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The cover shows A Renaissance birth scene from a German midwifery textbook by Eucharius Roslin, 1513. The mother delivers sitting upright on a birth stool, assisted by a midwife in front and a woman helper behind. Copyright ©1987 Janet Isaacs Ashford. Included with permission. (The same scene will be used for the complete Volume 3.)

LAUNCESTON BIRTH CENTRE

A Free Standing Consumer Managed Birth Centre

Elaine Smallbane

In 1981, the increase in homebirths within the Northern Region of Tasmania attracted the attention of both the medical profession and the Board of the Queen Victoria Hospital. It concerned both that some of the homebirths were being conducted by a lay person.

After the Childbirth Education Association (CEA) National Conference, held in Launceston in 1981, the Queen Victoria Hospital Board approached the CEA about the development of a birth centre in the Launceston region. ~~INCORRECT.~~

The Launceston Birth Centre was the result of a meeting between committee members of CEA and a sub–committee from the Hospital Board.

After several months, it was decided that the Birth Centre would be situated away from, but in close proximity to, the hospital. The Hospital Board received verbal consent from the then Minister for Health to establish the Birth Centre within the hospital premises, but no financial assistance was given.

It was intended that the Birth Centre would be a free standing, consumer–run centre, and steps towards incorporation began in November ~~1992.~~ 1982

A suitable venue was found in the Nurses' Home – a two–bedroom unit with separate external entrance and easily accessible by car. Rental was $40 per day, for each day of use. This was to cover power,

As there was no financial assistance from either the hospital or the government, most of the necessary equipment and furniture was donated or bought. This necessitated fundraising by the small group of consumers who formed the Birth Centre Committee. The hospital supplied some equipment and Dr David Hutchinson assisted midwives to operate the Birth Centre within the constraints of the Nurses' Registration and Poison Acts, by offering to share–care and by agreeing to supply medical back–up should it prove necessary.

The establishment of the Birth Centre was not all 'easy sailing'. The then head of the Nurses' Registration Board believed that birth centres encouraged domiciliary midwifery and that midwives in Tasmania were not covered by the Nurses' Act for out–of–hospital births. After further discussion, criteria to be adopted by midwives working in the Birth Centre was agreed to.

The Launceston Birth Centre opened in July 1983 and has remained open since that time, managed by a small but hard–working group of consumers.

The midwives work part–time; initially, some of the midwives were paid for through a 'barter system' as many clients were unable to pay for the service. For the first few years, there was an average of six midwives working at the Birth Centre. Present staff consists of ten midwives, five of whom are accredited with the Australian College of Midwives and five who are working towards accreditation. These ten midwives are known as the

In the 1989–1990 Budget, the Commonwealth Government announced funding of a $6.44m Alternative Birthing Services Program over a four–year period to assist states and territory governments establish alternative services for birthing women. Approximately $.5m was made available to Tasmania, divided between the three regions.

Within the Tasmanian guidelines, there were six objectives:

1. To promote improved choice in birthing services for women and their families, while maintaining the highest possible standard of care.
2. To provide cost effective models of service provision.
3. To establish pilot models of care with midwives as the central carers of women in pregnancy, childbirth and the postnatal period.
4. Further the development of a co–operative model of midwifery and obstetric care, with the different, but complimentary roles of each profession, in caring for childbearing women.
5. To improve the care available to women who are least cared for at the present time, in particular aboriginal women, geographically isolated women, women from non–English speaking backgrounds, young women and women with low incomes.
6. To act as an incentive to encourage existing services to be more responsive to the needs of women in childbirth.

The establishment of regional working parties, to review submissions and overview the allocation of funding, provided a forum for representatives of all the professional and consumer groups with an interest in birthing services. Initially, in the Northern Region of Tasmania, eight expressions of interest were received and six were invited to submit a full submission. These included the Launceston Birth Centre and the Midwives' Collective.

The Birth Centre requested funding to increase its accessibility to all women, including those previously excluded by financial constraints, and to upgrade the physical environment and equipment at the Centre. $64,909 was requested and $43,770 received.

The Midwives' Collective applied for funds to undertake a pilot study, in conjunction with the Birth Centre, to assess the safety of planned Birth Centre births and homebirths, where midwives in private practice were the central carers of women with normal pregnancies. The attending midwife would receive $500 per birth at home or in the Birth Centre. A midwife in a support role for a planned hospital birth would receive $300; this fee was to cover antenatal care, support and care during labour and birth, plus the postnatal period. The Midwives' submission was for $136,000 funding and $93,000 was granted.

Final approval was held by the Regional Health Board and the Midwives' Collective project was funded subject to the following conditions:

1. Midwives must be accredited by the Australian College of Midwives (ACMI) or be working towards accreditation.
2. Non–accredited midwives must undertake supervised practice as described by the ACMI guidelines until accreditation is achieved.
3. Each midwife must maintain professional indemnity cover of one million dollars.
4. That medical practitioners would be involved in the assessment of the suitability of routine medical checks, referral in the case of complications or need for a second opinion and as required under the Nurses' Act 1987.
5. That an experienced midwife, not in private practice and an obstetrician, be appointed to the Midwives' Collective Committee responsible for the quality assurance program.

The midwives designed the necessary forms for the collection of information: including ones for evaluation of care, statistics, payment of midwives and the contractual arrangement between the doctor, midwife and childbearing woman. A share care card was also developed to be carried by the client and completed by both the doctor and midwife at each antenatal visit.

A Quality Assurance committee was established, consisting of the Director of Nursing for the region, the Clinical Coordinator of the Queen

Victoria Hospital delivery suite, an obstetrician and some members of the Midwives' Collective.

A Midwives' Management Committee was also set up with the President of the Launceston Birth Centre and two members of the Midwives' Collective (the midwives were elected by secret ballot), to assist with enquiries and to investigate problems.

The Pilot Program started in July 1992 and funded 198 women during the study:

99 delivered at the Birth Centre
54 delivered at home
6 used planned labour support within the hospital setting
24 were Intrapartum transfers to hospital
15 clients transferred during pregnancy

Of the women targeted by the Alternative Birthing Services program:

90 rural clients
69 mothers employed
118 mothers unemployed
146 partners employed
39 partners unemployed
158 clients without private insurance

Of the 153 women who gave birth at home or within the Birth Centre, the outcomes were:

106 intact perineums
6 episiotomies
36 labial graze
47 perineal traumas
28 perineal traumas required sutures
7 blood loss greater than 500mls
148 used non-medical forms of pain relief

Neonatal outcomes for the babies born at home and the Launceston Birth Centre:

Birthweights
2 weighed less than 2500gms
6 weighed greater than 4500gms
141 weighed 2500 – 4500gms

Apgars at 1 minute
10 Apgars < 7 at 1mt
142 Apgars > 7 at 1mt

Apgars at 5 minutes
1 Apgar < 7 at 5 mts
151 Apgars > 7 at 5 mts

Birth injuries
1 Birth injury, large cephal haematoma

Birth abnormalities
2 Abnormalities – cleft lip and palate
– incomplete penile prepuce
2 Babies with jaundice that required treatment

Infant infection
2 Babies experienced an eye infection
1 Baby experienced an infection, not specified

Other issues of interest
43 Babies were given Vitamin K
152 Neonatal screening tests were recorded

Breastfeeding outcomes on discharge
161 fully breastfed
5 partially breastfed
7 not breastfeeding

All clients were asked to evaluate the service by completing the forms before the last postnatal visit. Confidentiality was maintained. The evaluation included satisfaction during pregnancy, labour and birth, the postnatal period, how clients viewed the role of the midwife and finally any drawbacks with the service and how it could be improved.

The responses received were overwhelmingly positive and a range of comments are listed:

Care during pregnancy
94 % of clients were totally satisfied with the care they received and some of the frequently repeated comments were:

* Midwives gave plenty of time
* Midwives were professional and reassuring
* Midwives really cared about us
* Midwives provided lots of information and advice
* Midwives listened to clients and instilled confidence

Care during labour

* Reassured by the midwives' skills
* Trusted midwives implicitly
* Midwives appeared capable, experienced and professional
* Midwives were attentive and supportive
* Midwives empowered clients
* Midwives honoured clients' wishes
* Midwives inspired confidence
* Midwives allowed partners a big role
* Midwives were discrete yet always available

Postnatal care

* Midwives were caring, supportive, reassuring and took their time and always available
* Midwives boosted confidence in mothering
* The daily visits were wonderful
* The midwives gave helpful advice and information

There were very few negative comments made about the service provided:

* One woman felt that the midwives were too busy to give enough time antenatally;
* Another woman felt 'lost' when one midwife was away and the other difficult to contact;
* One woman decided to use the hospital service without informing her midwives. She then felt they were not supportive when she requested their care to enable her to be discharged early from hospital.

The drawbacks remain insufficient money, lack of space, no Medicare refund for either the use of the Birth Centre or the midwives' fees and lack of advertising regarding the birth option.

The statistics compiled as a result of the Midwives' Collective Pilot Study show that the service provided achieved the objectives set by both the Commonwealth and State Governments and prove beyond doubt that planned out-of-hospital births are as safe as those conducted in the hospital-setting for women with a normal pregnancy. These statistics together with the high level of satisfaction justify future support of the service.

This paper was presented at the Birth Issues International Conference in Melbourne by Elaine Smallbane, an independent midwife practising at the Launceston Birth Centre.

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Resources and events will be included, subject to space, but we reserve the right to refuse material.