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# How Much Is Your Midwife Worth?

By Telisa Pearson-Collett

Have you ever thought about how much your midwife is getting paid to care for you and your baby? Probably not, I suspect. Before becoming pregnant with our third child, I hadn't really thought about it either. My earlier pregnancies, plus the experiences of my friends, had taught me that midwives tended to be incredibly dedicated women, who put in long hours and were prepared to work nights, weekends and public holidays to provide a vital service for their communities. I suspected that midwifery, like most female-dominated professions, probably wasn't a career one chose to get rich (I mean, I didn't see any midwives driving about in Ferraris or wearing Versace), but I guess I just assumed that whatever the Ministry of Health paid them was at least sufficient for their needs.

I also assumed that every time my midwife visited me, she got paid for doing so, regardless of what trimester I was in or how many times she had visited me so far. I'd never have guessed that how much she got paid would be affected by factors such as whether it was my first baby, whether I'd had a previous caesarian section, or if I lived in a city or a rural settlement. I had an inkling that Home Birth Midwives incurred more costs than those contracted to the hospital or birthing units because they traveled to visit women in their homes rather than having clients come to a clinic, and because they generally spent longer with women during labour and after the birth. However, what I didn't realise, was that in providing women with the very high standard of individualized care that they do, home birth midwives are quite poorly paid for the work they do with women and families.

So I began to add up some of these costs related to just my own family and when I thought about it, I'd been quite an intensive user of midwifery services. For starters, I have been pregnant five times (more than the national average) and the births of each of my three surviving children have been, well - eventful - requiring considerable time and effort by those caring for me. When our first child was born, my midwife probably fared OK because I came into a clinic for antenatal visits, so she would not have had the expense of traveling to me. I also booked a midwife fairly late in the pregnancy, so there were fewer antenatal appointments than for her other clients. Although my midwife recommended books on pregnancy and breastfeeding, she did not lend copies, so throughout the pregnancy I borrowed everything I read (which was a lot) from friends, the Home Birth Association, Hamilton library, or purchased them myself.

Because the last weeks of my pregnancy did not go to plan, I arrived at the hospital for an induction of labour, instead of my midwife supporting me at home during labour as originally intended. Although she didn't get the full fee for attending the birth (as the hospital got a portion for an obstetrician being called in to perform a caesarian operation), many of the costs related to the birth - including back-up midwives, all of the birth supplies and even some of her clothing (green theatre scrubs) would have been paid for by the hospital. Because I spent five days in hospital following the birth (with access to nursing care, some breastfeeding assistance and consultation with a paediatrician) my baby and I would have received only the standard number of post-natal visits upon our release home.

When I was pregnant the second time we interviewed several midwives and selected an independent (ie. self-employed midwife), whose caseload included home-birthing clients. She had an impressive record supporting women who'd had previous caesarians to birth vaginally at home and I remember being surprised at how long she was prepared to spend with us, reassuring my

husband and I that we weren't crazy for planning a home birth. She was also prepared to travel 40 minutes from her home to my house for visits and although we managed to make most visits coincide with when she came to town to collect her son from University, I was conscious that she put a lot of effort into learning not only about my previous birth, but about what we believed as a family about birthing, breastfeeding and parenting. And she didn't bat an eyelid when an active toddler upended the contents of her bag or tried to "assist" with examinations.

In contrast to my first LMC, my second midwife loaned me numerous books of her own, copied off articles for me to read and wrote copious notes (which she left with me), complete with illustrations of how the baby was positioned (our first baby had ended up in a transverse lie and so I had been quite concerned this might happen again). Because I had sought midwifery care early in the pregnancy, being anxious to learn as much as possible to try to avoid a repeat caesarian, I recall having to sign a form that would allow my midwife to claim a fee for a consultation before 12 weeks, but I think this was the only time we ever discussed how midwives were paid.

Again, our second LMC would have missed out on the full fee when our baby was born, as I did end up having a second caesarian operation, however, she would have had more costs related to the birth. Because I laboured at home until I was rushed into hospital in the wee hours of the morning, my midwife would have incurred costs related to the labour, including providing a birth pool, phone calls to check on my progress and visits leading up to the birth. After the birth, my baby and I were in hospital for three days and although we received midwifery and paediatric care from the hospital staff during that time, my LMC visited at least once every day and provided invaluable support and care as we recovered from both the operation and the shock of having our wee baby admitted to the newborn intensive care unit.

Once we were released home, our midwife visited us frequently to help us care for our baby and to fully establish a really successful breastfeeding relationship. Because of changes to post-operative care for women having caesarian, since my first operation, I was discharged from hospital after three days and many nursing duties, such as changing dressings and removing the staples (used to close the skin instead of stitches) were left to my midwife to attend to at my home. Even after we were officially discharged from our LMC's care and referred to our GP at six weeks, our midwife continued to keep in contact, phoning from time to time to check on our baby's progress. Before discharging us, she made sure we had a good support network (including friends and the coregroup of the WHBA) and left us with a list of family support services for future reference.

About 21 months later, I had my first miscarriage. Because I was breastfeeding and my cycles hadn't returned, I hadn't realized I was pregnant, so when I began to cramp and bleed it was a complete surprise. With our GP's surgery closed for the weekend (and with a house full of visitors I didn't want to alarm), I rang our last midwife for advice. I felt bad for phoning on a public holiday, but she reassured me that being called out-of-hours is something midwives accept as part of the job and she gave me constructive advice about caring for myself, suggesting I see my GP for a check-up the following week to ensure there were no underlying health problems.

Having always planned on three children, I was delighted later that same year to find I was pregnant again. The midwife who had cared for me during my last pregnancy had since moved out of the Waikato, so I immediately rang around midwives I knew to book a new LMC. We were fortunate to book an eminently qualified and experienced home birth midwife, who had cared for two of my close friends and I felt confident that I too would be well cared for. Fate intervened, however, and before we had even had our first antenatal appointment I miscarried again.

Being a bit further into the pregnancy, this miscarriage was much harsher physically and I was surprised how intense the cramps became. Although I knew from my previous experience that there was very little, if anything, that could be done to stop a miscarriage once it had begun, I knew I ought to inform my midwife of the situation. I was devastated and felt awful to be ringing for advice before we had even met face-to-face, so a friend had to talk me into ringing. Again, I was assured that this too was part of a midwife's job and once again I was given good advice about what to expect as the miscarriage progressed, suggestions for helping to relieve the pain and for caring for myself in the following days. As well as phoning me to ensure I was coping emotionally and physically and arranging a blood test, my midwife also dropped in to see me a little while later "just to eyeball me" and give me a hug. I was really touched by her concern. Reeling from a second miscarriage within a year and pains that continued for several weeks, I don't think I'd have given a second thought to whether or not she got paid for her work. I wonder if she did?

A year or so - and a lot of soul-searching - later we decided to give pregnancy one last go and we tried for another baby. When I discovered I was pregnant I was elated, although very anxious since my previous two pregnancies had ended in miscarriage. The midwife who had cared

for me during that last miscarriage was not taking clients at that time so I had to search for another LMC. I seemed to have picked a very busy time to be pregnant and found several of the home birth midwives I knew had moved away, or were already fully booked, or were going to be away at a midwifery conference in the South Island about the time my baby was due. Two newly-qualified midwives (who I adored) offered to care for me, however, I felt it would be asking too much of them given my obstetric history and the fact both had only limited experience with women planning to birth naturally after a caesarian – let alone two operations.

I was beginning to despair at ever finding a LMC, when I got a phone message from a midwife I knew who had moved to the South Island. “You will find a midwife” her message said, “and when you do, it will be the right person who is meant to care for you and your baby.” I was blown away. Later I found out that the collective midwives (that is, the members of the Waikato Home Birth Midwives Collective) had been discussing my plight and working out among themselves how to juggle their workloads to care for me. Without me even knowing, I was being cared for by this amazing group of women before I was ever “signed up” with any of them.

And my midwife friend was right. The woman who became my LMC was fantastic and was exactly the right person to care for me during this pregnancy. Boy, did she have her work cut out for her though. Extremely patiently she waited for four and a half months for me to accept that I really was pregnant and that I would birth my baby alive and well this time. She listened (for hours) to all of my anxieties about the pregnancy and birth and – most amazingly – she took my plans to birth at home seriously, believing implicitly in my body’s ability to birth. Cleverly, she channeled my anxious energies into obtaining and deciphering the medical notes from my two caesarian operations, so we could plan for any medical issues that might arise and how we might best prepare for the birth (for example, consulting an osteopath about scar tissue and looking up herbs and homeopathic remedies I might use). So, nearly three years after my second baby’s birth I finally began to understand the spiral of events that had led to my first baby’s caesarian birth and how they in turn contributed to the second operation.

During my pregnancy my LMC loaned me books, suggested websites and journals, supplied me with raspberry leaf and nettle tea and answered endless questions from two pre-schoolers curious to know what was happening inside their Mum’s tummy. As we got closer to our baby’s birth things got very busy for our midwife. I had bouts of Braxton Hicks contractions for about nine days before our baby was born and every day our midwife either visited and or phoned (sometimes twice) “just to see how things were.” To this day, I have no recollection of exactly when I went “into labour” and although I have vivid memories of some events, I couldn’t put them in order. The midwifery notes say it took about four days of on-again, off-again labour to birth our baby and while there were many ‘quiet’ patches where the contractions eased off somewhat, there was actually only a few hours in all that time where a midwife was not in attendance.

Over the course of the labour, four amazing midwives cared for us, including two who had to travel in from other towns to relieve my midwife and her back-up (who also had another woman in labour at the same time). I’ve been too scared to look up how many hours they spent here in total caring for us before, during and after the birth. I just know that that our gorgeous wee boy was born in our bedroom under a huge full moon, and that for six weeks thereafter we continued to receive phenomenal care.

I had a bit of a hemorrhage with this birth, but decided against being admitted to hospital for a blood transfusion. By supporting my decision to be cared for at home, rather than in hospital, my midwife would have incurred a whole range of financial costs. These include not only more frequent post-natal visits and phone calls, but also the time required to take blood, arrange tests, liaise with the laboratory, plus all the medical supplies and homeopathic remedies she supplied during this time.

Of course, by this time, I was aware there were serious shortcomings in the payment of midwives by the Ministry of Health and realized that only for the shortest of labours would the fees come near to reflecting the actual amount of time midwives spend at births. Back-up midwives are often paid from the amount LMC’s are able to claim for home birth supplies and support and it was clear this payment could never stretch to paying a third and fourth midwife, as I had needed. As a family, we were lucky that we could afford to buy our midwives petrol vouchers and to pay for our LMC and her back-up to attend a course on homeopathy for midwives, however, these modest gifts could in no way compensate them for their time and care during the labour and birth.

And the work did not stop when we were discharged. Months after the birth, I needed a referral from my midwife to a specialist to repair a tear I had sustained during the birth. As I understand it, midwives are not able to claim for their time in providing referrals or important

background information to assist with on-going treatment.

It is staggering to think about the amount of midwifery care that my babies and I have received over the past seven or so years - and there is bound to be other things my midwives did for us that I am not even aware of. As a birthing woman, my midwives would have been careful to ensure their employment issues were not a cause of concern for me and some midwives will no doubt be uncomfortable that families feel the necessity to lobby on midwives behalf. It would be a rare midwife who listed money as the reason she joined the profession, but it is not unreasonable for any worker to expect an adequate rate of pay for the hours they work. However, it would appear that changes to the fees midwives are paid by the Ministry of Health not only fail to address already existing problems, but would actually have the overall effect of *reducing* home birth midwives pay (see the article on Section 88 in this issue for details).

When one considers the specialized skills and accumulated wisdom of the vastly experienced home birth midwives we have here in the Waikato, it is incredible that the Government appears to be swinging back in favour of GP's being more involved in early pregnancy. Proposed changes to maternity care open the way for (Primary Health Organisations (PHO's) to become the LMC for a woman in early pregnancy. And, because most PHO's are based a large GP clinics, logic suggests the effect would be more doctor involvement in maternity care. This has serious implications for birthing women, given that few GP's are supportive of home birth and most would, by virtue of their training, advocate a more medicalised approach to pregnancy. There may well be other implications too, given that the PHO, rather than an individual family doctor, could be listed as the LMC, meaning a woman may be referred to whichever doctor, or staff midwife, is on duty during the time of her appointment, meaning there may be little continuity of care - a fundamental tenet of the midwifery-led care.

With GP's having been all but removed from the maternity arena for the past decade (apart from a few who continue to offer 'shared care' with a midwife), questions must be asked as to whether most family doctors have the specialist skills and practical experience to offer a quality service to pregnant women. Throughout five pregnancies, I can only remember consulting my GP about a specific maternity-related issue on three occasions. The first would likely have been to confirm my first pregnancy and clarify whether antibiotics I had taken for a serious bout of influenza before I realized I was pregnant could have had harmful effects for my baby. The second time would have been for a check-up following my first miscarriage (at which time my GP also loaned me a book), and the third visit I can remember was for some medication to ease the debilitating craps I experienced after my second miscarriage. As much as I respect my GP's medical knowledge, she would be among the first to admit that her obstetric knowledge is limited compared to those of an experienced midwife. And while my GP is more open to alternative viewpoints than many others appear to be, she would not have been comfortable supporting me to birth at home following two caesarian operations, or to recuperate at home, rather than receive a transfusion in hospital following my hemorrhage. Why, then, would I go to a GP for maternity care?

What home birth midwives do, only home birth midwives do. And it is time that they were better paid for it.

Please read the other article in this edition of the magazine and do what you can to support midwives as they lobby the Ministry of Health for better pay and conditions.

Arohanui,  
Telisa.