



Westful Thinking

THE PAST

I wasn't born in West Auckland – I was born and grew up in Hastings – but I have lived out West for 40 years. I consider myself a Westie, and my five children all grew up in the West.

The state and status of Waitakere Maternity Hospital has been a part of my life for most of those 40 years, even though I have never given birth at the Hospital. I remember talk of Waitakere Hospital's maternity unit being closed down in the 70s but I can't verify that because my historical records don't go back that far. It was only when I began joining various mothering and parenting groups that the Waitakere maternity hospital becomes part of the written historical records I have.

The role of consumer groups

My eldest son was born at National Women's Hospital in 1973, and feeling isolated and increasingly desperate for information and support I began joining mothering groups as soon as I heard about them. In the mid 70s I joined La Leche League, Parents Centre, and Play Centre in that order. At the end of 1979 I joined the newly-formed Auckland Home Birth Association.

In the 1980s I started joining with other women to form a bunch of new groups such as Save the Midwives, Maternity Action, Obstetric Watch, the Direct Entry Midwifery Taskforce, and the Auckland Women's Health Council. During the early 1980s I began teaching childbirth education classes in my home, and over the next 15 years I attended the births of many of the couples who gave birth at Waitakere Hospital and asked me to be a support person. At this point I wish to acknowledge one of West Auckland most fantastic GPs, John Hilton, who attended many home births and was very supportive of women wanting to give birth normally without any interventions at Waitakere Hospital. I still remember the times I went home on an ecstatic high after being at the birth of a baby whose parents had John Hilton as their GP. William Ferguson was another very supportive West Auckland GP.

Teaching childbirth education classes led me to set up the Childbirth Education Association Auckland, and then the Caesarean Support Group for mothers who had had a caesarean section and were desperate for information and support to help them give birth vaginally to their next baby. Only one of these seven groups still exists, and that's the Auckland Women's Health Council. You'll see why in a minute.

The Maternity Services Consumer Council was formed in 1990 and in 1992 I was asked to take on the role of co-ordinator for this organisation. I have worked for this organisation ever since.

All of these groups produced newsletters and I have boxes of these precious newsletters which I spent much of last weekend rifling through.

In the 1970s the Waitakere maternity hospital was what was called a Level One maternity unit. It was a hospital for women who gave birth without needing or wanting an epidural or a caesarean section. And this is where some of the groups I have mentioned come into the picture.

Save the Midwives was formed in September 1983 to rescue midwives from oblivion. It was set up by a bunch of determined mothers and within two years it had a national membership of 300 – 50% midwives and 50% parents and other professionals. It achieved its objective in October 1990 with the passing of the Nurses Amendment Act, and wound up around 1993. We won that one.

Maternity Action was a coalition of 16 consumer groups formed in 1984 to fight the closure of small hospitals and keep the focus on low tech options. It was established as a direct reaction to the Auckland Hospital Board's 10-year strategic plan which had as one of its objectives the closure of Warkworth, Helensville, Howick, Papakura and Pukekohe maternity units. It was the radical arm of the Save the Midwives movement and produced quarterly newsletters until the mid 1990s. As the maternity units are all still operating, I would say we won that one as well.

Obstetric Watch was formed in late 1984 by a handful of West Auckland mothers who wanted to keep Waitakere Hospital as a low tech Level One unit, and who were strongly opposed to the Auckland Hospital Board's plan "to close St Helen's Hospital to make way for a fully integrated Level 2 unit within a general hospital complex at Waitakere Hospital." We lost that one. But maybe we are going to get another crack at getting a community birthing centre.

Direct Entry Midwifery Task Force

The DEMTF was formed in August 1986. Its objectives were to separate midwifery from nursing, and to establish a 3-year Direct Entry Specialist Midwifery training course that is both appropriate for New Zealand, and is also recognised internationally. This was led by Judi Strid, a woman who together with Joan Donley was the driving force behind the passing of the Nurses Amendment Act and the achieving of midwifery autonomy. New Zealand women owe a great deal to Judi and Joan. We won this one, and the group was wound up in the mid 1990s.

I continued teaching childbirth education classes for more than 15 years during the 1980s and early 1990s which was a time when home births and active births were rapidly gaining in popularity among women. But as the 20th century drew to a close the lessons of the past were forgotten and women began once again losing control of their births.

Level 2 maternity hospitals

During the late 1990s I watched the rising rates of intervention that occurred at North Shore Hospital once it had gained the resources to do caesarean sections, a trend I predicted would happen once North Shore Hospital became a Level 2 hospital. The North Shore maternity hospital spent two decades under the firm control of a bunch of private obstetricians who lived and worked on the North Shore.

Waitakere Hospital also saw a considerable rise in caesarean sections once it became a Level 2 hospital but until recently its intervention rates were much lower than those at North Shore hospital because there were no obstetricians out west. Unfortunately that is no longer the case, and as a result the caesarean rates have climbed.

Changes to the health system

The late 1980s and early 1990s were also a time of great change to the New Zealand health system. Hospital boards were being disestablished and Area Health Boards were set up in their place. In 1988 Auckland was one of the last to be transformed into an Area Health Board. There were considerable problems with Auckland's new Area Health Board and within 18 months the Board was sacked and a Commissioner was appointed in its place. Commissioner Harold Titter immediately set up a Maternity Services Taskforce whose job was "to develop a maternity service that will meet the needs of the people of Auckland." The large glossy brochure that was produced under the heading "*Your Chance to Help Plan Auckland's Maternity Service*" made no mention of Waitakere Hospital or the needs of West Auckland mothers.

In the 1980s West Auckland mothers gave birth in what is now known as the Snelgar Building on the Waitakere Hospital site. In April 1995 the maternity unit was shifted into what had been up until this point aged care wards. I remember attending the opening ceremony for the new maternity unit with several other MSCC members and then being shown through the newly painted and outfitted unit. I was not impressed and remember entering one tiny postnatal room which had no windows.

I was outraged that West Auckland women had ended up with such a substandard maternity unit which was now being presented to us as something to be grateful for. I was also acutely aware of the obvious racism behind the explanations for the various

multi-bedded postnatal rooms. We were told that while pakeha mothers might prefer single rooms, Pacific and Maori women wanted shared rooms. As there had been no consultation with the Maori or Pacific communities it was no surprise that this turned out to be not true.

The minutes of the MSCC meeting held on 4 May 1995 record that Marilyn Manukia, the MSCC's Pacific representative, was unhappy with "the lack of Pacific Islands input into the official opening ceremony and the lack of an appropriate consultation process." The MSCC subsequently wrote to Alan Greenslade and Dorothy Wilson to convey our unhappiness with what had occurred.

THE PRESENT

It is therefore not surprising that there have been big problems with the maternity unit ever since and lots of complaints from mothers, family members and midwives. For the past 12 years there have been complaints about the insufferable heat in the summer, the numerous leaks in the winter, the lack of private spaces for family members, the shared toilets and showering facilities. There have been attempts to remedy some of these problems, but the underlying problem remains. Waitakere Hospital's current maternity facility wasn't built to be a birthing unit. As Middlemore, North Shore and National Women's all got their new modern maternity units, West Auckland mothers remained saddled with a renovated and refurbished old peoples ward. Why is that? Why has West Auckland with its young population, its growing number of births, and its multi-cultural population been consistently overlooked?

Every so often there is a flurry of activity to try and rectify some of the worst problems. It usually involves a lick of paint and some new carpet. Our hopes were raised about ten years ago when plans were drawn up for a major structural upgrade. In 2004 I attended meetings where we were shown plans for the renovation of the maternity unit. These have recently been rescued from someone's filing cabinet, dusted off and are currently being given a new lease of life.

Women's Health Collaboration – déjà vue!

Waitemata and Auckland DHBs have embarked on a Women's Health Collaboration which will focus on maternity services across Auckland and Waitemata DHBs over the next 10 years. No glossy brochure this time. Times have changed. Instead the contract for the project has been awarded to Health Partners Consulting Group for a tidy sum of \$200,000.

I am not going to talk any more about this as Linda Harun and Peter van de Weijer are giving a brief outline of this. You can also read more about it in the June issue of the MSCC's newsletter. Copies are available here and you can also access a copy of the newsletter on the MSCC website – www.maternity.org.nz

THE FUTURE

The future must include a purpose-built modern maternity unit for West Auckland whose design is based on evidence-based knowledge about the kind of place that helps women give birth without a whole bunch of unnecessary interventions.

It must be a place that nurtures Maori and Pacific women and makes them feel welcome and at home. The same holds true for migrant women from the many other cultures that now make up West Auckland.

The planning process must have consumer representatives involved from the very beginning. It must not be left to the architects who are usually a bunch of blokes who know nothing about the kind of spaces that women need when giving birth, and who are bound to stuff it up unless they have women and midwives constantly monitoring what is going on. Paediatricians must be kept at arms' length as experience shows they have a tendency to stage a behind-the-scenes, last-minute coup and reduce the number of birthing pools in any new maternity unit.

It must also be a requirement that everyone involved in planning the new maternity unit for West Auckland has read Michel Odent's latest two books: "Childbirth in the Age of Plastics," and "Childbirth and the Future of Homo Sapiens." Only then will West Auckland mothers and their families finally get the modern state-of-the-art birthing facility that they should have got a long time ago.

Make no mistake about it, we have nothing to celebrate next month. It should be a day of shame that 50 years after the Waitakere maternity hospital first opened its doors, women are now giving birth in a former old people's ward that is not and never was fit for the purpose of giving birth.

It is time we got some action.

Maybe the time has come to resurrect Maternity Action!

Lynda Williams

Co-ordinator

Maternity Services Consumer Council

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