AUSTRALIAN COLLEGE OF MIDWIVES INCORPORATED
JOURNAL

The Australian College of Midwives Journal, published quarterly, is the official publication of the Australian College of Midwives Incorporated.
The ACMI:
Furthers the professional, educational and social interests of midwives in Australia;
Promotes and maintains high standards of maternity care;
Is affiliated with the International Confederation of Midwives and maintains close relationships with other International Midwifery Associations;
Disseminates current information via this journal and Biennial National Midwifery Conferences;
Acts as a consultant to Government bodies;
Has a role in the accreditation of the Independent Midwifery Practitioner;
Has plans for a role in providing continuing education programmes for midwives.
ACMI is a non-profit, primarily volunteer organisation.
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Contents

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Photo: James Boddington

ACMI Executive. Melbourne March 1988.

(Standing) Sr Francesca Brennan (WA), Carmel O'Meara (ACT), Lorraine Wilson (Vic.),
Beth Waddington (SA, Past President), Margaret Peters (Vic, Founder President), Pamela Kilpatrick (Vic, Past Secretary)
(Seated) Martin Goreing (NT, Vice-President), Cynthia Turnbull (Tas, President),
Judith D'Elmaine (NSW, Secretary), Faye Thompson (Qld, Treasurer)

Branch Directory

For information concerning membership, contact your State Branch

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Subiaco W.A. 6008

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Qld Midwives' Association
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Fortitude Valley Qld 4006

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Northern Territory
NT Midwives' Association
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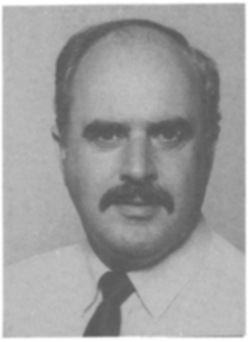
Casuarina NT 5792
Tel: (089) 272 178



Congratulations....

It is with much pleasure that I have accepted the invitation to write the forword of the first edition of the quarterly Australian College of Midwives Journal.

A venture such as this reflects the growing stature of midwifery as a profession which promotes the ideals of education for its members and a high standard of health care for all mothers and babies.

The publication of this journal, I am proud to say, is the result of the enthusiastic efforts of the President of the Northern Territory Midwives Association.

Next year the Northern Territory Midwives will proudly host the 6th Biennial Conference of the Australian College of Midwives in Darwin, from the 21st - 23rd June.

I hope that the readers of this journal will take this opportunity to visit this unique part of Australia.

My best wishes for the future.

Don Dale
Minister for Health and Community Services
(Northern Territory)

Editorial

Dear colleague

The birth of this journal is the most difficult - and the most exciting - that I have ever attended.

The last ten years have seen the National Midwives Association grow from an original membership of 300 to an Incorporated Collegiate body, with an ever increasing membership, presently exceeding 2000. In May, 1987, Pamela Hayes distributed a National Newsletter for the National Midwives Association and now, in April, 1988, the Australian College of Midwives Incorporated proudly publishes this Journal.

"This journal is the voice of all Australian midwives..."

Publishing a National journal within 10 years of formation of a National body, reflects the dynamic nature of Australian midwives and their desire to remain at the forefront of health care delivery to the Mothers, Fathers and Babies of Australia.

This journal is the voice of all Australian midwives and with your help it will flourish. We need and welcome your contributions, such as research articles, anecdotal articles, discussion papers, photos of midwives in action, cartoons or whatever.

As Pam Hayes said in her editorial for the first National Newsletter, "A national form of communication.....will only be as great as the material you send." How true!

Another important contribution that you can make is to recommend the Journal to potential advertisers. I hereby deputise all midwives as roving sales reps for the Journal. Advertising rates are competitive, so please mention the Journal to every sales rep that you meet in your workplace.

As this Journal grows, the stature of Midwifery in Australia grows. And so, as midwives, we grow.

See you next quarter.

Martin

Martin Goreing, R.M.
Editor

Letters to the Editor...

(...should be brief, to the point and relate to any area of midwifery practice. By the way, we need a catchy title for this column. Any suggestions...?)

Dear Midwife Colleagues,

Congratulations and best wishes on the formation of the Australian College of Midwives. Also hearty congratulations on the Newsletter. It is the culmination of a dream for many of us.

We wondered some years ago if the dream would become a reality. That it has done so is a comment on the pioneering spirit shown in the last decade and the enthusiastic strong continuation of that work into bigger and better things.

As one of the pioneers, I wish the new generation a continuation of enthusiasm, commitment and strength evidenced within the Newsletter.

Best Wishes,
LESLEY BARCLAY
Principal Lecturer
School Of Nursing Studies, SACAE

All congratulations for the first National Newsletter should quite rightly go to Pamela Hayes, a founding member of, and a driving force behind, the ACMI. Ed.

Dear Editor,

The NSW Midwives Association deplores the action of the NT Department of Health and Community Services for enforcing the closure of midwives clinics.

If adequate ante-natal services are to be available to 100% of our pregnant Australians, midwives and obstetricians need to work together toward this aim. Closure of health service that increase utilization of ante-natal care is to be condemned.

Midwives clinics are conducted in certain NSW hospitals and are both efficient and effective.

Yours faithfully,
Pamela Mulholland
Honorary Secretary
NSW Midwives Association
(Branch of ACMI)

The "booking in" clinic at Royal Darwin Hospital has recommenced and the NT Midwives Association is working to expand the role of this clinic with the goal of midwives becoming responsible for the provision of all routine ante-natal care. Ed.

Addressed "Letters to the Editor" to:
Editor - ACMI Journal
Science Centre Foundation
35-43 Clarence St,
Sydney NSW 2000

Cynthia Turnbull chairing ACMI Exec. meeting. Melbourne, March '88
(Photo: James Boddington)

President's Notes

During my recent stay in hospital, to go with my cup of tea I was given a sugar sachet with the following pithy saying typed on the back:

"Achievement"

"The man who rows the boat generally does not have time to rock it."

This set up a train of thought which went something like this: 'Is the man who rows the boat the leader? If so, should the leader in fact "rock the boat". If not, how does change come about?'

Embarking on a set path, with a set goal, may not take into consideration variations which occur along the way and which may lead to an alteration of direction. We need to be open and adaptable in our "vision" of our future direction and rocking the boat may reduce complacency. However, as the man rowing the boat actually has his back towards the direction in which he is heading, perhaps he is not the "leader" but the worker. If so, he still needs to rock the boat in order bring to attention the need to change.

The midwife is a person at the interface of activity between the child bearing family and professional services - she is the one who responds to and intiates change.

But if you take this analogy further, the man rowing the boat needs to work both arms in unison. If this does not happen, the boat goes in circles. This leads me to accept that midwifery, as the "boat" in question, needs to have participative decision making between the leaders and the workers within the profession about the direction in which we wish to go. No-one can go alone. The message, then, is join your professional colleagues in planning our future - the future which will have such impact on the lives of the child bearing families in our care.

Cynthia Turnbull

President - Australian College of Midwives Inc.

Building Bridges

The ACMI was asked to participate in the development of a questionnaire aimed at eliciting what is happening in the workplace between obstetricians and midwives.

The results of this questionnaire will form the basis for a continuing education program for obstetricians, with emphasis being placed on areas of greatest need.

This is a unique opportunity to build bridges between the Australian College of Midwives and the R.A.C.O.& G., and to actively participate in overcoming any perceived problems between the two professions.

I would strongly urge all those midwives who are randomly selected to participate in this survey to return your completed questionnaires as soon as possible.

We will have access to the final results, but these can only be worthwhile if we, as midwives, fulfill our part by returning the questionnaire.

If you do not wish your name made available to outside organisations for purposes other than ACMI correspondence, please write to:

ACMI Secretariat
Science Centre Foundation
35-43 Clarence St,
Sydney NSW 2000

Thankyou all in advance for your participation.

Cynthia Turnbull
President ACMI

Standards of Practice

A document entitled: "Standards for the Practice of Midwifery" has been compiled by the Australian College of Midwives, and is now available.

For your copy write to:
Science Centre Foundation
35-43 Clarence Street
SYDNEY NSW 2000
Single copy: $5.00 postage paid
20 copies $50.00 postage paid

Having a baby is about wellness, not illness. Westmead Hospital's midwives are putting this into practice with their Planned Early Discharge Scheme. For, when the family's growing...

...there's no place like Home

Over the past few years, postnatal care of the mother and her newborn infant has changed. We now look at childbirth as though it should be a more natural event, so that with plenty of rest and support the mother recovers quickly and adapts to caring for her infant, rather than an illness from which she needs to convalesce.

Early postnatal discharge, introduced at Westmead Hospital in June, 1984, has certainly been a step in this direction. Mothers are introduced to this scheme when they first present at the hospital for antenatal booking. Selection of patients to be offered the scheme, at this stage, is by postcode and age. If the mother chooses the option of 'Early Discharge', a further screening for medical and obstetrical complications is performed. If suitability needs reassessing, the obstetrician is consulted.

The domiciliary midwife organises to meet the mother once, prior to confinement. This allows the opportunity to discuss and determine the support available, and the range of domestic responsibilities to which the mother will be returning, post delivery. An important criteria of the scheme is that each mother must have a support person, who is available to assume the main responsibilities of the home and help with the care of other siblings. The home interview has also developed the educational role of

making the mother fully aware of how the service operates. The mother also has the opportunity of having her many questions answered by a health professional.

Usually, the home visit would be the only antenatal contact the mother would have with the programme.

The 24 hour post delivery stay was designed as an observation time for complications which may place the mother and baby at risk, if discharged early. Mother and baby are thoroughly checked by medical and nursing staff during this time. If there are no complications, the mother is discharged, to receive continuing care from the hospital based midwife, for a period of approximately seven days.

Once home, the domiciliary visits commence. During the visits the routine postnatal and paediatric checks are performed; the midwife has the resources for blood collection and baby weighing. Time is spent on supervision of feeds, bathing, postnatal exercises and education and care of the newborn.

The service operates seven days a week and caters for 30 - 50 patients per month.

Evaluation of the scheme produced very postive results, for an Australian suburban environment. A reduced postnatal stay clearly poses few problems for the healthy mother and baby and with the surveillance of the domiciliary midwife, any problem that arises can be virtually eliminated.

The scheme has proven advantages for both the hospital and the family.

Advantages for the Family:

Home postnatal care provides a learning experience for the family as a unit and normalises childbirth and enhances family adaptation to the new infant.

Fresh air and sunlight for both mother and baby. (treatment for nipples, drying of cords, natural phototherapy for prevention and treatment of jaundice etc.)

Postnatal care in the home results in greater psychological well being of the mother.

Assuming the necessary support is available, early transfer to the home environment, is more restful for the mother, as she is in the comforts of her own home and supported by her family members.

Separation from mother can create problems for the other children in the family and this may be helped by an early return home.

"A reduced postnatal stay clearly poses few problems for the healthy mother and baby..."

Advantages for the Hospital

A planned early discharge scheme will relieve pressure on obstetric beds.

The existence of a domiciliary team allows flexibility to cope with the extremes of activity.

From an economic point of view, the estimated cost savings of the early discharge scheme was over $300 per patient.

The benefits of a Planned Early Discharge Scheme are numerous. Westmead Hospital's programme has been well accepted by the community, the medical and nursing staff and, most importantly, by the family unit.

We are looking at ways of extending our programme. Since commencing in 1984 many hospitals have expressed interest in developing a similar scheme and progressively, changes are being brought about to normalise postnatal care and successfully adapt mother and infant into the home environment.

Del Palmer
Clinical Nurse Consultant
Early Discharge Unit
Westmead Hospital

Alukura.
By the Grandmothers' Law

ACMI congratulates the small but dedicated group of Central Australian midwives and Health Workers for responding to the special needs of their community.

The Department of Aboriginal Affairs (DAA) has approved funding for the Congress Alukura programme as a two year pilot health project.

A quarterly release of $32,875 has been released as part of the 1987/88 financial year allocation.

The Programme which has been accepted by the Congress Cabinet, will be administered by the Central Australian Aboriginal Congress.

The Congress Alukura Council elected 24 February 1987 will be the Advisory Council to this programme.

Whilst this programme does not meet the total needs of Central Australian Aboriginal women, as documented in the research report and submission, entitled BORNING: AMPE MBWAREKE PMERE ALALTYE - THE CONGRESS ALUKURA BY THE GRANDMOTHERS LAW, it will enable Congress to initiate a community based programme of care for Aboriginal women based on a social view of health. This includes the maintenance and strengthening of traditional law, culture and responsibilities, improving health outcomes, equity in health and providing continuity of care, access and information whilst accommodating identified needs.

Goals of the Congress

> Provision of a primary health care, consultative, referral, liaison and network service which will enable Aboriginal women to use present facilities offering health, welfare and child care services more effectively.

> Provision of activities which promote general health and wellbeing of Aboriginal women and babies through education, information and health promotion programmes.

> Collection and dissemination of information about the health needs of Aboriginal women.

> Evaluation aimed at ensuring current health activities become more relevant, efficient and effective for Aboriginal women. The outcome of this evaluation will be to improve health programmes and to guide the allocation of resources in current and future programmes.

> Development of a model for use in other communities.

The immediate broad aims include:

> more women will have more antenatal care

> more women will have more information

> more women will have more support in birthing

> more women will have more postnatal care

> more women will have general women's checks.

Staff:

Liaison Officer - Julie Turner

An Arrernte woman has two grown sons and for the last nine

years has worked for Central Land Council as a field officer. This work has entailed field work both locally and to remote communities, organising women's meetings, preparation for and assistance at land claims, women's council work, documenting women's needs - water, housing etc., and legal documentation. She is consequently known by and familiar to many Central Australian Aboriginal women.

Senior Health Worker - Helen Morris

Is a Warlpiri woman - a grandmother who has worked as a Health Worker at Wave Hill and Central Australian Aboriginal Congress. Helen speaks Warlpiri and Arrernte and can understand Waramangu, Pitjantjatjara, and Luritja. Helen is a very competent Health Worker and as she lives in a town camp, is known by many women both locally and rurally.

Midwife - Pip Duncan

Has been in Central Australia since 1980. During that time she has worked as a community nurse for the Urapuntja Aboriginal-controlled community based health service, completed her midwifery training at Alice Springs Hospital and worked as a research officer for the Central Australian Aboriginal Congress Alukura Project. Through this work she is known by and familiar to many Central Australian Aboriginal women.

Congress female doctors and community educator will work in collaboration with the programme. Capital items include an ultrasound.

Immediate Concerns

Whilst we are grateful to the Regional Director of DAA, Mr Geoff Hansen, for the release of funds for this programme, there are still problems regarding adequate funding and service demand. The programme does not have a co-ordinator nor a fulltime female doctor (and at this stage is very much a town based service). The Congress Alukura Council is not funded for meetings.

Traditional information-gathering and research are other items of high importance. This will involve travel to remote areas, the use of an interpreter service and documentation and dissemination of information.

A condition of the present funding arrangements is that no extra capital items will be funded by DAA (Central Office Alice Springs) during the two years of the pilot programme.

"...aimed at ensuring current health activities become more relevant, efficient and effective for Aboriginal women."

We have noted and are most grateful for the support of the Northern Territory Women's Advisory Council. However, we have been unable to convince or obtain support from the Northern Territory Department of Health & Community Services (NTDHCS). We have had many meetings with representatives of that Department and with members and staff of the Alice Springs Hospital Management Board, regarding the working relations with the Hospital. Recommendations made by Aboriginal women, during the research of 1985, suggesting changes within the hospital so that it provides a culturally appropriate referral service are the subject of ongoing discussion. At this stage, none of the recommendations have been implemented. The flow of information between Congress, ASH and communities must also be improved.

Two applications for land on the perimeter of Alice Springs have not been approved by the NT Department of Lands & Housing.

Facilities

Congress buildings located at 78 Hartley Street, Alice Springs, are small and presently overcrowded. We are looking for a suitable space for both service providers and consumers. We are negotiating rental of a house presently owned by Aboriginal Hostels Ltd, at 13 Mueller St, Alice Springs, and hope to have a favourable outcome as soon as possible. We have applied for rezoning of this property.

If you are interested in receiving further information regarding this Programme, and/or would like to be on our mailing list, please contact:

Lana Abbott
President
Congress Alukura Council
PO Box 1604
Alice Springs NT 5750.

Midwifery: Back to the future

Call for papers

The future of midwifery lies in its past.

Traditionally, women lay healers and midwives were regarded as the wise women who knew about traditional healing methods.

For centuries midwives were doctors without degrees, barred from books and lectures, learning from each other, passing on experience from mother to daughter.

Childbirth was taken over by medical people, undermining the status of the midwife, such that the survival of the profession is now at stake.

Midwifery is still restricted by the expectation that midwives have subordinate status. They are subjugated by the needs of the hospital and the medical profession.

In keeping with this theme, a call for papers is made to cover such areas as the survival of the midwife as an independent professional, and the survival of Midwifery as an autonomous profession.

Intending contributors are asked to forward an abstract (100 - 200) words by 30/6/88, to:

Mrs T. Raines
Conference Convenor
NT Midwives Association
PO Box 41781
Casuarina NT 5792

Registration brochure will be distributed in December 1988 edition of ACMI Journal.

Official Carrier: Australian Airlines.

Teeing up for a happy retirement

THELMA MATSON, Deputy Director of Nursing - Education, retired from the Royal Women's Hospital, Melbourne, on the 19 July 1987, after a career spanning 36 years at the hospital.

Thelma undertook her general nurse training at the Swan Hill District Hospital in north western Victoria. She was a theatre nurse there for 18 months prior to undertaking her midwifery training at the then Women's Hospital, Melbourne in 1951.

In 1952, she became the inaugural Anaesthetic and Relaxation Sister at the Women's Hospital working with Dr Kevin McCaul, Director of Anaesthetics.

Then followed a short time in Labour Ward before leaving the Women's to work at the newly opened Footscray Hospital, returning in 1956 to work again in Labour Ward.

In 1959, she was awarded a scholarship to undertake the Diploma of Nursing Education - Midwifery, at the College of Nursing, Australia. Thelma was appointed Midwifery Tutor at the Royal Women's Hospital in 1960, becoming Principal Nurse Educator in 1976.

Thelma Matson also represented the Midwives of Victoria on the Victorian Nursing Council, working tirelessly for the betterment of Midwifery training and practice in Victoria.

Many an ex-student Midwife will remember Thelma Matson's dynamic lectures and personal counselling through that emotionally draining year of midwifery training.

A farewell dinner was accorded to Thelma on Friday 7 August 1987, where many colleagues from the nursing and medical professions wished her health and happiness in her retirement.

The Midwives Association of Victoria Incorporated presented Thelma with an Honorary Life Membership in recognition of her involvement with the Association at both state and national levels.

Many Australian Midwives will remember Thelma being a keynote speaker at conferences, but in particular being the Keynote Speaker on Education of Midwives at the 20th International Confederation of Midwives Congress in 1984.

Thelma's retirement will allow her time to improve her skills at golf and in the garden, as well as to assist with the ongoing education of her great nieces and nephews.

International Confederation of Midwives 22nd International Congress

Kobe, Japan

October 8 - 12, 1990
Congress Secretariat
c/o Japanese Nursing Association
8-2, 5-chome Jingumae
Shibuya-ku, Tokyo Japan
Tel: (03) 400-8331
Fax: (03) 400-8336
Cable: JANURSING TOKYO

Midwives Malady Melody

I'm a Midwife, hear me roar,
For I've been down there
scrubbing floors,
Waiting on the Obstetricians
hands and feet.
Well, that's all in the past,
Midwives have emerged at last,
And I'm here to tell you we are
now elite.

Yes we are trained, and you'll
know that we are there,
Yes we've been unchained,
leading all in patient care,
If we have to, we can do
anything,
We are caring, we are
professional.
We are Midwives.

We're not into intervention,
We would rather teach
prevention,
We would rather let the families
have their say.
Don't you throw those husbands
out,
Or you'll feel the midwives'
clout,
Epidurals and forceps are not the
only way.

Yes we are here, and we're
speaking with one voice,
We'll make it very clear we're on
Nature's side by choice,
Obstetricians, must now start
listening,
We are caring, we are
professional.
We are MIDWIVES.

To the tune of "I AM WOMAN'.
Parodied by:
Bronwyn and Darryl Peebles.
(With apologies to Helen Reddy)

As performed at the 5th Biennial
Conference of the National
Midwives Association. Hobart,
Tas. May, 1987

Place of Birth a Woman's Choice

A report on homebirths and alternative birth centres, stating that women should be able to make their own choice about place of birth and calling for the development of more birth centres was endorsed recently by the National Health and Medial Research Council (NHMRC) at its 104th session in Canberra.

The report was prepared by a Working Party of the NHMRC following a request from Council to carry out an overview of the homebirth movement with the aim of developing principles for alternative birth practices.

Following an extensive survey of available literature, the Working Party was unable to substantiate the NHMRC's initial concerns about the safety of homebirths.

The major recommendations of the report are that:

> women should be able to make their own choice about place of birth;

> more birth centres should be developed and labour ward practices and facilities modified as there is no medical need for labour wards to resemble operating theatres;

> better relationships between homebirth practitioners need to be developed;

> appropriate courses for the preparation of graduates for independent midwifery practice should be established and one direct entry program for midwifery should be developed in Australia;

A single set of guidelines to determine the appropriateness of homebirth for an individual is not possible.

"An extensive review of the available information did not substantiate the NHMRC's initial concern about the safety of homebirths," said Dr Cathy Mead, Secretary of the Working Party that compiled the report.

"Guidelines for safe practice are inherent in the professional training of all practitioners, and improving the relationship between hospital and home practitioners will help to ensure a high standard of care for those who choose a homebirth."

"..did not sunbstantiate the NHMRC's initial concern about the safety of homebirths..."

The Australian College of Midwives Inc. endorses the findings of the Working Party and urges all Australian midwives to obtain a copy of the report.

Further, the ACMI encourages all midwives to implement the recommendations of the report in their workplace.

For further information and a copy of the report contact:
Michael McCann:(062) 89 8154,
or Dr Cathy Mead: (062) 89 7031.
Write for a copy of the report to:
Dr Cathy Mead
Secretary
Women's Health Committee
NHMRC
PO Box 100,
Woden ACT 2606

Are Your Babies On These Drugs ?

When in doubt, ask your Pharmacist.

Most drugs present in the mother's blood will be present in her milk. Only a few are in large enough amounts to affect the baby.

Milk is a mild acid. Drugs that are basic (alkaline) may concentrate in the milk. There is a lot of fat in milk, especially in colostrum. Therefore a substance which dissolves in fat can pass into milk, for example, the insecticide DDT.

Generally the risk to a breastfed baby by a drug that the mother is taking is reduced when the mother takes the drug just after feeding the baby.

Another point about drugs and milk is that cow's milk may contain drugs and chemicals. This may cause problems for people who drink the milk. Penicillin in milk has caused hypersensitivity and pesticides can be toxic.

It is wise not to add medicines to the milk in a feeding bottle. The drug may interact with the milk, or the dose may be reduced if not all of the contents are consumed.

Below, there is a brief list of drugs which are commonly prescribed. For information on drugs which are not listed, consult your local Drug and Poisons Information Centre. The pharmacy departments of major hospitals all supply a similar service.

Anti-infectives

Penicillin: may cause allergy

Nalidixic Acid: haemolytic anaemia in susceptible infants (G6PD deficient)

Nitrofurantoin: as for Nalidixic Acid

Metronidazole: not contraindicated for short (under 7 days) courses in normal (600mg) oral doses, but may give bitter taste to milk. Caution advised when giving higher doses as secreted in significant amounts. May cause vomiting, diarrhoea and reduced appetite. May be given as a single dose with breastfeeding discontinued for 24 hours.

Co-trimoxazole: slight risk from sulpha content; see Sulphonamides

Sulphonamides: Very occasionally some may cause diarrhoea, rash jaundice, kernicterus

Tinidazole: significant quantities in milk, little experience in the very young, mutagenic/tumorigenic potential so contraindicated

Pyrantel: No data available on levels in breastmilk, however this drug is very poorly absorbed from the gut, so only a tiny amount would be found in milk. Pyrantel may in any case be safely given to infants

Painkillers

Aspirin: Low dose occasional use may be permitted, but the association between Aspirin and Reye's Syndrome in children under 12 years means that the nursing mother should not use this drug when suffering from a viral illness.

Large doses may cause bleeding in the baby. Rashes, poor growth and acidosis can also occur.

Paracetamol: a small amount is secreted into breastmilk, but no harmful effects in the infant have been noted when only conventional doses have been taken.

Indomethacin: milk to plasma ratio is 1:1, and one case of convulsions has been reported in a neonate, therefore a safer drug should be chosen

Opiates & Narcotics: the amounts present in milk are usually too small to affect the baby after single doses, but a cumulative effect is possible.

Oral contraceptives

Oestrogen in pills such as Microgynon, Nordette and Triquilar can decrease milk supply. The longterm effects on the baby are unknown. Progesterone only pills such as Microval and Microlut are available for breastfeeding mothers.

Social drugs

All these drugs pass into the milk, but taken in small amounts there should be no great problem.

Alcohol: occasional use is OK Alcohol may in theory inhibit oxytocin release and therefore milk secretion, cause drowsiness, poor growth and weakness and chronic use may produce a pseudo-Cushings' syndrome

Caffeine: approx. 1% of dose is excreted in breast milk Frequent or high doses may lead to accumulation (half life in infants is up to 80 hours) Excessive doses cause wakefulness, hyperactivity and poor sleeping pattern

Nicotine: Excess use of Nicotine chewing gum can cause shock, vomiting, diarrhoea, tachycardia, restlessness and decreased milk production. Decreased milk production also occurs in heavy smokers (over 20 per day).

Marijuana: Low levels are excreted in milk, not much is known of the effects on infants.

Helgi Stone, Drug and Poisons Information Officer
Pharmacy Department, Royal Darwin Hospital 6.10.87

REFERENCES

1. Drugs and Breast Feeding, Ron Batagol, Drug Information Service, Royal Women's Hospital, Carlton, Victoria, published by CSL
2. A Guide to Drugs and Lactation, Current Therapeutics, Adis Press
3. Drugs in Pregnancy and Lactation: A Reference Guide to Fetal and Neonatal Risk, Briggs GG et al, Williams & Wilkins, Baltimore 1983
4. Drugs in Breast Milk, Wilson JT, Adis Press, 1981
5. Glen-Bott AM, Aspirin and Reye's Syndrome: A Reappraisal, Current Therapeutics, September 1987: 33-42
6. PP Guide 1987.

Presidents Report

BETH WADDINGTON, S.A.
Immediate Past President
Australian College Of Midwives Inc.
5th Biennial General Meeting
May 1987

The two years since I took over as President of this Association could well be characterised as a time of quiet achievement which has set the stage for the next flurry of activity.

Achievement of Incorporation in July 1985 was the culmination of a great deal of effort by our founder President, Margaret Peters. Despite the demands on her time by her ICM Board of Management committments, Margaret has continued her commitment to the completion of several of our longterm objectives including the revision of our Constitution and the writing of the By-Laws which will be presented to you at this Annual General Meeting; and the long drawn out negotiations for the establishment of our trust fund which, once our name change is ratified, will be finally set up. In the work on the Constitution and By-Laws, acknowledgement must be paid to the input of Pam Kilpatrick and Pam Hayes and the concerted effort of all members of the Executive during our meeting in Canberra in November 1986.

In 1985, this Association presented a submission to the Layton Enquiry into the Medicare Fees Schedules and in November of that year, the ACT representative and I presented our case to the enquiry panel. Our submission requested that:

> Care of the patient by a Midwife throughout pregnancy, labour and delivery and the puerperium, or part thereof, be reimbursed by a specific Medicare Schedule;
>
> Care by Midwives may be performed at home, in hospitals or a birthing centre and that regardless of venue, the benefit apply;
>
> The cost of preconceptual, antenatal and parentcraft classes conducted by Midwives should attract a specific Medicare Benefit Schedule.

The astuteness of the ACT Midwives who picked up the reason given by one of their obstetricians for nonability to present a scheduled lecture and followed it through to find we had been overlooked when the advice of the panel hearing, by then only a few days away, had been circulated many months before, and their swift action in ensuring we were able to present our case was followed by some equally swift action by Pam Kilpatrick, the express services of Australia Post and the members of the Executive. The ACT Midwives then rapidly collated all the State comments into the written submission to which Hilary Hunter and I spoke before the panel. The quality of the submission was commended by the panel and the ACT Midwives also should be commended for their swift and effective action on our behalf.

When the findings of the Layton Report were released in November 1986, neither we nor the Home Birth Midwives Association (who had prepared a voluminous submission) were successful in achieving a Medicare rebate, but the Midwifery section of the Layton Report is most favourable.

The issue of antenatal/parentcraft education was a difficult one owing to the diversity of groups offering this service, and the varying degrees of competence of the practitioners. However, the committee stated that they are of the view that Midwives are capable of providing this service effectively.

The final recommendation was that health programme grants be made available for the purpose of evaluating independent midwifery practice. The grant to comprise an allocation of $2million for a five year period and to be linked to an agreed research programme.

This recommendation must be addressed as one of the objectives of our next two years and we must answer the question: *"Are we prepared to wait up to seven years for an answer, or do we want to do something more assertive sooner?"*

As a matter of interest NH&MRC already have a working party examining home birth and alternative birth centres and QVMC in Melbourne are investigating a planned non-hospital confinement service - assessing the demand for such a service and evaluating its feasibility, safety and ongoing cost.

To paraphrase some comments by Virginia Henderson, it is self-evident that an occupation and especially a profession whose services affect human life, must define its function, and midwifery's attempts to do so have a long and still unfinished history. At this AGM, our work on the development of a philosophy, objectives, a code of ethics and standards of midwifery practice to which all branches have contributed, will be presented for ratification.

Our correspondence has reflected an increasing awareness of this Association by government and nongovernment organisations and associations and individuals and has been as diverse as requests for information from individuals wishing to practice in this country to a request from the House of Lords for information on Midwives' pay and career structures. At Christmas, we received greetings from our patron Lady Stephen and Sir Ninian.

Pam Hayes as our delegate to the Western Pacific Region has attended a meeting and conference in Indonesia and a conference and ICM Council Meeting in Vancouver. It is appropriate to record our thanks to Pam for her contribution of time and expertise and the financial involvement this has entailed on our behalf.

Margaret Peters has represented our interests at the AGM of UNICEF of which we are members and at the NH&MRC.

The movement of Branches to autonomy from RANF has continued with NSW, Victoria,SA and WA now all no longer affiliated as special interest groups of RANF. (Only Tasmania and the Northern Territory are still RANF).

A personal highlight for me was my

attendance as representative of the Association at the First National Midwives Conference in Christchurch, NZ in September 1986. In all 15 Australians attended, and Louise Sledzik from LIHS and Alison Garrison, Tasmania, were also invited speakers. We were most warmly received. Our attendance at their conference was, I am sure, a positive factor in establishing sound links with our colleagues despite their President's reference to our coming from those couple of small islands to the northwest!

They too have many problems to address, not the least of which is their very serious problems with their midwifery training. Despite the newness of their National Association, they already have a badge, a banner and a song! Surely we have within our memberhip someone who can address our deficiencies in this area.

While on the subject of songs, we must urgently address the production of a sheet with the words of well known "Australian" songs, to be given to any member attending conferences, as an essential item of luggage. It is amazing how many of us do not know the words, and somewhat embarrassing when asked to contribute to an evening's impromptu entertainment. We have only a couple of months to do this before our members and delegates attending the ICM at the Hague depart on their travels.

Our delegates to the ICM Council will be Faye Thompson from Queensland, and Judith D'Elmaine from NSW.

Pam Hayes will represent us at the preconference workshop on the Code of Ethics.; Phyl Groves at the workshop on Women's Perceptions of Midwifery. We wish all those who are going a happy and successful time.

Those remits not addressed at the ICM in Sydney are to be listed on the agenda for the Hague, and in addition, we have submitted a proposal that:

"The funding, fares and costs of all members of the ICM Board of Management, no matter where they come from, should be met by ICM".

New Zealand Midwives were asked to second this resolution.

Policies and Position Papers have been developed and are presented for ratification at this meeting.

The use of ultrasound in the management of engorged breasts was a topic addressed at the Vancouver meeting, where concern was expressed on the potential toxic side effects. On her return, Pam Hayes reported this concern and in turn, we have expressed our concern to the NH&MRC, and requested that a review of this practice in the management of engorged breasts and damaged perineums be conducted.

We were able to fulfill yet another longterm objective when we had our three-day Biennial Canberra Executive Meeting. This was planned so that our Association could see and be seen by the people in Canberra who influence our practice and education. It was a marathon effort and a formidable agenda All members of the Executive were able to be present and a great deal was accomplished.

"...grants be made available for evaluating independent midwifery practice...an allocation of $2 000 000 for a five year period, linked to an agreed research programme."

Acknowledgement must be made of the work of Margaret Braithwaite and the ACT Midwives Association for arranging the social/political activities and for so ably hostessing and ensuring the smooth running of every aspect of the three days.

The reception was held at the Canberra Club where we were able to meet and speak informally with guests drawn from Federal Health and Education sectors, as well as nursing personnel and representatives from a variety of other organisations It was a success, and has the potential for longterm implications and involvement.

Individual speakers during the three days included Dr Cathy Mead, Medical Services Advisor, Women's Health and Family Planning Division, who outlined for us the structure and function of the Federal Health Department and areas of Women's Health Services which the Commonwealth is investigating and funding. Areas highlighted for our examination for potential involvement included NH&MRC Department of Health Annual Reports, Research and Development Grants, Advisory Committee and Family Planning.

Peter Cullen, a political lobbyist, spoke on his role and how we could utilise the skills of a lobbyist. He holds very positive views about the roles of Nurses and Midwives and has agreed to consult with us regarding lobbying for change - thoughts on a draft submission re the cost effective benefits of midwifery as a community service are being prepared by NSW.

Gillian Biscoe, Assistant Secretary Nursing, Health Services Workforce Branch, discussed her role and listed for us the many governmental departments involved in the control of midwifery education.

Gillian spoke on the mechanisms to access a Community Health Programme Grant to assist in the establishment of a National Secretariat.

A recommendation made to the Association that we instigate admission to the Science Centre Foundation was followed up and the Executive Director, Ruth Inall, spoke to us in Canberra and again at our Executive Meeting in March. The Foundation, although under the auspices of CHOGM, is a nongovernment nonprofit organisation which promotes a common service and facilities for scientific, technical and other professional societies. It acts to facilitate interaction between professional groups and is also involved in NGO liaison with CHOGM for professional development. Sir Ninian Stephen, the Patron, takes an active interest in its affairs. A decision was made at the March Executive Meeting to apply for membership and already, thanks to the efforts of Pam Hayes and Judith D'elmaine, they have assisted in the preparation of our application for a Community Health Programme Grant. The implication of our move into the Foundation is going to be exciting and challenging for us all.

I have endeavoured in this report to give a broad overview of Executive activities over the past two years; it does not in any way really tell the story of the amount of time and effort put in by all members of the Executive, and by you, the members, in supporting your Executive representatives.

In handing over to the new Executive team, I am firmly convinced that the affairs of our Australian College of Midwives Incorporated will be in safe and competent hands and I wish them all every success as we fly forward into the future.

Thank you for the privilege of being your President; I deeply regret not being able to take my place with you.

Good luck, and God speed to you all

Beth.

21st ICM Congress 23-28 August The Hague, Netherlands

Margaret Peters (Vic)
Founder President - ACMI

ICM REPORT

At least one hundred and twenty Australian and twenty five New Zealand Midwives travelled to The Hague to attend the 21st Congress of the International Confederation of Midwives, 23-28 August 1987.

They had a busy week attending the many scientific sessions, participating in the workshops and ensuring there was an Australian input into the social gatherings.

However, the week before was just as busy for the College's delegates and members who attended Board of Management, Executive meetings and two and a half days of Council meetings. Sandwiched between the Council meetings and the Congress was a two day workshop jointly conducted by WHO, UNICEF and ICM on Maternal Mortality.

The workshop was the first of such joint activities and it is hoped others will take place over the next three years.

Thirty five Midwives, mostly from developing countries, participated in the workshop which had as its major objective:

To propose a plan for midwifery action in order to promote maternal health and to reduce maternal mortality and morbidity by at least 50% by the year 2000, as a key element of primary health care.

After two days of intensive work a number of recommendations for action were developed for submission to the Council of ICM.

Resolutions and strategy statements were developed by the full Council and on the concluding day of the Congress, put to that meeting.

Member Associations now have to determine how they will implement these strategies.

Individual members of the Australian College of Midwives Inc may like to write to the Journal or direct to the College Secretariat and indicate what Australian Midwives consider should be our reaction to these statements.

ICM/WHO/UNICEF Pre-Congress Workshop adopt the following recommendations:

THAT in countries where there are none, midwifery associations should be formed, in order to enhance the health of mothers and babies, by sharing of information, the support of individual Midwives, the analysis of the situation in their country and to develop appropriate strategies to achieve the goal of "Safe Motherhood".

THAT ICM, WHO, UNICEF, in collaboration with, where possible, FIGO, ICN, IPA, IWC, IPPF, WCC, CICR and others "in the team" hold joint regional workshops within the next triennium, in order to assist in achieving the goal of "Safe Motherhood".

THAT the Midwives of the developed countries express their full support for and solidarity with Midwives in developing countries where the maternal mortality and morbidity is greatest, in their efforts to achieve "Safe Motherhood" for the families of their nations.

ICM/WHO/UNICEF adopt the following action statement:

Recognising:

THAT half a million women die from conditions associated with pregnancy and childbirth each year throughout the world and that for each of these deaths, it is estimated that another 10 to 15 women are handicapped in one way or another.

THAT 99% of the deaths occur in developing countries.

THAT 50% of the women who give birth in the developing world, do so unattended by a trained health worker.

THAT material and human resources are limited and unlikely to improve dramatically in the near future.

Believes -

THAT the goal to reduce maternal mortality and morbidity by 50% by the year 2000 can only be realised by the strengthening of care and participation at the community level.

THAT the Midwife has the primary responsibility for developing and supervising this extension of the maternal and child services in collaboration with other sectors in achieving the goal of "Safe Motherhood" world-wide.

THAT community education must form a part of the education/training and practice of Midwives.

THAT this goal can only be achieved by the adoption of the following strategies.

In Education;

By 1990, students from all midwifery education/training programs should have acquired the necessary skills to determine the communities' perceptions on family planning, maternal and child health and the ability to develop strategies to respond to that community's educational needs.

Midwives must be committed to take the lead in identifying, training, supervising and supporting the required number of health care workers at that primary level, to ensure a minimum of 3 antenatal examinations for each pregnant woman.

Midwives with the appropriate support of the international, governmental and nongovernmental organisations will develop educational materials appropriate for the various levels of training in maternal and child health, according to the respective country's needs.

Midwifery curricula should be adapted to train the various categories of midwifery personnel to the level required to improve maternal and child health including the evaluation of appropriate technology.

Midwives will collaborate with other professional groups in the setting of education/training objectives for primary health care workers.

National professional associations and/or statutory bodies shall undertake continuing education programs, where they do not already exist, for all categories of maternal, child health and family-planning workers.

In Role and Functions

Midwives will act as advocates in their countries to promote adolescent health, women's health, nutrition and family life education.

The Midwives' role will be expanded to include a service necessary to prevent pregnancy too early, too close, too many and too late.

(Con't page 18)

Obituary

Margaret MYLES

Mrs Maragaret MYLES, who became internationally renowned as author of what is still regarded as the standard textbook on midwifery has died, aged ninety five.

This remarkable woman was born in Aberdeen on 30th December, 1892 and like so many young Scots of the period she emigrated to Canada prior to World War 1 and there she met her future husband. While she waited for her fiance to return from war service overseas, she trained as a nurse in a small one hundred bed hospital in Yorktown, Saskatchewan. They married in 1920 and their son Ian was born the following year. Her happiness was cut short by the death of her young husband, and with her infant son she returned to her parents in Aberdeen.

In 1922 she undertook midwifery training there and subsequently obtained a post as district nurse/ midwife in the Alford district of rural Aberdeenshire. Despite a heavy case-load and with only a bicycle for transport in all manner of rough weather, she found the work very satisfying and "felt so needed". She would probably have been satisfied to continue in this work but tragedy struck again in 1924 when Ian died after a very brief illness. This grievous loss following so soon upon the death of her husband was to alter the whole course of her life. She immersed herself in work and study and so began the transformation of a rural midwife into the internationally famous midwife, teacher and author.

Recognising the need to improve her basic knowledge and skills, Mrs Myles trained as a Registered General Nurse at Edinburgh Royal Infirmary from 1924 to 1927. She was invited to return to Yorktown in Canada to the small hospital in which she received her initial training, this time as Matron.

Three years later a growing interest in education led her to take a one year course in "Education in Schools of Nursing" at McGill University, Montreal. Following this she was appointed the senior of five tutors at the Postgraduate Hospital, Philadelphia where, because she was a midwife, she was asked to upgrade the obstetric unit.

Later, the superintendent of the Women's Hospital, Detroit invited her to become Director of Education in that hospital. This post gave her the opportunity to organise and develop clinical teaching, an innovation well in advance of the time.

In 1935 she returned to the United Kingdom and at City Road Hospital, London, she obtained the Midwife Teachers' Diploma and when the new Simpson Memorial Maternity Pavilion opened in 1937, she was appointed sole tutor.

The seventeen years spent at "the Simpson" and her appointment as examiner to the Central Midwives Board, Scotland, further developed her skills as a teacher and these were expanded to include the preparation and examination of midwife teachers.

Second only to teaching was her interest in writing. She contributed articles on midwifery and teaching to professional journals in Britain, Canada and the U.S.A. as well as a book on baby care intended for school children. Her Textbook for Midwives was started while she was still in full-time employment as a tutor. The research of her subjects, checking the details and planning the layout of the book involved the sacrifice of almost all her free time until she "retired" in 1952.

The book, commissioned by the publisher in 1946, came into print in 1953, since when there have been nine further editions and twenty reprints. It has been translated into five languages and sold in almost every country in the world. Each edition and reprint involved Mrs Myles in revision, removal of outdated material and insertion of new items until she handed on these tasks to others with the tenth edition. The result of this painstaking care is a book which is a concise compendium of practical information, invaluable to midwives throughout the world in widely differing circumstances.

Between the years 1953 and 1981, Mrs Myles continued her practice of visiting midwifery schools in the United Kingdom and obstetric units in the U.S.A., Canada, Africa, Australia and New Zealand during her extensive lecture tours. On these visits she went well prepared with notes of subjects on which she sought information, taking every opportunity to consult midwives, tutors, obstetricians and other professional colleagues. In this way she kept up-to-date in her knowledge of practical midwifery and related research. From these visits came the material for revision of the book.

It is certain that Margaret Myles would like to be remembered for the contribution her book has made to the education of midwives. Notable though that contribution is, of equal importance was her personal teaching of student midwives and midwife teachers.

Obituary

Shirley Robyn HARVEY

Shirley Robyn HARVEY - died after a long illness on 14 December, 1987.

She originally hailed from Brisbane where she undertook her general training at the Princess Alexandra Hospital - migrating south in the late 50's and undertaking midwifery training at the Royal Women's Hospital, Melbourne in 1958/59. She stayed on the staff of the Royal Women's and became a charge midwife in an ante and post natal ward in 1961. In 1963 she went to work at Omeo District Hospital as the Sister in Charge. Returning to Melbourne she worked with the Royal District Nursing Service for some time before becoming the Sister in Charge of the Emergency Department at the Royal Women's in 1967. In 1970, she undertook the Diploma of Nursing Education (Midwifery) at the College of Nursing, Australia, from where she was appointed to the teaching staff at the Royal Women's. In June, 1974, she became Principal Tutor at St Andrew's Hospital, East Melbourne, where she remained until that midwifery school closed.

More recently, Robyn had been working at Mitcham Private Hospital where she was instrumental in the setting up of their Birth Centre and Parenting Classes. She regretted very much not being well enough to be present at the official opening of the new Midwifery Unit at Mitcham.

Robyn's main interests were all things "midwifery", especially midwifery history. She was an enthusiaistic early member of the Midwives Association of Victoria and was the first editor of their newsletter. Robyn was also highly skilled in the creative arts of painting, potting, porcelain doll making and sewing. Anybody who has visited Nursing Administration at the Royal Women's will have seen the historical display of uniforms outside the Director of Nursing's office: Robyn was responsible for the whole display, from the making of the dolls to the painting of the backdrops.

In 1974, she spent several months in Perugia, Italy, to further her interest in art, and over the years held several successful exhibitions. Many of her friends will treasure, and be able to remember Robyn by, pieces of her pottery. As a doll maker, she was an active member of the Porcelain Dollmaking Society, and her interest and enthusiasm for computing led her to become the inaugural President of the Nursing Computer Group.

Robyn's other skills included dressmaking - she made most of her own clothing - and home decorating. Anybody who had visited her home at Cape Schank would testify to her achievement of lining all the rooms with pine board.

Her final achievement was not acknowledged until after her death: she passed two subjects, Art and History, in the 1987 Higher School Certificate examinations. A marvellous achievement when one reflects upon how ill she was at the time.

Her funeral was held at her local parish church and the large attendence of her friends testified to the high esteem in which she was held. She will be greatly missed.

Margaret Myles (Cont'd)

They in turn, by putting her teaching into practice, have raised and maintained the standards of the profession and enhanced the care of countless mothers and babies throughout the world.

In January, 1983, as a founder member, she was invited to address the Scottish Midwife Teachers' Club to celebrate her ninetieth birthday. Despite her years, she demonstrated that she had lost none of her skill and elegant platform deportment that in former years she had striven to impart to student teachers. Her address, delivered from meticulously prepared notes was given in a clear, strong voice and consisted of very forthright opinions on many aspects of current midwifery care and education. It indicated that she still read widely, was fully conversant with current practice, research and reorganisational changes, and above all that she retained her belief in the importance of good midwifery education.

The award in 1978 of a Honorary Fellowship by the Edinburgh Obstetrical Society gave her great pleasure.

Margaret Myles died at Banchory, Kincardineshire, on Ferbruary 15th, 1988, her 96th year. In a simple funeral service at Aberdeen Crematorium the Rev. George Chalmers of Banchory gave a brief outline of her life and work. The many friends, former students and professional colleagues who came to say farewell could not but feel that a great professional life had come full circle in close proximity to Alford, where it had begun so many years ago.

Press Cuttings

About Midwifery, about Midwives, about Mothers & babies, about anything

Carolyn Flint

Outspoken English midwife, Carolyn Flint is guest lecturer at King Edward Memorial Hospital (KEMH) until November 30th, 1987.

She is the author of "Sensitive Midwifery", a book which deals with alternative delivery, homebirths, practical tips on helping parents through difficult deliveries and monitoring women through labour.

She is conducting clinical workshops at KEMH and Curtin University's Faculty of Nursing. Mrs Flint will be the key speaker at the 1987 KEMH Midwives Seminar on November 28th.

Mrs Flint is a practising independent midwife in England. She is chairman of the Midwives' Information and Resource Service (MIDIRS) of Britain and an active member of the Association of Radical Midwives and the Royal College of Midwives.

She advocates choices in childbirth and emphasises the importance of midwives in the community, especially the special relationship between mother and midwife.

Source-WA Newspaper, details unknown

For more information write to MIDIRS
Westminster Hospital
Dean Ryle St,
London SW1P 2AP U.K. Ed.

Male Midwives in the U.S.A.

MIDWIFERY GROWS as a birthing alternative: some midwives are male.

About 3,300 registered nurses have qualified in the U.S., with 1-2 years additional training to deliver babies and handle prenatal and postnatal care, with doctors only as backups, says the American College of Nurse Midwives.

In 1985, they handled 2.7% of all births in this country, up from 1.7% in 1980 and 0.9% in 1975.

Though midwife means "woman with, woman assisting," 20 men are practising in the U.S., apparently with no objection to the term. Thomas Lloyd, 34, of Portland, Oregon, has been doing it since 1981, with more than 500 babies to his credit. He charges about the same as an obstetrician, but he says he spends more time with each patient so he earns about 25% as much.

Many doctors have accepted midwifery, but some still resist it "as a competitive threat," Mr Lloyd says.

Wall Street Journal, Tuesday September 22nd, 1987

The number of male midwives practising in Australia is not known. ACMI is currently compiling national statistical information on Australian midwives, to be published in a future edition of this Journal. Ed.

Medicare for Midwives

SIR,

To promote awareness of National Homebirth Week (October 25 - November 2), the Darwin Homebirth Group would like to bring to public attention the anomaly regarding the inability to claim Medicare refunds for homebirths, or post-natal care by a registered midwife.

Midwives attending homebirths charge a minimal fee in the hope parents choosing birth at home can afford this option and not decide to go it alone, which could be hazardous for mother and baby.

If Medicare refunds were available for midwifery services, midwives could charge a more realistic fee, so more midwives could become involved - perhaps in conjunction with hospital services.

The cost savings can be as high as $2000 per birth, so it is logical to fund low risk homebirths and post-natal care by midwives.

Homebirth, or post-natal care after early discharge, can be a responsible choice for birthing couples.

We encourage everyone considering this option to continue to lobby the Federal Health Minister to provide Medicare reimbursement for these services.

A. Hollerey, Darwin Homebirth Group
NT News, October 29th, 1987

ACMI continues to lobby the Medicare Review C'tee for provider numbers for midwives so that parents who choose to be cared for by a midwife are reimbursed for the cost of these services. Ed.

ICM/WHO/ UNICEF Action Statement (Cont'd)

Midwives will identify and appropriately refer women at risk of complications during pregnancy and childbirth in order to reduce maternal mortality and morbidity.

In order to reduce maternal mortality and morbidity, Midwives must be educated/trained to carry out life-saving midwifery functions. For example:

- -administration of antibiotics for prolonged rupture of membranes
- -sedation in cases of severe pre-eclampsia and eclampsia
- -intravenous administration of drugs/ medications
- -blood loss replacement with appropriate fluids
- -removal of the placenta and evacuation of retained products of conception.

In Administration and Management of Services;

Midwife managers must be developed and all must equip themselves to identify priorities and propose budgetary allocations required to reduce maternal mortality and morbidity.

National midwifery associations and/or statutory bodies should appraise critically their maternal child-health, family planning services and training needs. They should evaluate the national capacity for meeting the objectives of lowering mortality and morbidity.

Midwives in administration and management should appraise the human resources situation and the distribution thereof in order to make proposals for a more equitable coverage.

In Research

Each Midwife must be able to collect, analyse and interpret information at the level at which she/he functions.

The basic study of epidemiology and statistics must be incorporated into educational programs. Practising Midwives should acquire such skills through workshops and other activities.

The holding of workshops to equip Midwives to learn about the methodology of operational research and to undertake research initiatives, in order to reduce maternal mortality and to improve maternal and child health services.

Midwives must be motivated by midwifery organisations and supported by ICM/FIGO, to develop interest in evaluating their own practice through seminars and workshops with the goal of raising their awareness of the issues concerning "Safe Motherhood".

- by 1988, all organisations should have arranged seminars;
- by 1989, activities reported back to ICM headquarters in preparation for a pre-congress workshop in Japan 1990.

Alternative use of breastmilk

HARARE - A squirt of mother's milk provided by a nursing woman saved a man's sight after a venemous cobra spat in his eyes, a Zimbabwe newspaper reported today.

It quoted Kenneth Hampson as saying that after the snake spat in his eyes near Bulawayo, a man grabbed him and "pushed me over to his wife who was breast feeding a baby and told her to squirt her milk into my eyes".

NT News, 1987

This revolutionary treatment, though innovative, is unlikely to become standard Emergency Room practice. Ed.

CALCUTTA - A starving mongrel strayed into a hospital at Midnapore village in India's West Bengal state and ate a newborn baby, doctors said.

They said Mrs Uttara Pal complained the duty nurse was sleeping when the child was born last Wednesday. "The dog dragged the baby from the senseless mother and ate it in the nearby forest," a doctor said. The Government has suspended four hospital employees.

NT News, March 7th, 1988

A most unfortunate occurrance and, under the circumstances, and even more unfortunate surname. Ed.

Your contributions are sought for this column. Send clippings with source and date to Editor, ACMI Journal, Science Centre Foundation

Thanks to Sr Fancesca for her contributions to this edition. Ed.

10% caesarean rate in W.A.

CAESAREAN deliveries have trebled in W.A. in the past decade and nearly 10per cent of women now give birth without experiencing labour.

In contrast, a small but growing group is opting for homebirth.

And triplet numbers have soared since 1980, largely through fertility treatment programmes.

These conflicting trends have emerged from the Health Department's latest report on natal statistics in W.A. for 1985.

A total of 23,015 women gave birth to 23,288 babies that year.

Most were born in hospital, but there was a 48 per cent leap in the number of planned homebirths, which rose to 145.

The trend to Caesarean delivery continued. The overall caesarean rate was 15.1 per cent in 1985. (Ten years ago the rate was less than 5 per cent.)

In other trends:

> Triplet births continued to rise. There were eight sets of triplets born in 1985, compared with only one set in 1980.

> Examination of complications of pregnancy showed 70 per cent of women had no complications, but nearly 11 per cent had either pre-eclampsia or hypertension of pregnancy.

> Fertility rates among Aboriginal women were more than double those of non-Aborigines. In the 15-19 age group, the Aboriginal fertility rate was nine times greater.

The West Australian, Sept. 22nd, 1987

Book Reviews

A regular segment of the ACMI Journal, the Book Review Column will keep you in touch with the latest midwifery related publications, direct from the publisher. Look for reviews of these books in the next edition.

Angelini Perinatal/Neonatal Nursing: A Clinical Handbook

Corbett The Adolescent and Pregnancy

Varney Nurse Midwifery

With thanks to Blackwell Scientific Publications (Aust.) Pty Ltd

With thanks to...

CIG Ltd

Downs Surgical (Aust.) Pty Ltd

Milton (Richardson - Vicks)

Wyeth Pharmaceuticals

Australian Airlines

O'ME Pty Ltd

Blackwell Scientific Publications

...for their generous support of the First Edition of the ACMI Journal

Believe It Or Not!

The following notes have been extracted from the book "Records and Curiosities in Obstetrics and Gynaecology", written by I. Ferguson, R. Taylor and J. Watson. It is a collection of extremes in the physiological, anatomical and pathological world of obstetrics and gynaecology.

Unusual Methods of Conception

On 12th May, 1863, a bullet fired in the American Civil War by the Confederates is said to have hit and carried away the left testis of one of Grant's soldiers. The same bullet went on to penetrate the left side of a young woman who was ministering the wounds of the injured. Two hundred and seventy eight days later, she, firmly insisting on her virginity, gave birth to an 8lb (3.6kg) boy. The hyman was intact. Three weeks later, the boy developed a swelling of his scrotum and a smashed and battered minieball was removed. It was concluded that this was the same bullet that had hit the testis of the father, thus carrying sperm to the mother and fertilizing her ovum. The story was related to the soldier who was later introduced to the mother. The two formed an attachment and married, later producing three more children by conventional means.

Perverted Appetites in Pregnancy

A case is reported of a woman who craved for her husband's blood in pregnancy, and used to cut him and suck his wounds. In 1947, a Lancashire woman in pregnancy used to eat her husband's clay pipes and pipe clay as used for cleaning stairs of the close in the tenements where she lived.

Delivery During Sleep

A case is reported of a woman who fell asleep at 11 o'clock and dreamed she was in great pain from labour, and that sometime after a fine child was crawling over the bed. She woke about 3 o'clock as the baby was born. A few minutes later, a twin was delivered by the breech.

Late Lactation

A Zulu woman, more than 4 years after menopause, was accustomed to putting her grandchildren to the breast in the absence of the mother. Milk was found to be secreted only in small amounts, but sufficient to squirt from the nipple on expression.

Earliest Menarche

Ysable, a young slave girl belonging to Don Carlos Pedro of Havan, is reported to have started menstruating soon after birth and had a regular cycle by the age of one. It is reported that her breasts were well developed at birth and that she had axillary hair. By the age of two and a half years she was 3ft 10in (117cm) tall, and her external genitalia and breasts resembled those of a girl of thirteen years.