SAVE THE MIDWIVES

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number 6

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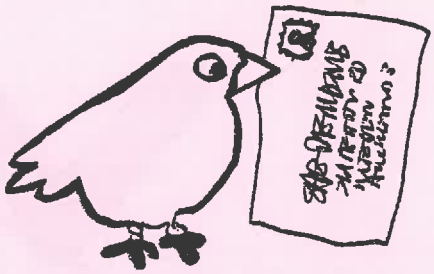

Dear Editor

Hearty congratulations on a thoroughly absorbing newsletter. Compelling reading.

I would like to make a brief comment on Dr Birkbeck's letter on the subject of herbal remedies. It always amuses me the alacrity with which doctors leap into print to issue dire warnings against herbal remedies advocated by "the lunatic fringe". The value of these preparations may indeed be highly questionable but, lets face it, whatever harm they cause is likely to be miniscule compared to the havoc perpetrated by modern pharmaceutics. A few quick examples. Potassium-loosing diurectics, once used in the treatment of heart disease, were recently discovered to be the cause of sudden death. Recent research in the U.K. identified adverse drug reaction as a major cause of hospitalization for the elderly. And in our particular field of interest - the respiratory distress associated with analgesics in childbirth. But is our Valium-induced tranquillity broken by Dr Birkbeck's strident denounciation of the many evils of synthetic drugs? I think not. I suspect these "alternative" remedies incur doctors' wrath because they are readily available without a prescription. Thus outflanked, they cry "foul".

Yours sincerely
Nigel H. Costley
Secretary
Nelson Homebirth Association
P.O. Box 59
Nelson

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Dear Judy

I enjoy reading "Save The Midwives" and learning of the state or plight of the midwives in New Zealand, and the related articles from overseas.

I am often reminded of how hard you must be working, and of your dedication. As I hope to practise midwifery when I return, I am most appreciative of what you are doing. Thank you and best of luck for 1985. I seem to be kept busy with my work here, and have not yet prepared anything for your newsletter, but I hope this year to write an article about midwifery in Japan.

Look forward to this year's newsletters, and thank you once

again for all your efforts.

Regards
Julie Pearse
Okuracho 2,967
Machida-Shi, 194-01
Tokyo
Japan

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Dear Judy

Congratulations to SAVE THE MIDWIVES for the tremendous work that you are doing in New Zealand - and for the quality of your Newsletter.

In your Spring 1984 issue, you have reprinted an article "Ultrasound in Pregnancy" from ICEA NEWS and mentioned that copies of the ICEA Position Paper: "Diagnostic Ultrasound in Obstretics" can be obtained from our Bookcentre in Minneapolis.

I'd just like to inform your readers that this Position Paper on Ultrasound is sold in a package with our Statement on Electronic Fetal Monitoring and could be purchased from me if this was easier for your readers. It would cost A$1.80 (which includes airmail postage).

An article "Fetal Effects of Ultrasound: A Growing Controversy" from the Journal of Nurse-Midwifery Vol. 29, No. 4 July/August 1984 is also important reading. This article was written by Doris Haire. I can send any interested person a copy of this article for the cost of photocopying plus postage - A$1.00.

The film "Fetal Effects of Ultrasound" has recently been purchased by the Australian Childbirth Education and Parenting Association (ACEPA)* and provides an interesting focus for in-depth discussion on the issue of ultrasound. The film was a Cable News Network programme from the USA and includes interviews with Dr Arthur Bloom, renowned geneticist at Columbia University and Dr Doreen Liebeskind, a radiologist at Albert Einstein College of Medicine.

Yours sincerely
Jan Cornfoot
ICEA International Director
42 Lenori Road
Gooseberry Hill WA 6076
Australia

* ACEPA, c/o Susan Eddy, 34 Denis Drive, Riverside TAS 7250. (Subscription to the ACEPA bi-monthly journal, THE CHILDBIRTH

EDUCATOR, is A$10.00 per year, plus A$5.00 for surface mail and A$10.00 for overseas airmail.)

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NEWS AND EVENTS

1. NATIONAL HOMEBIRTH

The National Homebirth Conference is being held in Nelson, May 11 and 12. Speakers are Deborah Sullivan, American Sociologist - "Birth Options and the Re-emergence of the Midwife"; Dr Clive Garlick, "Rural Homebirth"; Dr Richard McKay, "The Effect of Birth on the Continuing Health of the Baby"; Dr Rob Riley, "Homebirth - Nepal to Nelson". Workshops include Baby Massage, Transfer, Rural Hospitals, Grief, Aims of Homebirth, Ultrasound, Labour and Birth Skills, Holistic Approach to Pregnancy, Organisation of Homebirth Groups, plus four birthing films including Michel Odent's "Birth Reborn".

Weekend Costs: Registration $12.00
Accommodation and food $48.00
Saturday (speakers) only $12.00

Enquiries to Nelson Homebirth Assocation, P.O. Box 59, Nelson.

2. MIDWIFE WANTED

WANTED - Domiciliary Midwife to work with supportive doctor based in Te Aroha area. Resusitator and bleeper provided. Ring 49-538 Te Aroha or write to Thames Valley Homebirth Association, P.O. Box 355, Thames.

3. COMMUNITY RESOURCE CENTRE

Friends of the Earth has initiated a proposal to combine the offices of a range of environment and community groups in one building to enable a greater sharing of resources and better public access to information and groups. They have found a suitable building in Grafton. All the groups which rent office space in the building will pay a base rental plus an additional rent per square foot to pay for the joint public areas (e.g. information centre, meeting room, layout rooms), a full-time receptionist/telephonist and a care-taker. The all-inclusive cost per square foot is expected to be between $6 and $9 per annum.

Groups which do not want to hire office space but do wish to use facilities regularly could either pay a yearly fee or hire spaces separately for each use.

Enquiries to Paula Warren, phone 789-608.

4. FROM THE ANNUAL REPORT NZNA 1984

Page 4

"The Executive raised with the Minister of Health the question of Clause 54(2) of the Nurses Act which continues to worry midwife members because it indicates that nurses who are not also midwives may supervise obstetric nursing care in situations where midwives do not need to be present.

The Minister has advised that he consulted with his Department and he could see no reason to change Section 54(2) of the Act at this time."

Page 5

"NZNA have been asked by the Nursing Education Review & Advisory Committee to report on an annual basis whether our organisation considers that the nursing courses are appropriate to the needs of the health services.

We had to advise the Committee that we did have some concerns about the midwifery programme as part of the Advanced Dipolma of Nursing Course, and that its concerns in this area had been conveyed to it by both employers in hospital boards and the midwives section."

5. THE BIRTH REVOLUTION

Highlights of the fifth Australian Homebirth Conference:

THE BIRTH REVOLUTION is the first major book on homebirth in Australia. It contains contributions from midwives, doctors, parent, naturopaths and childbirth educators and raises such controversial issues as active birthing; vaginal birth after a previous caesarian; children attending births; the practice of lay-midwifery; "high risk" births in the home; immunization; and re-birthing. It offers support for a choice in the birth environment and advice on coping with the unexpected birth experience. There are chapters on aboriginal bush births, nutrition for mother and child, and the Steiner approach to child development. The final section is devoted to the Australian homebirth movement, with statistics, a short history and a comprehensive list of homebirth support groups throughout the country.

$9.95 220 pages paperback

Available now from:

Second Back Row Press Phone (047) 82 3588
P.O. Box 43, Leura NSW 2781
50 Govett Street, Katoomba NSW 2780

6.NEW ZEALAND NURSES ASSOCIATION CONFERENCE 1985

The ICM's Definition of a Midwife has been formally adopted by the NZNA.The previous definition acceptable by the NZNA stated that"a midwife is a nurse who...(has the appropriate training and qualifications)". The ICM's definition, which recognises all those midwives in the world who are not also nurses, begins " a midwife is a person who is qualified to practise midwifery...". The adoption of this definition by the NZNA is a real step forwards for New Zealand midwives.

Another remit passed at the NZNA Conference this year called for a separate midwifery course. Considerable dissatisfaction with N.Z.'s current midwifery training has been expressed, by both public and professional groups, and the Departments of Health and Education are undertaking a review at the present time of the Advanced Diploma in Nursing.Midwifery is taught within this diploma as part of the Maternal and Child Health sub-option.

&7. ANTENATAL TEACHERS COURSE

A course to assist antenatal educators with their teaching skills has been arranged for late 1985 with Tony Morrison, of Auckland University's Continuing Education Dept.Midwives and others interested in updating their tutoring skills should contact the Secretary,Auckland Childbirth Education Association, 16 McEntee Rd, Waitakere.

8. COMMUNICATION SKILLS FOR COMMUNITY GROUPS

This course is being held at Auckland Normal Intermediate Community Centre,Poronui St, Mt Eden, June 7, 7-10 p.m.& June 8, 9-5p.m. Cost $20, limited to 18 students.The tutor is Helen Brownlie. Enrol by post - but be quick!The course is tailored towards members of voluntary organisations, and uses role play as a major teaching method.

9.ANTENATAL EXERCISE CLASSES

Are currently being taught by Brenda Hinton, the Auckland Home Birth Association's secretary. They are held at St. Columbus' Church Hall, Surrey Crescent, Grey Lynn, on Mondays at 7.45 and Thursdays 5.45, both p.m. The classes are ongoing, and cost $3 a session.

MATERNITY ACTION !

Thirteen parenting and women's organisations have joined forces to oppose the Auckland Hospital Board's plan to close all the area's small maternity hospitals. The new group, which is known as the "Maternity Action" coalition, states in its 5-point Policy Statement that it:

* wishes to see a maternity service that minimises the risk for mother and baby before, during and following delivery, and provides for the care of the mother and newborn in such a way as to enhance family relationships.

* wishes to see the Labour Government immediately implement the following of its policy statements;

  "Labour will urgently assess the present provisions of maternity services in New Zealand, to ensure that the interests of the woman and her child are paramount." - Ministry of Women's Affairs Policy Booklet, Women's Forums.

* is opposed to the Auckland Hospital Board's plan to close Warkworth, Papakura, Howick, Helensville, and St Helens hospitals.

* is opposed to the provision of specialist care for <u>all</u> births, which it believes is expensive and unnecessary.

* wishes to see the Auckland Hospital Board's plan for the future of maternity services reflect the findings of the report "Regionalisation of Obstetric and Perinatal Care in New Zealand- A Health Services Analysis" by Professor Roger Rosenblatt and Dr Judith Reinken (July 1984)

The members of the coalition are:

Womens Health Collective(Auckland)
West Auckland Womens Centre
Auckland Home Birth Association
Helensville Hospital Community Committee
East Auckland Parents Centre
Papakura Parents Centre
West Auckland Parents Centre
North Shore Parents Centre
Patients Rights Association, Auckland
New Mothers Support Groups, Inc
Obstetric Watch
Auckland Childbirth Education Association
Save The Midwives Association
Auckland Central Parents Centre

The coalition is presently contacting Auckland Hospital Board members over this issue, and will be supporting four candidates for the Board elections in October 1986. More information can be found in the press cuttings on the following pages.

Judy Larkin

AUCKLAND STAR 2.5.85

Group warns on 'factory births'

Factory-style childbirth will become routine in Auckland if the hospital board's strategic plan goes ahead, says the parents' organisation, Obstetric Watch.

If the four small maternity units in the outlying Auckland hospitals are closed, services at the large hospitals will be overcrowded, says spokesperson Ms Lynda Williams.

In Britain the induction rate for births was about 36%. Women were booked into hospitals for a certain day, then had their labours induced and accelerated with drugs. Episiotomies and forceps deliveries were routine, she said.

"If you have another four women waiting to use the delivery room you have to get the birth over as quickly as possible. You don't have time to give nature a chance."

Freedom of choice would become a luxury, not a right.

Ms Williams said women of prime child-bearing years had no representative on the hospital board because of the constraints of caring for small children.

She hoped the board would defend the right of Auckland women to give birth in small hospitals.

Howick hospital

Supporters of Howick Obstetric Hospital will be feeling some measure of relief after reading of the meeting between local MP Neil Morrision and Hospital Board chairman Dr Frank Rutter.

The future of the hospital however, is by no means decided yet, either way. I feel it is important to keep up the momentum we generated in September, with letters directed to the Minister of Health, and plenty of talk in the community. It would seem to be the right time now to begin the promotion campaign suggested at the public meeting on the hospital's future. I would be very pleased to hear from interested groups and individuals who would like to be involved with such a scheme, either in the planning, preparation, or distribution of material. We must not be complacent — we cannot afford to be. If the Howick Obstetric Hospital is to remain open against the ever growing economic odds, we must see it full to capacity.

MAUREEN THOMPSON
Bucklands Beach

SECTION 1 ★ NZ Herald. Monday. April 1. 1985 9

Group Opposed To Plan For Hospitals

A number of Auckland women's and parents' organisations have formed a group called Maternity Action to oppose the maternity section of the Auckland Hospital Board's draft strategic plan.

The plan includes proposals to close maternity hospitals in Helensville, Howick, Papakura, Warkworth and also St Helens Hospital.

The group's spokeswoman, Judy Larkin, said that more than 90 submissions against the closure of the hospitals had been received by the board.

"The cost to parents of travelling from, say, Helensville to National Women's should be taken into account," she said. "So should the emotional cost of being separated so far from one's family."

The board wanted to close the hospitals as a cost-cutting measure, and because of what it claimed was a lack of specialist services.

The group is selecting four members to stand for the board next year.

★ ★ ★

Letters to the Editor

NZ HERALD 18-10-84

Rural Obstetrics

Sir,—As a non-practising midwife, I agree with the reported comments of Professor Rosenblatt and thank the associate professor of general practice, J. G. Richards, for writing and also for securing the professor's report in the first place.

Central hospital services are palaces to which rural populations must now pay homage. The rural general practitioner is deprived of adequate hospital facilities to conduct any minor intervention to assist his patients.

The Minister of Health refuses to compensate general practioners for time thus spent with patients. This overloads the specialist hospital services which are provided "free."

A cost analysis would reveal that the service is in fact costing the taxpayer very dearly, indeed.

We should give the general practitioner the incentive, the facilities and the reward for his time, that way the team — GP and midwife — will provide a first-class but cheaper service for the family.

Veritas.

Pukekohe.

MEDIA WATCH

Rutter opposes closure

AUCKLAND STAR 8-10-84

Auckland Hospital Board chairman Dr Frank Rutter says he is against the closure of the Warkworth Maternity Hospital recommended in the board's strategic plan.

And, he says, the recommendation to close three other obstetric hospitals — Helensville, Howick and Papakura — "needs a lot more looking at.

"Each one has to be considered on its merits."

Warkworth is the most isolated of the maternity hospitals, he said.

"Geographical considerations loom very large here. If you take Warkworth Hospital away, you have nothing between Whangarei and North Shore.

"At Papakura, you could say geographical reasons don't apply, but that hospital has a tremendous watershed of patients from Waiuku to South Head."

Dr Rutter said he did not believe a blanket closure of the four hospitals was appropriate.

"This is why we put out a strategic plan, so we can get people's views and consider each case."

The Save the Midwives Association in its submissions on the plan, says male obstetricians and administrators should be forbidden from making policies which set the direction for maternity care.

The association says the influence of men is reflected in the maternity care recommendations in the plan.

Dr Rutter said all services needed the input of both the consumers and expert planners.

"We are delighted to receive submissions from groups such as Save the Midwives."

But, he said, men formed 50% of a marriage and they should not be excluded from helping to plan childbirth services.

"Why should it be exclusively a female province?"

Baby death fear if hospital goes

"STAR" 29-9-84

By ANNA STOREY

Helensville residents say babies could die if their obstetric hospital closes and patients are forced to travel to Auckland.

The Helensville Hospital Community Committee said this yesterday in submissions to the Auckland Hospital Board's 10-year strategic plan which recommends the closure of the hospital.

The committee said the infant and maternal mortality rate could increase if patients were forced to travel the 37km to Waitakere, 45km to North Shore or 56km to National Women's Hospital.

"Patients will be at risk with a nervous husband at the wheel and will not be able to speed through congested traffic as the ambulance does," the committee submission said.

"Double yellow lines from Kumeu onwards slow down the traffic dramatically."

The Helensville Hospital was a valuable source of employment for local people and a focal point in the community.

It was extremely important for the board to realise the importance of the "family scaled enterprise" in country areas.

"Disruption of the family completely disintegrates the whole of the rural economic activity.

"Decentralisation of medical services must be recognised and supported by institutions such as the Auckland Hospital Board."

In its summary, the committee said community-based general practioner obstetric hospitals had a "very real" place in the overall obstetric services in New Zealand.

"Far from being closed, the units should be maintained and developed to provide alternatives to the super-tech obstetric units."

Scare tactics alleged on hospital

STAR OCT 17 1984

The Auckland Hospital Board is trying to scare women out of having their babies in small outlying hospitals, says the immediate past chairman of Helensville Obstetric Hospital's community committee.

Mr Stan Phillips, who successfully fought an attempted closure of the hospital eight years ago, said yesterday the board's latest recommendations for closure hinged on safety and cost. Both of these could be proven to be a can of worms, he said.

Mr Phillips said the board had raised the safety issue only because certain specialists and some board members involved in neo-natal care did not like general practitioners delivering babies.

For this reason they were saying hospital births should be done only where there were facilities for caesarean operations.

Another reason was that specialists did not like to travel long distances and would rather walk accross the road to see their patients.

In the last 1500 births at Helensville there had been only four deaths — three of these were stillbirths and the other baby had abnormalities.

Mr Phillips said cases where there was any possibility of difficulties or any doubt about safety were transfered by ambulance to National Women's Hospital.

This was an added advantage because the women went straight into emergency wards where they got better treatment than those admitted as normal patients.

An Auckland Hospital Board spokesman said the board would not be drawn into any public discussion or debate on the matter until all the submissions to the 10 year strategic plan had been examined and assessed.

Response to Closures Plan

NZ HERALD 2-10-84

The possible closure of Auckland's smaller maternity hospitals has attracted the most attention among submissions on the Auckland Hospital Board's draft 10-year strategic plan.

Yesterday was the official deadline for submissions, although the board expects several to come in over the next few weeks.

It received two petitions on the suggested closure of some of the obstetric hospitals, one with 2500 signatures from Warkworth, and another with about 90 signatures.

The board's chief executive, Mr Les Corkery, told the finance and general purposes committee yesterday that there were also 90 letters in response to the future of the hospitals as proposed in the draft plan.

There were a further 250 submissions or responses on issues other than obstetrics.

Mr Corkery said it seemed that many organisations had put a lot of effort into constructive responses to the plan, which will guide the board's provision of services in the next decade.

The board's staff will now identify and tabulate the responses in a summary. The board will probably meet in about a month to decide how to tackle the revision of the draft plan and to evaluate the submissions.

Some organisations have asked to speak on their submissions and some want public hearings.

Mr Corkery said later he expected the board would produce the final plan early next year.

● Support for the smaller hospitals — back page.

'Save the Midwives' Group Criticises Hospital Plan

NZ HERALD 10·84

Provisions for maternity care in the Auckland Hospital Board's strategic plan for 1984 to 1986 contrast directly with the results of a recent study into New Zealand's maternity services, says the Save the Midwives' Association.

The study into obstetric and perinatal care in New Zealand was carried out by Professor Roger Rosenblatt, of Washington State University, and Dr Judith Reinken, a Health Department researcher.

It offers strong support for a maternity service in which general practitioners and midwives handle the majority of deliveries, in low technology units.

However, the association says the board's strategic plan provides for high technology units, staffed by specialist doctors.

The hospital board plans to close inpatient units at Warkworth, Helensville, Howick and Pakuranga hospitals and retain only antenatal and post-natal facilities.

All four hospitals are level 0 — general practitioner — units.

A level two unit — providing specialist obstetric and paediatric services — is proposed for North Shore hospital.

Specialist

National Women's Hospital will continue as a level three unit — providing comprehensive and intensive obstetric care.

The midwives' association says plans to close level 0 hospitals are contrary to the wishes of most New Zealand women and to the findings of the maternity study.

These were:

- Small hospitals have a superior record to higher level hospitals.
- General practitioner obstetrics is superior to specialist obstetrics for low-risk women.
- General practitioners have an extremely successful rate of detecting and referring high-risk women.

Students

The association claims that the care which pregnant women receive in level 2 and 3 hospitals is provided to a large extend by medical students and house surgeons.

It also believes that by providing a level two or level three hospital for most women, the board will undermine the role of midwives and reduce job opportunities.

Consumers should have options open to them, the association says.

"We should not underestimate the aversion many women have to medicalised childbirth."

The association says hospitals should exist alongside cottage hospitals — free-standing birth centres staffed by midwives and domiciliary midwives.

"Pregnant women are not sick," the association says.

Access

"Ninety per cent can deliver naturally without the provision of high technology care."

The association says accessibility of maternity services is also important.

"To many women, Helensville and Warkworth hospitals are already an hour's travelling time from home.

"These women will have to travel two hours to North Shore in labour, with the greatly increased risk of giving birth on the way."

Higher

Providing specialist facilities for families who do not want them is a tremendous waste of money, the association says.

Turning childbirth into a highly technological event would also mean higher levels of post-natal depression, the association says.

It believes an ideal maternity service should allow for:

- Adequate ante-natal care and education.
- Delivery in a familiar hospital, with the chance to meet some staff in advance.
- Delivery in a non-clinical environment.
- The presence of any support people a pregant woman wants and
- Consideration of her wishes for her delivery, provided that her safety and the baby's safety are not endangered.

Submissions

The New Zealand Federation of Parents Centres, the New Zealand Home Birth Association, the Save the Midwives Assocation and the Auckland Childbith Education Association all favour care by midwives and general practitioners for normal births and specialist care for abnormal births.

The midwives' association hopes submissions made to the hospital board this month will be included in a redraft to be completed early next year.

NZ HERALD 2·10·84

'Smaller Units, Fitter Babies'

An unpublished report on New Zealand's maternity services says that babies born in small outlying hospitals do as well as, if not better than, those delivered in bigger institutions.

Objectors to suggestions that the Auckland Hospital Board maternity units at Warkworth, Helensville, Papakura and Howick should be closed say that the Rosenblatt-Reinkin report has given then more "ammunition".

But its co-author, a Health Department researcher, Dr Judith Reinken, does not believe the report has been "muffled" as suggested in an article in the latest issue of the feminist magazine *Broadsheet*.

The report will probably not be published until next year because some minor statistical errors need correcting.

She says the conclusions made by Professor Roger Rosenblatt, an associate professor in family medicine at Washington University, were basically sound.

He spent a year on sabbatical leave in New Zealand to compile the report which covers a four-year period to 1981.

The report says that small hospitals are safe. Under the present system, pregnant women with high-risk factors such as high blood pressure are referred to specialist care but babies who are born in a peripheral unit have a better chance of surviving the first week of life.

And while small maternity hospitals cared for relatively few premature babies, low birth weight babies born there were also more likely to survive the first week than similar weight babies born in more sophisticated hospitals.

"In fact, the possibility must be entertained that something about the environment or quality of care in smaller units is superior to that in more sophisticated units," the report says.

Dr Reinken said she had been "deluged" with requests for the report findings from people who wanted to oppose Auckland area hospital closures.

(Yesterday was the last day for submissions on the hospital board's 10-year strategic plan.)

Professor Dennis Bonham, the head of the post-graduate school of obstetrics and gynaecology at National Women's Hospital, describes the report as superficial.

He said the statistics for the peripheral hospitals only went to prove that regionalisation was working, with at risk mothers transferred to larger hospitals for specialist care.

"The report says we should be looking with a little more care at medium grade hospitals where results are not quite as good as they could be," he said.

But the fact that peripheral maternity units had any deaths at all considering the circumstances was also a problem, Professor Bonham said.

Mortality rates at the larger hospitals were coloured by statistics for those babies transferred who arrived dead.

An Auckland domiciliary midwife, Joan Donley, said earlier publication of the report would have made no difference to the board's plan.

She added: "The only thing is that Rosenblatt has given some ammunition to fight them."

POTPOURRI

* REGAINING CONTROL - PART OF AN INTERVIEW WITH MICHEL ODENT

Q. We face so much intervention now, failure to allow the natural process of labour and birth. What can we do to stop such direction?

A. We need to redefine the role of midwife, support midwives, give birth back to women. Expel men/doctors from the birthing room.

Q. What about female doctors?

A. Them too. They become much like the male doctors due to their training and working with men.

Q. So we can reverse the current trend.

A. Yes. Recognising that it is a fundamental need for women to be assisted by other women. The mother's experience will influence her daughter's experience. They will support each other and in time regain control of the birthing process.

From ICEA NEWS November 1984.

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* ANOTHER ATTACK ON A MIDWIFE - HOMEBIRTH AUSTRALIA NEWS

This time by a local doctor who made a formal complaint against a Brisbane midwife Judy Shield: not because she made a mistake or even because of some alleged professional misconduct, but because she was "encroaching on his territory". Judy was called to appear before the Nurses Registration Board on 19 February. She met with well-deserved support. After so many punitive deregistrations in Australia in the last few years, this display of confidence in a midwife augurs well for the future.

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* INTERVIEW WITH HENNY LIGTERMOET

Q. Several homebirth practitioners have been deregistered (in Australia) in recent years, Dr John Stevenson in Melbourne. What support do you feel we should be giving our midwives and doctors?

A. It seems to me that we can best be supportive to our

midwives and doctors by fearlessly and accurately speaking up for our right to choose and their right to practise their profession. The persecution of home-birth practitioners will continue unless we are not afraid to tackle the authorities. Money is an essential part of fighting for a cause. We need a fund from which we can draw money to help fight the cause.

From HOMEBIRTH AUSTRALIA No. 3 Summer 1984.

Henny Ligtermoet is a childbirth educator and activist.

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* BIRTH THE WAY WE WANT IT - DIONY YOUNG

It is interesting to look at what women want from their maternity care, and a recent Australian study found two major things.

First they wanted immediate contact with their babies and their partner's support during and after birth.

Second they expressed specific opposition to most medical intervention.

(Skuja, E., et al: What do expectant mothers want? A preliminary report on consumer deman for obstetric services, Aust NZ Obstet Gynaecol 22:206, 1982.)

It is also interesting to note in another recent study, that women who knew their rights as patients, who desired to learn assertiveness, who exhibited high levels of non-compliant behaviour during birth, who had low levels of trust in their birth providers to make all decisions for them, these women had fewer caesarian sections.

From PARENTS CENTRE BULLETIN No. 99 Spring 1984.

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POTPOURRI was compiled by Jenni Churton

MATERNITY CARE IN THE NETHERLANDS : PART II

By M.Ris, midwife. Part I was printed in STM N° 5.

4. The Screening System For High-Risk Pregnancies

The fourth characteristic of the Dutch obstetrical organisation concerns the screening system for high-risk pregnancies. A generally accepted list with criteria for referral to the obstetrician is used by midwife, general practitioner and obstetrician. They all can refer to each other. The list with criteria has been formulated by Professor Kloosterman, and is commonly known as the "list according to Kloosterman". A midwife who is working in her own practice can make the selection between low and high-risk pregnancies, without intervention by the obstetrician or general practitioner. There is also the possibility of consulting the obstetrician without referring to the patient.

5. The Place Of Delivery

Pregnant women who belong to the low-risk category have the choice between a delivery at home or in the hospital, in both cases under the guidance of their own midwife or general practitioner. One condition for delivering at home, however, is that in the case of some complication, the hospital can be reached within a short time.

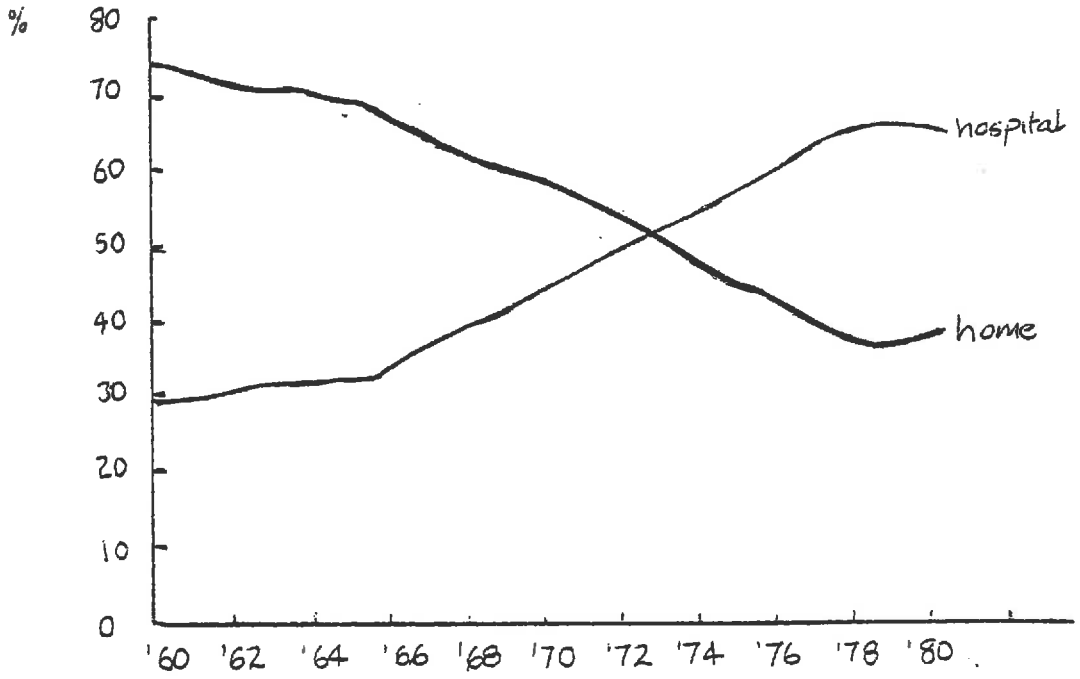
If the woman chooses to give birth in a hospital, she has the possibility to stay until 36 hours at the most after delivery, the so-called outpatient delivery or short-term hospitalisation. In some teaching hospitals the possibility exists to spend the postnatal period in the hospital under the guidance of one's own midwife, the so-called long-term hospitalisation.

Approximately 180,000 children are born each year in The Netherlands. In 1974 50% of the births took place at home. The number of deliveries at home has decreased in the last ten years. In 1980 35% of the births occurred at home.

This declining trend was accounted to the fact that technical possibilities concerning diagnosis and monitoring have greatly expanded. This has led to an emphasis on the medical aspects of the birth process. The hospital was advocated as the safest place to deliver, resulting in an increasing number of clinical deliveries. This declining trend is not continuous. Pregnant women have become more aware of their own needs and demands, especially in the big cities where a large amount of information is available. The emphasis has been laid on the psychological and emotional aspects, which appear to more advantage when the delivery

takes place at home, surrounded by one's own family. The result is that in the last two years the number of home deliveries has increased.

Fig. 1 Place of Delivery 1960-1980



In the last few years there has been a good deal of controversy about the best place to deliver. Advocates and opponents of the home delivery combat each other with the argument "safety". By the former mentioned development of technical possibilities, much value has been attached to measurable facts. The danger exists that the confidence of the pregnant woman in her own judgment and capactiy will be lost.

The midwife has an essentially different attitude towards the birth process than the obstetrician. The midwife takes the line that pregnancy and delivery pass in a normal way unless a complication occurs. The obstetrician wants to have proof that the pregnancy and delivery will occur in the normal way. That is why many obstetricians are advocates of the principle to deliver the first child in hospital.

Several studies have been done about the safety and results of the Dutch obstetrical care system, especially of the home deliveries. Van Alten shows in his study done in a health centre in Wormerveeer (1970-1983) that the home delivery has a justified place in the obstetrical organisation.

I would like to discuss the study done by Damstra-Wijmenga in 1981 more extensively with you. She has also investigated

the Dutch obstetrical system on its safety and results. Two questions in her study are essential:

- where is the safest place to give birth?
- where is the safest place to be born?

In the study, the outcome of pregnancy, birth and puerperium has been investigated in 1,692 women whose delivery took place between the first of January 1981 and the first of January 1982. All participants were residents of the city of Groningen at that time. The women were subdivided into three groups according to their original choice of delivery: at home; in the hospital followed by a short-term hospitalisation, i.e. a maximum stay of 36 hours; or in hospital followed by a long-term hospitalisation, i.e. a maximum stay of 7 days.

In each of these groups, the number of admissions, complications and referrals to the obstetrician were summarised.

Results

For the part of the study concerning the low-risk pregnancies 222 women out of the original group of 1,692 were left out because of medical reasons which placed them in the high-risk group from the beginning.

A group of 1,470 women remained, whose choice of delivery place is shown in Fig. 3.

Fig. 3 Choice of Delivery Place

Home	396
Short-term Hospitalisation	536
Long-term Hospitalisation	538

The motivation to choose for a home confinement was often that the woman had the feeling of being more comfortable and more independent at home, without being held to strict rules. Another remarkable point was that these women looked upon a delivery as a normal event that did not belong in a hospital. To some of them, the hospital with its machinery, ready for use, was terrifying and discouraging.

Let us look first at the percentages of referrals to the obstetrician that occurred during pregnancy. These percentages are shown in Fig. 4 subdivided into parity and original choice of delivery place.

Fig. 4 Referrals During Pregnancy

Parity	Home	Short-Term	Long-Term
	n=396	n=536	n=538
I	4.6%	12.6%	13.2%

Parity	Home	Short-Term	Long-Term
II	6.0%	8.7%	10.1%
II	6.3%	4.5%	15.9%
Total	5.6%	10.8%	12.5%

Looking at these numbers, there is a marked difference between the home group and the group choosing for a clinical delivery in percentage of referrals, in favour of the home group, except for the number shown in the short-term group for the multiparous women who had delivered at least two children in previous pregnancies.

In Fig. 5 are shown the numbers of referrals during delivery, or shortly thereafter. Excluded are, of course, the women that were already referred during pregnancy. The remaining group consisted of 1,323 women.

Fig. 5 Referrals During Delivery

Parity	Home	Short-Term	Long-Term
	n=371	n=481	n=471
I	27.3%	31.2%	35.7%
II	8.1%	8.8%	19.5%
II	8.7%	14.3%	19.0%
Total	15.6%	22.9%	27.8%

The women that started delivery at home but were admitted to hospital during or shortly after delivery, did not experience this as a disastrous intervention. It did not affect their choice of future place for delivery, most of them expressed the wish to give birth at home again.

The numbers in Fig. 5 show again that referrals occur more often in the groups that choose for a hospital delivery, being the highest in the long-term group, followed by the short-term group. An explanation for these differences could be that women choosing for a home confinement had greater self-confidence in their pregnancy and delivery. Another explanation is that during a home delivery a less anxious attitude exists towards a favourable outcome.

In Fig. 6 are shown the reasons for referral.

Fig. 6 Reasons For Referrals

	Home		Short/Long-Term	
Deliveries	n=371		n=952	
Premature delivery	6	1.6%	22	2.3%
Malpresentation	7	1.9%	21	2.2%
Induction of labour	17	4.6%	46	4.8%
Prolonged labour	17	4.6%	111	11.7%

	Home		Short/Long-Term	
Third degree tear	2	0.5%	10	1.1%
Retained placenta	1	0.3%	6	0.6%
Haemorrhage	1	0.3%	10	1.1%
Other	7	1.9%	15	1.6%
Total	58	15.6%	241	25.3%

The most striking difference is seen by prolonged labour. Damstra explains the larger number of prolonged labour occurring in the hospital by the fact that women are in a much more dependent position in the hospital.

One of the criteria for evaluating obstetrical care is, apart from perinatal mortality rate, the morbidity rate of the newborns. In this study the percentage of newborns that were admitted to the neonatal intensive care unit, has been calculated in Fig. 7. The numbers refer to all admissions that occurred within one week after birth.

Fig. 7 Morbidity Of the Newborns

	Home	Short-Term	Long-Term
Number Of Births	n=321	n=429	n=539
Admissions	2.5%	8.2%	10.8%

The percentage of admissions is strikingly lower in the group where the delivery took place at home. In Fig. 8 a summary is given of the different reasons for admission.

Fig. 8 Reasons For Admission

	Home	Short-Term	Long-Term
Number Of Births	n=321	n=429	n=539
Prematurity	1	-	-
Dysmaturity	1	8	7
Respiratory Distress	2	4	15
Feeding Difficulties	1	-	-
Hyperbilirubinaemia	3	10	4
Low Glucose	-	5	8
Observation	-	3	13
Other	-	5	4

Conclusion

Concluding, we could say that in The Netherlands there is a good deal of controversy about the best place for delivering a baby: at home or in a clinical setting.

On the one hand groups have been set up to promote delivery at home, while on the other hand, the "safety" provided by

a hospital environment is being used by people as an argument in favour of clinical delivery.

Damstra shows that morbidity, both in the mother, irrespective of the number of previous parturitions, and in the newborn, was less among those who had opted for delivery at home than among those who had chosen clinical delivery. From both the study done by Damstra and the study done by Van Alten, it becomes clear that if good antenatal care is ensured and there is good cooperation between the first and second tiers of health care, the decision to give birth at home is highly justified, and entails least risks and complications in both mother and infant.

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THANKS to Sally van der Wende for typing both this and the previous newsletter.

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OUR NEXT MEETING

will be held at the Civic Trust Building, 29 Princes St,Auckland (opposite the University Old Arts Building) at 8 p.m. on Monday May 6, and thereafter at the same time and same place on June 10, July 1, August 5, September 2, October 7,November 4,December 2. Rental for the Civic Trust is $10 per evening, and if we could recoup this by donation each evening we would be financially healthier.Our present bank balance will just pay for this years newsletters.

Do come along and meet midwives and mothers of like mind - it's just what you need!

This page will become a regular feature containing news about our organisation.

SAVE THE MIDWIVES

24 ASHTON RD, MT EDEN, AUCKLAND
NEW ZEALAND

SAVE THE MIDWIVES POLICY STATEMENT

Save The Midwives supports and promotes midwifery as an independent profession; supports direct-entry midwifery, domiciliary midwifery, and the right of parents to information and choice in all aspects pertaining to childbirth.
At present we have 300 members, approximately half of whom are now midwives. The membership is national, with about 3 out of every 4 new members being midwives.

WHAT HAVE WE SPENT YOUR MONEY ON?

Renewals or new subscriptions have recently been sent to :

Mothering Magazine, U.S.A
Birth, U.S.A.
Association of Radical Midwives, U.K.
The Childbirth Educator, Australia
National Association of Parents and Professionals for Safe Alternatives in Childbirth,(NAPSAC), U.S.A.
Womens Studies Association Journal, N.Z.
N.Z. Federation of Parents Centres Bulletin
Broadsheet,N.Z.
The Midwives Chronicle, U.K.
The Journal of the Nurses Society, N.Z.

at a total cost of $273.66.

In addition we receive, from members, the Journal of the N.Z.N.A., the Women's Health Network newsletter, the Auckland Parents Centre newsletter, the Auckland Home Birth Association newsletter, the International Childbirth Education Association News, Homebirth Australia's journal, California Association of Midwives newsletter.

Two members were recently subsidised 50% to attend a media and lobbying workshop run by the Centre for Continuing Education, Auckland University. Total cost to STM was $40.00.

Save The Midwives bank balance is currently $943.55.

ACTION

We have been heavily involved in a campaign to keep the small maternity hospitals in Auckland open. To this end we initiated formation of the "Maternity Action" coalition, and have been working closely with the other members of this group. See article, page 6, for more information.