagnosis of a communicable disease or create the suspicion that a communicable disease exists, or an infant develops a neonatal infection, the medical practitioner in charge of the patient, mother, or infant shall inform the medical superintendent or

manager of the maternity hospital of that fact and of the precautions being taken.

(2) As soon as practicable after the medical superintendent or manager has been informed of a case under subclause (1) of this regulation, the medical superintendent or manager shall take all necessary steps to prevent the spread of infection.

7. Medical practitioner to notify birth to Medical Officer of Health—The medical practitioner in charge of a delivery, or (in the case of a birth in a hospital) an officer of the hospital designated for that purpose, shall be responsible for ensuring that the Medical Officer of Health is notified of the birth, within 7 days after that birth, on a form to be provided, or in a manner approved, by the Department of Health.

8. Register of patients—(1) Every registered midwife or registered nurse in domiciliary practice shall keep a register of patients and shall enter in that register in respect of each maternity patient attended by the midwife or nurse the following particulars:

(a) The name, age, marital status, race, and usual place of residence of the patient:
(b) The name of the medical practitioner in charge of the case:
(c) Each date on which the registered midwife or registered nurse attends the patient:
(d) The date of the delivery of the patient:
(e) Where the patient dies while still under the care of the registered midwife or registered nurse, the date of the patient's death.

(2) For the purpose of subclause (1) of this regulation and regulations 9 and 10 of these regulations "registered nurse" means—

(a) A person who is both a registered general and obstetric nurse and a registered midwife; or
(b) A person who is both a registered comprehensive nurse and a registered midwife.

9. Clinical records—Every registered midwife or registered nurse in domiciliary practice shall keep clinical records in respect of each maternity patient attended by the midwife or nurse and those records shall include the following information and documents:

(a) In respect of the patient,—

(i) The number of her previous pregnancies; whether they resulted in livebirth, stillbirth, or abortion; the weight of the infant or infants at birth; and any abnormalities of any such pregnancy or the ensuring puerperium, or of any such infant; and

(ii) The date of the commencement of the last menstrual period of the patient, her blood group, and the result of any serological test for syphilis, and of any antibody or haemoglobin test; and

(iii) Whether delivery was spontaneous or instrumental, and the details of any special treatment or operation required, including the induction of labour; and

(iv) The name of the person delivering the patient, and the name of the medical practitioner responsible for the care of the

(vi) The nature and quantity of any analgesic or anaesthetic administered to the patient, and the name of the person administering it; and

(vii) A temperature chart; and

(viii) In the case of the death or admission to hospital of the patient, the date of the death or admission, and the cause of death or the reason for the admission:

(b) In respect of the infant,—

(i) The sex of the infant; and

(ii) Whether the infant was born alive or stillborn; and

(iii) The duration of the pregnancy; and

(iv) The weight and record of examination of the infant at birth, and on the date when the infant ceases to be under the care of the registered midwife or registered nurse; and

(v) The method of feeding on the date when the infant ceases to be under the care of the registered midwife or registered nurse; and

(vi) In the case of the death or admission to hospital of the infant, the date of the death or admission, and the cause of death or the reason for the admission.

10. Maintenance, availability, and retention of registers and clinical records—(1) Every registered midwife or registered nurse in domiciliary practice shall make every entry required to be made in the register of patients or clinical records legibly and indelibly, and as soon as practicable after the occurrence of the act or event to which the entry relates.

(2) Every registered midwife or registered nurse in domiciliary practice shall produce any register of patients and clinical records, or any specified part of the register, or forward it or them on demand, to the Medical Officer of Health or any officer of the Department of Health authorised in that behalf by the Medical Officer of Health or the Director-General of Health.

(3) Every registered midwife or registered nurse in domiciliary practice shall take all reasonable steps to ensure that the clinical records relating to a maternity patient or her infant under the care of the midwife or nurse are available for inspection by any medical practitioner attending the patient or her infant.

(4) Every registered midwife or registered nurse in domiciliary practice shall cause every volume comprising part of a register of patients and the clinical records of every maternity patient and her infant to be retained for a period of at least 8 years after the date of the last entry.

11. Revocations—The following regulations are hereby revoked:

(a) The Obstetric Regulations 1975*:

(b) The Obstetric Regulations 1975, Amendment No. 1†:

(c) The Obstetric Regulations 1975, Amendment No. 2‡.

P. G. MILLEN,
Clerk of the Executive Council.

STATISTICS (continued)

MIDWIFE/DOCTOR	1982	1983	1984	1985	TOTAL
Joan Donley, Auckland	32	58	43	31	164
Carolyn Young, Auckland	29	44	40	43	156
Thelma Fell, Hamilton	15	9			24
Jennie McGarry, Whitianga	3				3
Rae Abraham, Kaitaia	2	2			4
Lyn McLean, Wellington	31	6			37
Kiet Moonen, Auckland	1				1
Jenny Johnston, Hamilton, Wellington		7	51	57	115
Dr Peter Van Herel, Timaru	5	2	4	6	17
Rhonda Evans, Waiheke Is., Albany	12		3	2	17
Pam Skelton, Wellington	3				3
Fiona Barnett, Manawatu		9	9	2	20
Lynley McFarland, Palmerston North	6	3		1	10
Bronwen Pelvin, Up. Moutere (Nelson)	20	28	23	35	106
		2			2
Chris Voaden, Nelson	2	5			7
Brenda McHugo, Waikanae		1			1
Adele Burbeck, Dunedin		6	9	1	16
Gillian McNicol, Auckland	15	9			24
Ursula Helem, Christchurch	27	33	39	57	156
Pat Fuller, Christchurch	6	20	24		50
Anne Sharplin, Nelson			15	3	18
Gill Williams, Te Puke		5	2		7
Veronica Muller, Auckland		2	4	8	14
Ellen Salmons, Manawatu		2	4	8	14
Clare Hutchinson, Hamilton			20	12	32
Yvette Watson, Auckland		2		1	3
Jane Marshall, Whakatane		2			2
Sian Burgess, Auckland		7	18		25
N.J.W. Blenheim	3				3
Heather Waugh, Auckland			3	11	14
K. Burnside, Auckland			16	4	20
Adrienne Mulqueen, Dunedin			2	12	14
Dr Kerry Neilson, Pleasant Pt (Timaru)				1	1
Chrissie Sygrove, Kaitaia				1	1

For further information contact me (Stan Gillanders) at 104 Seddon Street, Naenae, Lower Hutt or phone Wellington 673 747.

DUNEDIN

Adrienne has attended fifteen births, two transfers to Hospital. Has attended three hospital births as a support person and has casual employment in the hospital.

She's expecting her second baby in July. Feliz Burrett has agreed to attend her and they are planning U.B.A.C. at home.

Six doctors there prepared to support home birth.

Just Prior to the conference, Prof. Seddon got wind of Adriennes pending "retirement" and has threatened to sue Doctors if attending a homebirth without a Midwife present! Has also threatened to sue parents for negligence if no Doctor in attendance. MIDWIFE NEEDED.

PALMERSTON NORTH

Fiona: Fourteen births with two transfers for prematurity. Booked and attended one woman in hospital. Acted as convenor for Home Birth Conference. Sent submission to Women's Health Committee of the Board of Health, asking for an expansion of midwifery education and services. On the Obstetric Services Steering Committee of P.N. Hospital as D.M. Works with Polytech. nursing students. Expecting her first babe in October.

Ellen: Eight births. Two transfers. Hospital quite good. Can carry on care within hospital. Seven G.P's willing to attend.

Amanda: Expecting her fourth babe in October.

SOUTHLAND AND HAMILTON Both contained in midwives reports.

AUCKLAND

Joan Donley:

Throughout 1985/86 there were eight domiciliary midwives practising on and off in Auckland area which comprises three health districts. Using our Auckland Homebirth newsletter as the source we attended in the neighbourhood of 210 births - 31.3.85 to 31.3.86. our March 1986 returns not all in yet. Out of this 210 there were 15 transfers during labour. Four women who had planned home births went to hospital - 3 in prem labour and one with twins. One other whose babe was dead in utero before the commencement of labour was delivered at N.W.H. by the domiciliary midwife. In addition two primips. who had planned hospital births (one with a private doctor and one clinic patient) had their labours monitored at home and went to hospital at the last minute for delivery and early discharge. We also cared for 6 early discharge mothers.

All our women are now booked into N.W.H. as private patients so in case of transfer their G.P. still has control and can call in a private obstetrician or share care with the registrar on call. However, this procedure is now being challanged through the OSRC. Guess we will have to go to the Ombudsman again! Care in delivery unit at N.W.H. is excellent; unfortunately the same cannot be said for the postnatal care.

We get together approximately every three months to discuss any problems, share skills etc. We each bring a plate and have a shared lunch so this is also a social get-together which we find very

birth injury	0	1.1	1.0	1.0
infection	7.9	8.2	6.0	7.9
jaundice	34.6	30.1	32.7	30.6
pleasure responses	53.5	49.7	30.2	44.1
Apgar score, at 1 minute: 9 and 10	78.7	68.6	72.6	72.1
at 5 minutes: 9 and 10	97.5	98.3	97.8	95.3
Maternal transfer to hospital of mothers having first baby (parity	20.0	6.7	38.2	30.6
Maternal transfer rate of mothers having subsequent babies	9.1	7.1	9.7	7.6
		NUMBERS		
Average age of mothers (years)	28.7	28.6	28.7	29.5
Minimum age of mothers (years)	19	20	17	20
Maximum age of mothers (years)	39	41	40	42
Average length of -				
1st stage of labour (hours)	6.9	6.8	7.1	7.7
2nd stage of labour (hours)	0.5	0.6	0.6	0.6
3rd stage of labour (minutes)	13.4	11.6	14.8	15.2
Average birth weight of babies (gms)	3589	3578	3605	3576
Average discharge weight	3865	3849	3935	3846

HOME BIRTH STATISTICS - 1985

		1982	1983	1984	1985
Number of births analysed		127	183	315	315
VARIABLE			PERCENTAGES		
Parity (previous live births)	0	25.4	23.6	21.4	29.7
	1	33.3	29.8	37.5	33.0
	2	24.6	32.0	25.0	24.1
	3	10.3	8.8	10.3	6.3
	4	4.8	3.9	3.6	4.0
	5	1.6	1.7	1.8	1.3
	6	0	0	0.4	1.0
	8	0	0	0	0.3
	9	0	0	0	0.3
Stable relationship		96.0	93.9	92.6	93.3
Smoker		5.7	5.8	6.8	6.5
Anti-D given		12.1	14.4	11.7	12.3
Iron tablets taken		21.2	24.2	22.5	24.2
Raspberry leaf taken		76.7.	75.1.	75.9	63.8
Maternal transfer to hospital (intra- and post partum)		12.2	6.6	15.3	12.9
Pain relieving drugs used		5.6	5.1	2.9	4.7
Acupuncture performed		18.5	28.2	12.4	15.9
Ecbolics given		10.3	14.1	18.4	9.9
Blood loss: less than 300mls		85.8	74.7	76.6	75.0
300 to 600 mls		12.5	19.5	19.8	21.9
more than 600 mls		1.7	5.7	3.6	3.1
Episiotomy		5.7	5.7	4.5	3.6
Sutured laceration		22.9	29.9	28.9	30.7
Membranes ruptured spontaneously		73.4	78.9	81.7	85.7
Resuscitation needed (for baby)		3.3	0.6	5.1	5.3
Sex of baby - boys		54.8	49.2	54.9	51.2
- girls		45.2	50.8	45.1	48.8
Breast feeding established		97.6	98.9	99.0	98.7
Infant transfer		3.3	2.9	3.3	3.4
Maternal conditions -					
hypertension during labour		1.6	4.3	6.3	4.1
uterine dysfunction		4.7	2.2	2.5	1.6
cord prolapse		0	0	0	0
malpresentation		2.4	0.5	0.6	2.9
pop delivery		3.1	0.5	1.6	1.9
shoulder dystocia		3.1	1.6	2.9	1.9
retained placenta		2.4	0.5	1.0	1.0
mastitis		7.9	4.9	8.3	3.5
other maternal infection		3.1	2.7	3.2	1.9
post natal depression		0.8	3.3	5.7	2.2
Foetal conditions -					
foetal distress		2.4	2.7	1.3	1.6
meconium staining		10.2	9.8	6.7	8.3
intra partum or neonatal death		0	(1) 0	0	0
dysmaturity		0	0	0.6	1.6
foetal abnormality		1.6	3.3	1.6	1.0

valuable. We also have quarterly meetings with the PPHNs from the three health districts. As a result we have a good relationship with them and they are quite sympathetic to the cause of domiciliary midwifery, especially Carol Petersen. It was Carol who gave us a copy of the Draft Guidelines which was apparently sent out to all PPHNs. After discussion among ourselves we prepared a statement and refused to sign the attached schedule.

This resulted in Trix Bradley of the Division of Nursing and Dr. John Crawford, Ass't Director, Clinical Services coming to Auckland to meet us. We had a very free and frank discussion, the Draft Guidelines were withdrawn and a Study Proposal put forward which would carry out a 14-month survey of the domiciliary service and the relationship of domiciliary midwives to other maternity services.

We also have quarterly meetings with our home birth doctors. This helps to keep us united in our work and enables us to make a collective stand when threatened as in this recent move by NWH where they tried to pick the doctors off singly. In November, Suzanne Arms made a brief visit to Auckland and we had her speak to this group.

Another positive development is that the ADNs taking the midwifery option have now got a domiciliary follow-up structured into their course. Of the 10 taking the midwifery option this year, six have a domiciliary follow-up. They accompany the domiciliary midwife to an antenatal visit, attend the birth and make some postnatal visits. Most mothers have been cooperative about having a student midwife attend as an observer.

On the more personal level, Carolyn had a son in April and Yvette had a daughter in May. Rhonda was expecting in November but last week developed a very high temperature and lost her baby. She is still in NWH and still very ill. Rhonda went to America in the new year and visited the Farm. After seeing the American scene she reckons we are doing quite well here.

I was elected onto the Auckland Branch of the Midwives Section in November. It's great to see the unity between the hospital and domiciliary midwives which developed as a result of the Nurses Amendment Act, 1983. Now all of us are fighting for the survival of midwifery. Last week I spoke at the Section general meeting about domiciliary midwifery. About 30 came and I got a good reception.

I sent a documented criticism to Director General of Health (Barker) about a number of medical statements in Your Pregnancy.

Anne Sharplin has expressed a willingness to produce a pamphlet for Midwives setting up in practise and the Doctors role in homebirth. (Good on you Anne). Any input for this please send to her at P.O. 546 Thames.

Carolyn Young is interested in producing for homebirth Doctors, a handbook of G.P's throughout the country who support homebirth, with an outline of the Doctors role, as an introduction. Could you please all get your local homebirth G.p's to write a resume of how they fin working with homebirth parents and midwives. Then please forward th to Carolyn, plus a list of likely G.P's in your area.
Carolyn Young, 36 Larnoch Rd., Henderson.

The next Homebirth Conference is likely to be in the Thames/Waikato area.

Funds from the wind up of N.Z. Home Birth Association Inc., will be given to D.M's. These will be a trust fund and go into a term deposit, until such time as we decide what to do with the fund.

Stan Gillanders presented the last years statistics. He also presented a new and improved form, there was discussion on additions and deletions. He will send out probable form for approval when he has completed it.
He had no statistics relating to the six neonatal deaths known about This highlighted the need for accurate completion of statistics forms and regular submissions of same to Stan.

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The Wellington Home Birth Association has been very supprotive and provided an answerphone, telepager and some equipment - a great help, as well as lots of encouragement etc. They also pay me for my input towards the antenatal education programme.

I belong to the local Midwives Section of the N.Z.N.A. and participate in Study Days etc. when I can. There are midwives in Wellington who are sympathetic - unfortunately I can't persuade any of them to work as a domiciliary midwife as yet.

I probably have not become as involved in the political side as I feel I should have, but do what I can when the circumstances are right. I talk to the students at Polytech - both the student nurses and the ADN ones doing their midwifery option. These have the option of attending a home birth as one of their case studies. Last year all four students did so - I get lots of positive feedback from them.

I sometimes feel very isolated being the only domiciliary midwife in the area, and probably the greatest stress for me is not having another midwife to discuss things with, and also being continually on call. However, I have had more contact with Bronwen and Chris which has been great. Chris Voaden came and relieved me for two weeks in January so I could have a holiday.

It is a great adjustment learning to work on one's own after the "structure" of the hospital scene, and learning to care for yourself so that you can care for your clients properly; for instance, learning not to overcommit yourself and saying "no" when necessary.

All in all, I enjoy my job but would dearly love a colleague to share the joys and tribulations with.

Jenny Johnston.

THAMES

Anne: Has had quite a difficult time with Harrison, the Thames O & G. She has attended four home births, one post partum transfer for viral meningitis. Harrison has threatened withdrawal of hospital contract of G.P's atending home births. G.P's give passive support to home birth, but are frightened. Asks Midwives to ask G.P's in their areas to write letters to Harrison and the Thames Obstetric Standards review committee to describe how home birth works.

NELSON

Bronwyn: 1985 Thirty five bookings. Two transfers; One for prematurity, One for no progress.

1986 Twelve bookings so far. Two transfers, both for now progress, L.S.C.S. performed by some O & G because of oedematous cx

Situation with hospital midwives remains stalemated, only tolerated as support people, but ignored on a professional level.

Two O & G plus Medical Superintendent of Nelson Hospital, called a meeting of all G.P's to outline standards for accepting women for home births and reminding them of their "responsibilities" in desicion making. This meeting has made the G.P's somewhat jittery!

Chris: 1985 Sixteen homebirths, including five primips. Two Thirty six year old primips. - no tansfers in labour.

Three planned early discharge after hospital birth was opted for - One breech. One active Herpes - L.S.C.S. One induced at forty two and a half weeks. A further two given planned early discharge and follow up care.

Relieved in Wellington for two weeks.

1986 - Two home births plus two transfers. ? Outcome.

MIDWIVES REPORTS, WITH TWO NEW PRACTITIONERS:

URSULA MELLEM

Christchurch Domiciliary Midwives Report. 24th May 1986

This report must represent the "full stop" at the end of a story, for in six hours, I will begin another episode in my life by flying to Sydney to begin a nine month trip out of New Zealand - in Bali and Northern India. For a Midwife, nine months is significant!

I have been involved with homebirths since 1974. In 1976 I delivered twenty eight Ladies. Pat Fuller joined with me for four years, but last year about July, vanished to Nelson to look after motels with her husband and left me coping with eight to ten births a month, till April this year. Maria will probably tell you how many homebirths there were last year. May 1985 - May 1986 One hundred births with two transfers.

This report will probably not be as full as could be, because my head has been cluttered with things I need to do for the trip and I have been completing about two years back log of charts and forms from the deliveries in that time - willingly helped by Maria and Celeste, who were curious to see how the paperwork could fill in your time!

From the search for a Domiciliary Midwife in Christchurch, two groups were formed. 1."Christchurch Co-operative Maternity Care" - to provide an unbiased centre of information and promote co-operation through understanding in maternity care and use. 2."Maternity Action Alliance" - to promote Women's say in maternity care.

At the end of last year, Maria Ware came forward and said she would like to work as a Domiciliary Midwife. Sighs of relief.

JENNY JOHNSTON WELLINGTON.

I first became interested in becoming a midwife when my own daughters (now teenagers) were born, so when I had the opportunity to do midwifery training nine years ago in Hamilton, I did so.

I always held the basic belief that birth is a natural process, probably partly because of my own experiences and that of my large family. However, the hospital-based training programme placed great emphasis on the abnormal, of course, which did unduly influence my ideas for some time.

Over the years I gradually became interested in home birth - it did take a long time for me to become re-educated - going to university helped as I learnt to question things I'd taken for granted. The first home birth I attended was with Thelma Fell and was a turning point for me.

I spent one year working part-time in Delivery Suite at Waikato Women's while starting to do some home births. Thelma and I worked in together and the hospital was quite supportive re rostering etc.

Over this year I felt growing conflict between my practice at home births and what was happening at the hospital and reached the stage where I wanted to become a full-time domiciliary midwife.

With the encouragement of the Wellington Home Birth Association, I decided to move to Wellington where there was enough demand for me to work full-time as a domiciliary midwife.

So I have been in Wellington for two years now. In 1984 I attended 55 births, and in 1985 60 births. I feel I have learnt more about midwifery (c/w obstetrics) in the last three years than all the previous years, and of course am still going through the learning/unlearning process.

I have worked with about 15 different G.P.'s in the greater Wellington area, but usually work with the same few. However, there seems to be younger doctors gradually becoming more interested. Unfortunately most of the G.P.'s, while they accept their client's right to have a homebirth, are not actively committed.

My relationship with the hospital is reasonable, most of the midwives being quite supportive. How much I am to be involved in caring for those transferred, depends on who is on duty at the time and their attitude (and also how busy they are at the time). Some obstetricians are antagonistic, others are okay. The hospital make up my sterile packs for me free of charge - the hardware belongs to me, but they add swabs, linen, cord clamps etc.

I do not have a lot of contact with the local Principal Public Health Nurse, but he is supportive. He sees me as an independent practitioner and as he is not a midwife, does not feel qualified to interfere, but is helpful regarding forms, payments etc.

I have been a Domicilliary Midwife in Hamilton since July 1985 and unfortunately, have not had a Home Birth yet.

I work three night duty shifts a week a Waikato Women's Hospitla.

In 1985 I had three home deliveries booked; the first was three weeks overdue and had to be admitted to Waikato Women's for a induction and was discharged home an hour after delivery. The second home birth client was transferred at full dilation because of posterior position and needed forceps delivery. She was discharged forty eight hours later. The third had a successful Home Birth attended by my domicilliary partner as I was out of the country. The client was two and a half weeks early.

Altogether I [illegible] to attend anti-natally and post-natally. Two had chosen to deliver in hospital in the birthing room where I attended them.

My first Home Birth in 1986 was due in February at Morrinsville and because of the unavailability of the G.P. Doctor to attend, the client was transferred to Morrinsville Maternity at eight cms. dilation for delivery and discharged home soon after.

I have since had another booked delivery in Hospital with immediate discharge, and one Home Delivery which is due in June. I am hoping for a more successful Home Birth year ahead.

I have found the Home Birth Association most helpful and supportive to me, especially in having members available as support people for my clients. The support during a Home Birth experience is a very important feature to the client and Midwife if active and positive.

In Home Births I have attended, all have proved most satisfactory for the clients, with no episeotomies - perineums intact. Babies have thrived, being contented and no weight loss. Clients have been happy with their birthing experience. I would like this to continue, if not at home, even in Hospital.

Later I went with a Lady to Kangiora Hospital and the Midwife on duty allowed me to conduct the labour and delivery with the Doctor who I usually work with at home.

The result of this was that the Doctor was reprimanded by the Hospital Board for allowing this to happen and Celeste McCoy (who became a Domiciliary Midwife) and I wrote to the Hospital Board to suggest that as a Domiciliary Midwife I should have a contract to practise in the Hospital Board Hospitals, in the same way that the General Practitioners do.

They replied that they did not want to grant the contract because the Medical Superintendant in Chief could not be responsible for the maternity care given in the hospital!

I hope that the effort to persue for this arrangement will come from Domiciliary and Hospital Midwives.

On Saturday 3rd May, I had a wonderful day with people I have delivered over the last years - children everywhere. I feel privaliged in sharing these happy times of all these people.

I will be involved to some degree with homebirths when I come back in March 1987, but I will know better at that time what I want to do.

I'm sure that Maria and Celeste will find the joy (and opposition) in Home Births that we all have found.

Best wishes to all.

MARIA WARE CHRISTCHURCH

I trained in Wellington Polytech as a Comprehensive Nurse 1974 - 1976. I then became a Public Health Nurse in Auckland, where my interest in homebirth first began. I spent a couple of years overseas, and did half of my Midwifery training in Edinburgh. But I didn't enjoy the teaching side. It was archaic! So I returned to New Zealand and did the Advanced diploma in 1981, and qualified as a Midwife.

I worked for a year in National Women's delivery suite, and thought, if I could survive that, I could cope with anything! From there I moved to the West Coast, South Island, to work as a Midwife in the obstetric unit in Greymouth. This was an excellent antidote to National Woman's! Midwives are usually responsible for management of normal birth, and the Obstetricians are reletively good to work with. I realised that birth can be a normal, healthy experience - it was a revelation. I then became an obstetrics tutor.

I feel I've been planning this move for 8-9 years but always found a good reason for not doing it. (Mainly financial of course!) Recently I decided that when Ursula Helem left Christchurch, there was enough work to keep me going, so from the beginning of May I will be taking over from Ursula, luckily with a month's over-lap. Another Midwife, Celeste, has appeared, and she also wants to do home-birth full time, so now we will be very actively looking for more work, as Domicillary Midwifery is the sole income for both of us!

TERRYLL YOUNG SOUTHLAND

Trained as a General Nurse in Invercargill. Worked for two years as an Obstetric Nurse. Went overseas and trained in Scotland as a Midwife. Worked in London doing neonatal work, branched out a little

and spent six months in an E.N.T. unit.

Returned to Invercargill working as a Midwife but was very unsatisfied. Spent one year in Lumsden Maternity Home relieving two days a week and full time for holidays. Became very interested in Domicillary Midwifery through Rae Abraham the Principal Nurse, who i a Domicillary Midwife also. So I registered in July 1985. Demand isn't great down these parts. Doctors and Mothers very conservative. Although from January to April 1986 I have one birth a month booked.

We have problems with G.P.'s not willing, but I find the Mother really wanting a Home Birth are convincing the G.P.

I cover a wide area and find myself travelling up to 100km one way to women - thank goodness for travelling reimbursment.

I have no trouble with the Health Department, in fact relationships so far are great, but old colleagues seem to be awaitir some disaster just to say "I told you so!" The hospital system certainly has them brainwashed well.

Being so far away from a Base Hospital I sterilise all my own equipemnt, with no support down this area and our Home Birth Support Group only just started I found buying the equipment a big expense as well.

We have a excellent relationship with the lady Editor of the paper down here and have had a great following for our first Home Birth, which went great! So we also have an open door for other contraversial matter to be printed.

The hardest thing, I find, is practising alone, with no colleagu support, and welcome the odd relieving I still do at Lumsden Maternity. I hope to keep experience up by doing this and also the occasional trip to Dunedin to attend some Home Births with Adrienne.