

North Shore home births may cease

By Frances Dannaher

Home births on the North Shore could be in jeopardy.

The midwife currently serving the area is off overseas in September and although her position has been advertised, no replies have been received.

Says Cathi Sadler, a member of the North Shore Home Births Support Group:

"We are now having to refer local women wanting a home birth to domiciliary midwives working outside the area. Some of these women may have no option but to go to North Shore Hospital.

"The whole Auckland region has only six other domiciliary midwives and all of them are heavily booked for months ahead."

According to the New Zealand Home Birth

Association, the demand for domiciliary midwives is increasing all the time. Since 1974 there have been 1000 home births in New Zealand.

The North Shore's present domiciliary midwife is busy all year round. She assists at between 60 and 65 local home births each year which is the maximum number she can cope with comfortably, as all home birth mothers receive very personal attention.

She interviews every woman who wants to have a home birth. Only women in good physical and mental health are considered.

Once passed the screening process, she makes several antenatal visits to each woman. She assists at the birth itself and following that, conducts a two-week aftercare programme.

However, domiciliary midwives receive just under half the salary paid to

hospital midwives, even though they have the same qualifications.

Members of the North Shore Home Births Support Group believe this is a major reason why they are having difficulty replacing their present midwife.

A domiciliary midwife is paid a flat rate of \$140 per delivery.

Included in this payment are the antenatal visits and the two-week aftercare programme. No financial provisions are made for night or weekend work.

This means that the current domiciliary midwife on the Shore would earn a maximum of \$9100 (before tax) a year.

Out of this money she has to pay for all her equipment which includes such things as bowls, gloves, needles and oxygen cylinders.

The Auckland Hospital Board does provide a linen pack for each home birth.

Midwives working in hospitals, on the other hand, receive between \$13,400 — \$16,500 (before tax) a year depending on their rank and experience.

They are also paid penalties for night and weekend work and they do not have to provide their own equipment.

The North Shore representative on the Auckland Hospital Board, Dr Patricia Mauger, says that while she personally does not support home births, she is "surprised" to learn that such a discrepancy exists between domiciliary and hospital midwives' pay. She also considers such a discrepancy to be "unfair".

"The Auckland Hospital Board does not set the

wages for hospital staff, that's really a Department of Health matter. I don't see that we can help there," she says.

The chief medical officer at the Department of Health's Takapuna office, Dr Cecil Anderson, would not comment on the reasons why domiciliary midwives are paid considerably less than hospital midwives.

"All matters of that nature are dealt with in Wellington. We are only following instructions," he says.

He does say, however, that he is making submissions to head office on the subject of domiciliary midwives, although he would not elaborate.

As far as the North Shore Home Birth Support Group is concerned, the low pay domiciliary midwives receive is a subtle method by which the Department of Health, supported by the medical profession, tries to discourage home births.

Dr Mauger admits there is a "strong anti-home birth element" on the Auckland Hospital Board and that this element is led by medical practitioners.

Cathi Sadler, from the support group, believes the medical profession is opposed to home births because it wants to retain control over women's health.

"It's important, though, that those women capable of having a normal birth should have an opinion — to go to a hospital or to have a home birth. What we want to do is keep the options open," she says.

However, they cannot do that without a domiciliary midwife.