pette pay urged for home birth midwives

The New Zealand Home Birth Association wants better pay for domiciliary midwives.

It says there are too few midwives in New Zealand to cater for the growing demand for home births.

Mainly to blame, the association says, is the inadequate remuneration domiciliary midwives receive.

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The association is lobbying the Government to increase the midwives' remuneration to the level a hospital charge nurse receives

Domiciliary midwives work under contract to the Department of Health and are paid for antenatal care, the delivery and postnatal care on a per patient basis plus a mileage allowance.

For a midwife who has a full

work load, this payment amounts to about \$4000 a year.

This issue was discussed by the association at its first national conference in Auckland this month. About 160 delegates attended. Representing the Nelson branch were Henriette Kemp and Leslie Wiseman.

Among those attending the conference were midwives, both domiciliary and hospital, general practitioners and parents.

Their aim was to discuss the future of home births in New Zealand and the role of the association in ensuring the continuation and improvement of existing services.

CHOICE KNOWN

The association feels strongly that all expectant parents should be informed that they have a choice about where they have their baby. It says general practitioners have an obligation to make the patients aware of this choice and some association branches have written information pamphlets for parents.

On back-up services for home delivery, the association says a flying squad similar to the service in Britain would not be justified in New Zealand except, perhaps, in large cities.

Access to a local hospital and ambulance service are considered to be a sufficient backup service by the midwives and doctors now practising home birth in New Zealand.

The association acknowledges the invaluable and indispensible service hospitals provide for high-risk mothers or where com-

plications occur during labour.

The association feels though that in the case of normal birth, the hospital can cause a natural birth to become complicated or prolonged.

Home birth advocates are also concerned that because of their training, obstetric personnel and general practitioners focus on the dangers of child bearing and fail to give due attention to the importance of natural childbirth.

Nine branches of the New Zealand Home Birth Association have been formed in the last three years.

The aims of the association are to support domiciliary midwives and encourage more midwives and doctors to practise domiciliary work, to publicise the availability and advantages of home birth and to collect statistics for research purposes.

Branches support and prepare parents planning a home birth and great emphasis is placed on adequate preparation through exercises, nutrition, education about labour, birth and breast feeding.

Home birth mothers are carefully screened by the midwife and the family doctor to exclude risk factors. If there is a history of complications, if the foetus is in an abnormal position, if labour starts prematurely, or if the mother is not in tip-top condition, a home birth is ruled out.

Proximity to a hospital and availability of transport are also carefully considered, in case a transfer should be necessary.

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