

ISSUE 3.3

home birth *matters*

HOME BIRTH IN AOTEAROA

spring 2016



Home Birth Matters Winter to Spring 4.3-4.4

Suffrage to Birth

By Sian Hannagan | Home Birth Matters Winter to Spring 4.3-4.4



Today marks the 124th anniversary of Women's Suffrage, it is also 27 years since the Nurses Amendment Act was passed (28 August 1990) These two things may not seem related, but they are very much a part of the same picture, a picture where we fight for women to have agency in their lives, where our goal is that they have choice and the rights to exercise that choice. Yet whenever we celebrate milestones of emancipation, I feel conflicted. Yes we have come so far, yes we have so far yet to go. Women may have the vote, but we still have less representation at a political level, our tangata whenua even less so. We still have to fight for our birth rights. We may not be fighting laws, but we do fight budget cuts, institutionalised medicalisation of birth, midwife attrition through inadequate working conditions, and an ongoing public message that frames birth as mother vs baby, midwife vs obstetrician, safety vs satisfaction. These false dichotomies are misdirection, they take us away from the bigger picture. Human rights in birth matter, women matter.



THE OFFICE OF THE

Minister of Health

THE NURSES AMENDMENT ACT 1990 - INFORMATION FOR HEALTH PROVIDERS

The implementation of the Nurses Amendment Act 1990 should increase the choices available to women and their families in childbirth services. The Act restores autonomy to midwives, who were previously limited by legislation which allowed medical practitioners only to take full responsibility for the care of women.

Statistics reflect the benefit of a commitment to natural childbirth, of continuity of care of the client and the rejection of unnecessary intervention. The majority of women have been socialised to perceive birth as an illness. The challenge of this legislation is to change that perception.

I acknowledge that legislative change on its own does not necessarily bring about change. What is also required is a change in attitude on the part of consumers and other professionals, and a willingness on the part of area health boards to explore new ways of delivering services.

This booklet should assist the implementation of the new legislation by informing the key providers and users to enable changes.

I look forward to seeing these developments.

Helen Clark

Minister of Health

Title page of nursing amendment act, signed by Helen Clark.

The message I want us all to hold at the front of our thoughts this Suffrage day, is that rights are not gifted, they are fought for and won. The sacrifices of women before us have led to the rights we have today. We should not let the work of our foremothers go unacknowledged or worse, undone.

Through complacency or through inaction, our rights can still be transgressed. Small changes in law and legislation, for seemingly good reasons can lead to the fundamental loss of our rights, whether intended or not. The onus is on us, as a community who value our rights to choose, to hold fast to the values we cherish and not give ground. Even if we sit by and watch as others rights are eroded and we do nothing, thinking "this is not my battle", we are paving a way for this to happen to us. The Health and Disability Code of Rights is the cornerstone our maternity care. Yet it is not invulnerable nor is it always honoured, there are areas in practice where the edges blur, even in current maternity care settings women are not

always afforded their rights in any meaningful way. You can often identify these moments, they come with their own set of markers. When a woman says “I wasn’t allowed” or “I had no choice” she wasn’t given agency. When she is told a birth plan is not important, or that her trauma is not relevant, that she should expect to lose all dignity, that as long as her baby is healthy that nothing else matters, she is not being centred in her own birth. When her maternity provider withdraws care, or she can’t access the care she needs, or she is forced into choices through coercion or ignorance, these are the moments to watch out for. These are the markers that signpost a path taking us backwards. Yes these every day trespasses are not always acts of intention, or some Machiavellian evil, but in this, intent becomes less relevant than the outcome, which is ultimately a loss of agency in birth.

As seen in other countries, the rights to birth on our terms can die the death of a thousand cuts. The stories of [Agnes Gereb](#), [Caroline Malatesta](#), [Brenda Atlookan](#) and the [other countless women who are denied their basic right to autonomy in birth](#) are warnings that should not be overlooked.

When viewed in an historical context, the bodies of women, in particular the bodies of women in pregnancy and birth have been a battleground of legislation. We have moved through an evolution of birth that included [‘Labour pains as Eve’s sins’](#), [purpureal fever epidemic through poor sanitisation](#), [forced sterilisation](#), [twilight birth](#), [the birth of gynaecology through oppression](#), and many other trespasses that when taken as a whole, illustrate that birth as it sits in our current milieu is still at an intersection of oppression and control, and for our tangata whenua, colonisation.

It would be easy to count our blessings and reflect on how lucky we are to have a continuity of care system. Be grateful for what we have. But we need to take time to acknowledge the hard work done by Joan Donley and her contemporaries to bring in the Nursing Amendment Act, acknowledge that our midwife lead system is inherently vulnerable to the vagaries of political whim and funding cuts, acknowledge that we as birthing wahine, hold the future of Home Birth in Aotearoa.

JOAN DONLEY: FIGHTING WORDS

For the past 12 years Joan Donley has been fighting for the future of New Zealand's domiciliary midwives. Now she has written a book aimed at taking the battle one step further.



OVE: Joan Donley (right) weighs two-week-old Sophie Ruth Rowley assisted by proud parents, Iris and Murray. She wants to make women aware of how "their maternity care has been taken over so it is not meeting their needs." Photograph: Michael Willison.

There are voices in our community who want to see birth removed from the vocation of midwifery, there are voices who don't value the work of mothers, who don't trust birth, and through lack of trust or through lack of knowledge wish to remove the agency we fought so hard for. They don't want the rights removed wholesale, they just want some rights waived, for some people, sometimes. And that is the beginning of the end.



Sian Hannagan our Editor

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Conference & Hui 17

By Sian Hannagan | Home Birth Matters Winter to Spring 4.3-4.4



Our annual Hui and Conference is coming up, set for the weekend of 7 -8 October. Host by Auckland HomeBirth Community, the Conference is being held at the Jetpark Hotel & Conference Centre in Auckland. There is an inspiring line up of speakers for this years Conference, with a powerful presentation on birth trauma by Carla Sargent, followed by Janet Redmond speaking about the effects of trauma on midwives. Later speakers include Ban Abdul, Brenda Hinton & Linda McKay - bringing some of the foremost voices in Birth and the birth movement in New Zealand to our Home Birth Community. The annual National Hui is being held the next day at the Auckland University of technology and [Further details and ticket sales for both the Hui and Conference are available on eventbrite.](#)



Photo from 2015 Hui and Conference

Tickets are selling fast, but there are some spaces available. Some funding via the Home Birth Aotearoa Trust is available for regional representatives. If you are seeking funding for travel and/or accommodation then email admin@homebirth.org.nz

Delicious morning tea, lunch, afternoon tea and nibbles at the Conference is included in the ticket price. Morning tea, lunch and afternoon tea is provided at the Hui which is free to attend. As always, this is a baby/child-friendly event and a creche is provided.

Come enjoy, learn, be bathed in oxytocin, surrounded by like-minded individuals, and be inspired by amazing people.

See you there!

HOME BIRTH AOTEAROA CONFERENCE & HUI

7 - 8 October 2017

Annabel Farry

NZ Place of Birth Study

Carla Sargent

Acknowledging Birth Trauma

Janet Redmond

Trauma Effects on Midwives

Brenda Hinton & Linda McKay

NZ Maternity: Past, Present, Future

Ban Abdul (Bee)

Real Life and the Code of Rights

Midwifery Masterclass

Physiological Birth Wisdom

Earlybird Tickets:

\$85 Waged

\$55 Midwives & Unwaged

\$15 Students

tickets available from
www.ahbc.space/conference
or www.eventbrite.co.nz

Jetpark Airport Conference Centre,
Auckland

How will you use your vote?

By Sian Hannagan | Home Birth Matters Winter to Spring 4.3-4.4



We took the time to ask all major political parties what their views and policies are relating to what matters for our Home Birth Whanau. An email was put together with 5 key issues that we felt encapsulated the kaupapa we have held space for over the past 3 years. These 5 questions will never cover all the points of relevance for all of our community, but we trust these questions will at least give us all some things to reflect on. All major and minor parties were contacted, if no response was received they have not been included - other than the two primary parties. Responses included in no specific order.

Kia ora

I am emailing as a representative of Home Birth Aotearoa, we are a National Trust whose membership spans all of Aotearoa. As the election grows near, we are checking in with your policies, with specific attention to maternity care in New Zealand. Our membership will want to be informed on which parties best support their interests and the needs of our communities. As such we have honed in on our key issues and would like to hear your views on the following.

Key issues:

- 1. Currently under the current HDC code of rights all people receiving maternity care have the right to maternity care with dignity, choice, informed consent and the right to refuse treatment. We want to be assured that any health initiatives relating to maternity and infant care going forwards will preserve these rights. We want to be assured that birth choice will not only be preserved, but supported.*
- 2. The care that women receive prior to, during and post birth is essential to good outcomes, with benefits that positively impact health far into the future. We know that midwifery care and continuity of care is the highest quality maternity system currently available. This is borne out by international studies and qualitative research conducted in New Zealand. We want to be assured that the government we support acknowledges this, and recognises the wonderful work our midwives do in the community. Currently midwives are not paid enough and the systems that support them are not robust enough. Please tell us how you intend to support midwifery and midwives in Aotearoa going forwards.*
- 3. Primary Birth is acknowledged as the gold standard which is best suited to well women in*

Aotearoa, yet many women are birthing in tertiary birth settings through lack of. This has ongoing costs to the taxpayer, not only in resources being used, but also in terms of increased unnecessary interventions and poorer outcomes for birthing women. How will your party address this issue?

- 4. Parental leave in Aotearoa is insufficient. Research shows that babies and mothers benefit from being allowed sufficient time to bond, breastfeed and recover from birth. The benefits from supporting this essential process are multifaceted – both to the mother infant dyad, but also to whanau and communities with ongoing health outcomes that are measurable. An investment mindset on this issue will ensure good outcomes going forwards, saving health spending in the future. We currently have a decreasing rate of breastfeeding and an epidemic rate of postpartum depression. We want to know what your intentions are with regards to paid parental leave.*
- 5. Currently in our maternity care system, not enough is done to support our Maori birthing communities. Traditional birth practices are not always supported, rural communities are under serviced and our midwifery system does not have sufficient Maori midwives to provide cultural birth care. Studies show that women thrive when supported by birth care workers who are from their same cultural background. We would like to see a serious effort to decolonise our birth practices and ensure Maori traditional birth practices are protected and supported. We would like to hear your thoughts on this.*

Thank you for taking time to respond to our issues. A prompt response would be valued, we will be distributing these responses to our community.

National: No response

Labour: No response:

Green Party:

- 1.** The Green Party agrees but notes that we do support effective, evidence-based policy designed to raise immunisation rates but with individuals consent. Immunisation is an individual medical choice, and shouldn't be mandatory. All individuals, and parents, should be able to make an informed decision about immunisation.
- 2.** The Green Party is highly aware of how work traditionally considered to be “women’s work” is undervalued and underpaid. Midwives are the epitome of this. The Green Party is committed to ensuring that women are paid better in New Zealand. There is increased pressure on midwives due to staff shortages and this is placing further strain on our health system. There needs to be increased professional development of midwives to assist with maternal mental health. We would increase funding to health, but particularly to postnatal services such as increasing community social worker availability. This means that midwives can be freed up to focus on their job.
- 3.** The Green Party wants every child to have the best possible start in life. We support research into rising intervention rates and caesarean sections. We are committed to providing information and support for home births for low-risk pregnant women. We would review primary maternity units to see if they could be better utilised to enable women and babies to receive care closer to home. This is balanced with ensuring that all babies and their

mother have access to the health care that they need.

4. The Green Party wants to help parents when they need it the most, by ensuring they have time and money to focus on raising happy, healthy kids. Too many parents in Aotearoa are struggling to pay the bills and juggle work and family commitments. We want every single Kiwi kid to have a great start in life - regardless of what their parents earn or whether they work or not. To make that a reality, their parents need more time, more financial support, and more flexible work arrangements. Well-supported kids turn into happy and healthy adults.

The ability for parents to choose to care for newborn babies is an essential part of supporting families to develop nurturing relationships. The Green Party would like to see paid parental leave extended to ensure parents are provided with a total of 13 months of paid leave.

The Green Party is also committed to:

- Making the \$220 per week Parental Tax Credit available to all families who don't get paid parental leave. This ensures every baby born in New Zealand gets the same support and makes the system simpler.
- Extend sick leave to be a minimum of 10 days a year, so that parents and whanau have time to look after sick kids
- Ensuring the OSCAR subsidy for after school and holiday programmes is available to all kids from low-income families.

The Green Party believes that parenting is one of the hardest and most important jobs in the world. As a country, we all benefit when parents are supported to give their kids the love and attention they deserve.

5. It is important that Māori practices are accorded respect, are protected, are supported and are accessible to people. There does need to be more Māori birth care workers who work with our communities. New Mums need to be able to relax and be themselves, not to feel judged. Honouring the whānau can be as easy as working with everyone to ensure that they are present at the birth.

There is a shortage of Māori midwives AND midwives trained and knowledgeable in Māori birthing practices. We know that non-Māori midwives are already organically taking onboard some of the common Māori birthing practices such as using alternative methods of cord clamping (muka ties) and disposal of the placenta/whenua - but there needs to be a strong commitment in midwifery training to Māori birthing practices and also to recruitment of Māori midwives to improve service accessibility and delivery. Greens support an investigation into what is needed in this area.

Wahakura is an example of a Māori birth practice initiative which is working really well to lower SUDI. Having solutions that work with culture are win-wins. The Green Party is committed to giving every new born baby a Wahakura - Baby Pod, which includes a safe sleeping place as well as clothes, nappies and bedding.

Maori Party:

1. Birth choice will not only be preserved, but supported.
2. The Maori Party plans to enact a long term, strategic approach to address the midwifery shortage, analyse crisis points in maternity services and neonatal care and invest appropriately to ensure sustainable whanau wellbeing. We have been advocates for pay equity.

3. The Māori Party Health policy is about Whānau Ora and enabling our whānau and communities to lead healthy lives. We want our whānau supported by an equitable health system. The Māori Party supports Māori community-led based birthing centres, antenatal, maternity and postnatal care services and programmes.

4. As a party, we influenced the increase of paid parental leave from 12 to 18 weeks. We want 26 weeks. We have also extended the application of paid parental leave to women who work part time, and we have had whāngai recognised in the law for parental leave equity. We support taking an investment mind-set to ensure good outcomes going forward. We also recognise the role of motherhood as a transferable set of skills to enhance your career path that should be viewed as an asset.

5. The Māori Party is born of the dreams and aspirations of tangata whenua to achieve self-determination for whānau, hapū and iwi within their own land. Māori are at the bottom of every health disparity and statistic there is. We will continue to tackle the barriers of inequity, increase innovative and efficient health-care, provide more opportunities for education and enable better access to support for those who need it most. The Māori Party absolutely supports efforts to decolonise our birth practices in Aotearoa.

New Zealand First:

1. New Zealand First supports the Health and Disability Commission Code of Rights for all people.

2. New Zealand First also share concerns around the underfunding of the maternity sector. This is reflective of a public health system under immense strain. We know that midwives are facing an unprecedented level of stress as demand for services increases and they are forced to do more with less. This is not a safe environment for mothers and babies. Midwives undertake such an important role and we want to ensure that they are operating in the safest system possible; therefore, we have been calling for an inquiry into maternity services. Our hope is that changes can be made to help minimise preventable deaths and permanent disabilities.

3. New Zealand First have been calling for a review of Maternity Services in New Zealand. We need to identify the issues and better allocate resources. We would also ensure that safety considerations are paramount in funding decisions relating to maternity care services and require improved provision of ante-natal classes, maternity services for rural, Maori and Pacific Island women, and the improved monitoring of maternity services.

4. New Zealand First will incrementally extend paid parental leave out to 26 weeks but will allocate four weeks to each parent that is non-transferrable. The remaining 18 weeks can be taken by either parent. It is important that fathers get the recognition as part of the parenting team. At present fathers are entitled to two weeks unpaid leave which has meant that only around 1% are able to take this time with their child. We hope that this support will encourage more fathers to take this time to bond with their children, take on more care and help out mothers following a birth of their child

5. New Zealand First believes that decisions like these need to ensure that safety considerations are paramount, especially in funding decisions relating to maternity care services and we would require improved provision of maternity services for Maori and Pacific Island women. While we respect every individual's choice of care, it is important that the decision is informed and takes into consideration the safety of the mother and baby.

Democrats for Social Credit:

Democrats for Social Credit response (below) to 5 questions on maternity services;

In response to your questions on maternity care;

I'll begin with a personal view.

Having become involved as a voluntary patient advocate in 1991, originally regarding the dreadful political/bureaucratic attitude to the frail elderly, I have since been involved in many other areas of advocacy where the "system" (for want of a better word) seems unaware of the reality of life as experienced by many New Zealanders. I think this is at the heart of your concerns too.

So my overall reply to your questions is that myself as the Democrats for Social Credit (DSC) health spokesman, and the party as a whole, believe that LISTENING to the people who are dealing with the reality of everyday life - as distinct from the interminable "planning" bureaucracies, committees and other secretive "official" groups - is the key to improving matters in every field and especially in health. All health services must be based on need, not political dogma.

Regarding your specific questions;

1. Regarding the Code of Rights; I have endlessly quoted this for years to politicians and bureaucrats whenever I find the Code being blatantly denied, so yes of course the DSC support choice in maternity as elsewhere, by insisting that the Code be observed in practice and not merely in theory.
2. Again the answer is obvious (to us!). As elsewhere those actually giving the care need to be properly paid by providing adequate funding. I should also answer as to how extra funding can be found - which in DSC policy is by providing loans for public works such as new hospital facilities from the Reserve Bank at zero interest when, right now, Cabinet Ministers could if they so chose, provide such loans from the Reserve Bank at zero interest. The savings would be enormous thereby providing funding for the services you are seeking. Government refuse to answer why they won't do this other than saying "it's not our policy" (exact quote in letters to me).
3. By ensuring that the Minister of Health directs the administrators of the maternity system to listen to what people want and ensure that they are not pushed into services they do not require.
4. Again it comes back to the people and groups most concerned being listened to - and ensuring that the current huge waste of funding (I could go on for pages about that!) is directed to where it is needed.
5. Yet again choice is the key - and the concerned groups being listened to.

To sum up, in all the above, DSC would ensure that the political/bureaucratic model of recent decades (since 1991 when I first became involved) with successive health ministers taking a non-listening stance, would be changed.

Without wishing to indulge in politician-bashing I have to say that all of the several health ministers I have tried to correspond with over many years give the distinct impression of being mere rubber-stampers of Health Ministry agendas - and I cannot think of any group more distantly removed from life as most New Zealanders live it than the health ministry!

United Future:

1. The code of rights relating to dignity, choice, informed consent and the right to refuse treatment is a powerful document. In practice from what I have seen the awareness of women's rights around their birth care is improving, however the implementation of the code of rights can be fragmented and as a result women may still be denied choices, particularly in relation to place of birth. Insufficient discussion with women about choices and respect of

women's rights to choose can contribute to this. An informed choice can only really be made in the presence of all of the information needed to make that decision. We need to continue educating and encouraging midwives and other health and medical professionals to have discussions around choices with women and families so that they are fully informed. Without discussing decisions, women do not always have the opportunity to evaluate their options.

United Future believes women and families make choices that they feel are safest for them. We acknowledge that this may not always be in keeping with what the medical industry believes, however cultural safety is also important in achieving satisfying outcomes for women and families and this needs to be protected. We would not support any changes to health initiatives that would adversely impact on these rights.

2. With regard to supporting midwives, you are probably aware that as a group midwives have been in mediation with the Ministry of Health over historical gender inequality of pay and working conditions. I am not aware of any other industry that requires a change in an Act of Parliament before they can get a pay rise, but needless to say the situation has been sufferable and is no longer tolerable. A redesign process is currently underway which has given midwives the opportunity to have direct input (through NZCOM) into their pay and working conditions agreement.

United Future would like to see a dramatic increase in pay to reflect the value of the depth of education, knowledge, expertise and extraordinary time requirements of midwives. It is also in appreciation of the absolute importance of care to women and babies during the breadth of their maternity experience. While it is difficult to discuss specifics due to the redesign process currently underway, there are some issues we would be interested in exploring to promote retention which include:

1. regular time off call for all LMC midwives, and not at a cost to the midwife,
2. additional pay increments based on experience,
3. the ability to charge for providing secondary care,
4. an end to unpaid work,
5. a new support measure where a second midwife can be called in to assist another midwife if reasons arise, regardless of place of birth, and this is funded separately rather than out of the LMCs income,
6. the right to revisit and renegotiate pay and conditions.

This is not an exhaustive list, and we support midwives in their pay and working conditions negotiations. The current rate of turnover is saddening and I have heard midwives are reaching burnout after 6 years of practice on average. We need to make this a sustainable working model so we can continue providing continuity of care with the passion that brings midwives into this work in the first place.

In addition to better pay and working conditions, United Future would like to encourage support of midwives to reduce fear in practice. Some high profile media cases in the last few years have inflamed the concern amongst midwives that women's decisions and right to refuse treatment, or refuse recommendations, may be interpreted as poor practice. This can cause midwives great stress and fear of judgement, affecting their confidence while they would rather be supporting and working with women wholeheartedly. Working in small practices and partnerships, midwives can feel isolated and vulnerable. Yet as a group midwives are motivated to support women's rights and historically seen as guardians of normal birth. We need to empower and support midwives in their support of women's rights.

Fear is a complex issue because there is no easy solution, it needs a broad spectrum approach. We could start by scrutinising those who scrutinise adverse outcomes and whether they have pre-determined views. Do we have the right people examining adverse outcomes? Do they take into account the HDC code of rights and practitioners duties to work within this framework? These are important questions because the outcomes of these enquiries inform public opinion and the confidence of midwives to support choice.

To address fear and isolation, I would like to explore the option of a service in each DHB to support local LMC midwives, where part of its role could be providing midwives access to advice on practice issues. This could include how to discuss choices with women, how to document this discussion, and how to safeguard the midwife in supporting the woman's right to informed choice. The benefit of having a local service is that midwives will have easier access to support from people who know them. If we can have more robustness around the safety and protection of midwives, this will contribute greatly to the freedom of choice women have and their feeling of respect and support in their birth choices.

3. In regards to the overwhelming numbers of low-risk women birthing in tertiary centres, I refer to my answer to question one. Education about choices is one solution to this issue. Women have the right to be informed of what choices are available, what these choices entail, and how midwives work with them in labour to enhance and protect their birthing experience. We need to continue promoting the delivery of informed choice care in maternity.

As a primary care setting for well women is gold standard, it is frustrating to see the lack of infrastructure support for underfunded primary care units. Our population is only going to continue to grow and we need to invest in this. Birthing in secondary and tertiary settings increases the chance of intervention. It also takes up space that high-risk women may need to occupy. This can impact on women's care as they are rushed into postnatal wards or home without the time to enjoy and recover in the immediate postpartum period as the hospital needs their room back.

United Future would like to see more funding for primary units so they can modernise, upgrade and refurbish without needing to beg for new equipment or a tin of paint. We would support an increase in the number and availability of primary care units so that it was actually an option for women. In many areas, including our capital city of Wellington and neighbouring Hutt city, there is no primary care birthing facility. We would look at the staffing status for these units, with special consideration to rural areas, so an increase in use of primary birthing units is feasible and sustainable.

Along with this, we acknowledge the incredible and empowering experience of home birth. Home birth is also very cost effective for the state. Personally when discussing the option of home birth with women, many have declined because of wanting extra expert care in the first few days, and wanting to use the time to bond and recover without other distractions. We could look at supporting home birth by funding additional support to reduce these issues for women. This might include the option of additional caregivers to support women and families in the first few days following birth such as an additional midwife, Karitane nurse, or home help. Funding additional home care would come at a lower price-tag than birthing in a facility and is a conversation we should have.

4. We have a long-standing belief that paid parental leave should be 52 weeks duration, and have supported all parliamentary increases thus far for paid parental leave. We will continue to push for 52 weeks of paid parental leave. This would have countless benefits on the health and wellbeing of families such as supporting our breastfeeding recommendations to be realistically achievable, promoting the importance of bonding which is critical in neurological development, and the reduction in stress to the household in that important first year of life.

5. I know and work alongside some wonderful midwives both Maori and non-Maori who support Maori women in pregnancy, birth and postnatally, exploring and encouraging cultural practices. The education and awareness of the taonga of birth is supported in midwifery direct entry education which I hope is driving a shift in cultural birth care for the better. Addressing some of the standing issues in the maternity sector, such as continuing to promote the delivery of informed choice, improving support of midwives, and improving the supply of primary care facilities, will help women and midwives to be more empowered and cultural birthing practices protected.

I am aware of the ability for Maori students studying midwifery to apply for some scholarships which helps reduce some of the barriers towards becoming a midwife. However it is a very expensive degree to get through, with incredible demands on time and availability, and these continue to be obstacles that need to be worked on. Getting into midwifery is not the only obstacle though, it is the ability to continue once in the role. We need to retain Maori midwives by improving their pay working conditions and supporting them to support women.

We embrace the principles of Partnership, Participation and Protection set out in Te Tiriti o Waitangi. In keeping with this, United Future would also seek to engage with Maori women and midwives to discuss how we can actively encourage and protect cultural birth practices going into the future.

Conversation in a Birthing Bath with Ibu Robin

By Sian Hannagan | Home Birth Matters Winter to Spring 4.3-4.4



I sat in a water birthing pool into the night

Flowers and oils floated on the water and a small torchlight shone through the darkness

It was dark, it was dark, it was so dark

I could hear

I could hear everything for miles around me

I could hear the midwives talking in a low voice

Check the water temperature

It's too warm

It should be 38 degrees only.

Dilation normal.

I can hear the frogs outside singing in unison with my breathing

My son giving me wise words and counting my breathing

My husband holding my hand

While I crush his fingers until they turn purple and almost break

He can feel

And then I tell him to multiply it by 10

And he'll know how painful birth is.

I am centered

Connected to the universe around me.

You come in

Cool down the water pretty much straightaway

Turn to me and we start musing between labour pains.

"Make as much noise as you like," you say.

"I'm sure your neighbors love you," I answer.

"Yeah, we used to have the neighbor throw stones on the roof during birthing but he did it to one of the Cok dads in here and got told off, so he never did it again."

You smile at the memory

I want to giggle so I do

I want to yell a little bit while the pain kicks in so I do.

And then I'm overwhelmed by everything.

I just need time by myself.

"Can I have a little bit of time by myself?"

You know, to have a pee?" I ask.

"Sure. It's totally up to you what you want," you turn to the midwives and everyone leaves

I simply cannot believe how easy it is to ask

I can't believe I'm the master of my own birth

I can't believe I'm alone

I'm alone

Giving birth

On an island called Bali.

I kind of smile to myself.

"What the fuck?" I wonder to myself.

I have a pee.

Then faster labour convulsions kick in.

"You okay in there?" you are calling.

Slowly you come in the door.

Suddenly the pain is so intense I think I'm going to actually rise up and scrape the ceiling with my head.

I just need that water—

Both calming and anaesthetizing at the same time

I scramble for the water

It's probably not the most elegant sight and thank God nobody else is there to see it

But we kind of laugh

About the amazing quality of water

During birth

How on earth

I ever got through my first birth

Without water.

Time to call in the troops. The baby is close.

My 10-year-old son counts me in

"Breathe mum, hold for three and breathe out."

He's like a rock.

He steps into big shoes as he counts me through.

I look at him

Right at him

And I know he's becoming a beautiful man

With a wisdom beyond his years.

He looks right back at me

And keeps counting in

My breathing.

"Fully dilated; don't push too hard," you say.

Actually, I'd quite like to stop.

I want to stop now.

This is too much

I really can't do this

I ask if I can change my mind

I'm hoping that it's going to be as easy as asking everyone to leave the room

What was I thinking?

Did I really think I could do this at 40?

How truly ridiculous is this?

What was I thinking....

I start up and you laugh gently

A low, fun laugh

Like you know that I know

It's all kind of taking the piss out of the situation to try to deal with pain

Real pain

Not just breaking your arm pain

Or smacking out a tooth pain Really, really cut and twist in multiple, salted wounds pain and then pouring vinegar in there too and jabbing 20 more times as hard as is humanly possible.

"You're actually there already. Just one final push...."

You gently laugh again.

"But actually I can't.

I just can't.

I can't

I can't

Look at me?

Look at the size of my vagina in comparison to the baby's head

I'm sorry but it's just not possible."

Another skin-tearing push comes and I yell again.

"Yeah, well, millions of millions of women are with you on this one over millions of years," you point out.

"I'm sorry I just give in,

I can't,"

I moan.

You are laughing now, "You would be surprised how many women say the same thing

But I'm telling you,

I can see the crown of your baby's head.

One more push."

So then

So then you offer to speed it up

By pulling back some unpronounceable flap of skin that lives down there.

As you do this it's so painful it's like,

It's actually like having my tongue pulled out of my mouth as hard as possible

And nailing it to the table

And we all stop that one

So then

So then

We wait

And just before dawn my daughter starts to arrive.

Every doula, every midwife starts a Balinese prayer

Chanting in unison

My son and husband chant too

The energy in the room jumps tenfold

I am honoured

Like I have never

Ever

In my life been honoured.

As I give the last

push

We are honoured.

My memories of pain

Wintery Raspberry, Goosberry and Peary Jam

By Sian Hannagan | Home Birth Matters Winter to Spring 4.3-4.4



Making jam is often something that is defined by a seasonal glut of fruit and produce, a way of preserving those summer notes for the winter months. Sometimes though, we need a little fruity pick me up in the middle of those cold dark months and we never got round to capturing the abundance of ripe fruity goodness when we could. Luckily there are fruits available in the darkest depths of winter that make delicious jams. Mostly though, the ability to freeze berry fruit for just such a moment is what makes this delicious jam possible. Looking at a fruitbowl of nearly past it winter nellis pears and wondering what to make is what inspired this particular recipe. After burrowing through the freezer and unearthing a bag of raspberry crumbles and a long forgotten bag of goosberries the jam making began!

Ingredients:

1 kg of jam raspberries

800gm of sugar

500gm of goosberries

4-5 overripe pears (any pears will do but unripe pears need far more cooking)

2-3 large green apples

6-8 medium sized jam jars - it always pays to sterilise a few extras

A note on sugar and pectin:

Many jam recipes rely on large ratios of sugar to make setting easier and to ensure the jam stays preserved. I find these jams too sweet and cloying and the benefits in longevity don't outweigh the tradeoffs in flavour and sugar overload. The trick is to cook the jam long and slow until it is ready to set - only bringing it to a rolling boil at the end. Commercial pectin is available, but lemons and apples are a natural source. [This blog post](#) goes over this in details.

A note on sterilisation:

There are many ways to sterilise your jam pots, I am an expert on none. I use a dishwasher - and haven't had a problem yet. There are really only two important things to ensure, one that your jam pots are hot when the jam goes in, this is to stop the jars from breaking, and two, that the jars are clean and sterile - heating them sufficiently does double duty. [This article covers all of the basics.](#)



Assembling all of the ingredients (gooseberries not pictured). Lemon is used to balance acidity and help the jam to set.



Raspberry crumbles are often sold at frozen outlet store and at almost half the price of whole raspberries and far cheaper than fresh, they are a great option for jam making. This is a kilo bag, which costed approximately \$6



Pears - especially ripe ones are low in pectin and acidity. Lemon helps with this



The first step is to soften the fruit and reduce to jam consistency. This is done at a slow temperature with frequent stirring to stop the bottom from catching. Sugar is NOT added at this step as it makes the chance of burning much higher.



Adding the sugar and gooseberries. I added the sugar later so that it didn't caramelize and darken the jam prematurely. The gooseberries - mainly because I forgot about them, but they also break down really quickly, especially from frozen.



Getting jam to set can be a thing of luck, many people buy pectin, or pectinised sugar. Lacking both I made my own pectin by boiling green apples - core, skin, stem, and all and pouring the reserved liquid into my jam.



Pectin mixture ready to use.



Jam just about on setting point, all the fruit has come together nicely (with a little help from a potato masher). Setting point is determined by spooning a little jam onto a cool saucer and seeing if it gels. Once at this stage it needs to be potted quickly into hot and sterilised jam safe jars.



Lots of people have complex systems for sterilising their jam pots, but I err on the side of laziness. I use the dishwasher. It works great.

A little owl is born

By Sian Hannagan | Home Birth Matters Winter to Spring 4.3-4.4



It's Monday and I've got an appointment with my osteopath up the road to help encourage baby (aka "Owl," as we called our bump) to drop into my pelvis. I've been having more frequent and stronger "practice contractions" (these are just "practice", right?) but Owl is still quite high, so we're going for a 30 minute walk through the bush for treatment. I felt great afterward while I waddled home, 42 weeks and 3 days past our "expected due date" (whatever that means - my cycles have always been inconsistent, ranging from 27 to 33 days so that means my EDD could span over literally six or eight weeks - or at least that's how I justified it in those last few days!).

At home things became a little bit more regular. Mild and short surges were beginning to become more noticeable. I got dinner ready for my honey love when he arrived home from work, and then off to bed. In bed, I didn't sleep well as the surges were waking me, and I wanted to get up and move around. I ended up with enough sleep to feel refreshed and full of energy on the Tuesday morning. I was meant to see my midwife for a check-up, but didn't want to sit in the car, as well as my back-up-midwife for acupuncture to encourage Owl further down and to get labour on the way.

I called up our midwife to let her know I was definitely having surges and didn't feel comfortable driving all the way into town from the beach while being taken by increasingly noticeable surges. So I asked my partner to stay home from work in case I needed him to drive. Turns out our back-up midwife was keen for the drive so she came out to the beach for a check-up and acupuncture (though in hindsight, labour was clearly underway at this point...at least the early stages of it). She and I had a nice catch up and acupuncture, followed by lunch. As she departed, she said, with all the confidence in the world behind her wise eyes, "I'll see you later."

Surges continued to strengthen and became more frequent. I was happy to have my honey at home to support me, though it wasn't until about 5:30pm that I admitted to him I was in labour and he should start becoming more aware of how frequent the surges were, and how long they lasted. He was on it - the very next contraction he said "I'm going to let the midwife know things are heating up, you're at less than 5 minutes between them, and they're lasting almost a minute."

“Okay”, I said, “Just tell her to not hurry - I don’t think we need her yet.”

Things carried on - I was feeling quite nauseous and had returned all of my lunch to the sink after one of the surges. Had I remembered to take the homeopathics that our midwife had left to help with the nausea, I would have likely not needed to clean up partially digested lunch! Anyway, food was unappealing but my partner was still making sure to offer me bits and pieces, and reminding me to drink when he thought of it...the sun was setting and I felt much more comfortable as the blanket of the night began to cloak us.

I completely lost track of time...according to my notes, our midwife showed up around 9:30pm. At this point, I was calling on my honey during each surge to massage my lower back and put pressure on my sacrum. I was also wearing big woolly socks, a comfy jumper and...no pants. This was probably quite a sight for our midwife, who checked Owl for heartrate here and there but overall was a just a wallflower who showed up when my honey was absent.

My favourite place to labour was at the kitchen bench - it was just the perfect height, with the table being too low and the tall boy a bit too tall. I felt a little like Goldilocks with my choice, but was so comfortable where I chose.

At some point my legs were trembling with each surge and I was feeling quite tired. So, I relieved myself between contractions by sitting on a Swiss ball, standing up between to breathe deep into the surge. At one point, our midwife recommended that I continue through the surge sitting on the Swiss ball...that was amazing. Initially, I didn’t think I would like it at all, but the shape of the ball and the weightlessness of my legs was all I needed to go deeper into myself. I vividly remember breathing through one surge and exhaling while saying “Ohhhhhh, it feels sooo (haha, laugh) gooooooooood! (giggle giggle)” Apparently our midwife thought I might orgasm the next surge, but I never quite got there...next time!

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In the meantime, my partner and midwife were working to get the pool just perfect for Owl and me. I was loving the Swiss ball, but the surges were getting more and more powerful, my voice and breath deeper and stronger. At one point, I turned to the pool and said “I want to get in the pool now,” waited briefly for an affirmative response from our midwife and marched right in. Wow, what an amazing relief. I went to the dark corner of the pool and hung over the edge with a towel under my face for comfort. Recovery and relaxation here was just perfect. The next surge came and I uncontrollably began to “push”...but it wasn’t pushing how you would see in the movies. It was just so natural, so comfortable, not painful at all, and just exactly how it was supposed to be. I moaned and groaned deeply through these “pushing” surges, breathing down to Owl and saying this and that.

I remember Simon and Garfunkel playing, with our midwife singing along to one song after another, and myself bobbing along to the beats without realising while relaxing between surges. After each contraction, I requested a cold towel for my shoulders. It was hot work.

Our back-up midwife arrived. Progress must have been slow (I had no track of time in the moment, but

apparently had been something like 1-1.5 hours on my knees leaning over the edge). I remember having a minor breakdown at one point: hyperventilating, screaming, scared. Our wonderful midwife was there to reassure me "it's okay Sarah, you're doing great, breath down to Owl, breath, breath deep, breath down". I regained myself, or actually, I lost myself again into myself, into my body, into Owl and the moment...every moment, so present.

And so our midwives recommended a new position, and then another. With one foot lifted, then the other, with my pelvis shifted sideways and one leg supported out of the water like a lateral spread eagle, with all these suggestions Owl moved down a bit more then back up, bobbing in and out of the final stretch. I remember thinking "it's never going to happen...we're going to be working this hard forever! What's wrong? I thought I was supposed to just breathe and the foetal ejection response would take over!" Then a supported squat, with my partner holding me up from under my arms was recommended.

This is when the hard work became harder, the groans deeper, longer and stronger. "You can do it Sarah, breath down and push to Owl! You got it, push! A little more...or wait for the next surge, whatever feels right," reminded our midwife, supportively. I felt Owl's head inside me - "Oh my god, it's so squishy!"

The little 'ring of fire' was there: stingy, the only 'painful'" bit of the whole lot, but it wasn't painful, it was just stingy - I relayed the information, "Owww, stingy." And we worked and worked hard, Owl's beautiful little heartbeat not even flinching...steady, strong, calm. Myself: breathing deeper, harder, stronger each surge...harder and stronger and grunter was the work, more so than I had ever imagined it would be...but not painful, just work...hard work.

Then, Owl crowned. Our midwife was holding me and said "Owl is coming. If it feels right, wait for the next surge and let Owl stretch you. Owl won't go back now, you're almost there."

"Okay," I thought, "one more and then one more. We can wait, Owl is good...strong...and so am I." At this point, no pain, just relaxation. It was incredible. The next surge came, I can't remember how long it took but it felt fast. I push, breathed, groaned, breathed, pushed, groaned, groaned, breathed, GROOOOANED and there...Owl's head was out of me. My partner saw it all. I couldn't believe it.

Another break, more relaxation, completely calm, waiting in the moment, knowing we were almost there. I was so close to meeting my baby who spent so long inside me, keeping us waiting, keeping us strong to our word, our healthy, perfect baby...here it was the next surge...the final push, groan, breathe, groan...done.

I picked Owl up from the water, Owl came to my chest, eyes wide open staring at me; me staring at those enormous eyes, those sinkholes of beauty, calm, amazement, curiosity, love, compassion. Such a small, perfect body - a little human - home grown, home birthed, the perfect recipe.

We sat there together, Owl and I, for quite some time...just staring. A few little noises and some raspy breathing but aside from that, silence: perfection. Someone asked about the gender - of course, let's have a look! A little girl - our little Masha - our Maria Joyce - our mother's mothers, all wrapped up in one little perfect package.

We stayed in the pool for some time, apparently 45 minutes. Masha wasn't latching, and my contractions to birth the whenua were mild. So we got out of the pool and I heard her first voice, her first little cry as we left the water. "Yes, little one, this is your new life, a life outside the aqueous world, the aqueous world that is all you've ever known. Have no fears, little one, we'll get through it together, always by each other's' side, I will not leave you alone," I thought.

The whenua took 2.5 hours to birth - I had been pushing much of the labour on a full bladder and had no sensation to relieve myself despite letting the tap run, relaxing, visualisation, etc. Not to worry, our amazing midwives utilised a catheter in/out to drain the pesky pee and I was able to birth Owl's whenua within minutes. It was healthy, with no sign of aging or calcification (despite being 42 weeks and 5 days) aside from the "ragged membranes" that resulted from the multiple 'pops' I heard of Owl's waters breaking through the final stage of labour, again and again and again.

Masha was born with heavy meconium in the water, though her heartbeat never gave any indication of distress. Her breathing cleared up as any healthy baby's would, and she had no ill effects of the meconium. I was so far into the labour that I don't even recall our midwife informing me of the meconium; she asked if I wanted to seek medical help for the situation, which of course I denied - it's all noted in my book.

Masha had a tummy full of amniotic fluid that she had to rid herself of; I think this is why she didn't latch immediately. Since then (almost two weeks now) she has developed a healthy appetite, is a rock star latcher and has put on nearly 300g in her first week outside my body. We bask in her beauty, fall into her eyes each time she engages and giggle at all her cute sounds, from gulping at the breast to whimpering whilst in baby dreamland.

Thank you to the wonderful support that has enabled me to be so confident about the ability of my body to birth so naturally, as so many women have done before and so many will do in the future.

Aroha xxx.



A little owl is born.