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## **PRESS RELEASE**

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### **RWNZ Support for Primary Birthing Units**

Rural Women New Zealand (RWNZ) welcomes news that Taranaki DHB will urgently investigate the setting up of primary birthing units in New Plymouth and Hawera.

The Taranaki move is in line with RWNZ's support for the establishment of primary birthing units and adequate in-home care for mothers and families in many rural areas where there are currently no, or few, maternity services. It's a move we hope to see repeated elsewhere around the country.

"We support the promotion of home birth and birth in primary maternity facilities where a straightforward birth is expected," says RWNZ health spokesperson, Marie Appleton. "Primary birthing units mean more accessible care, which is important for rural women who currently have to travel long distances to secondary and tertiary hospitals."

Primary birthing units also provide the option of longer post-natal stays, which RWNZ supports.

However, in commenting on the Ministry of Health's draft 'Maternity Action Plan 2008 – 2012' (MAP) last week, RWNZ sounded some notes of caution.

"Greater use of primary care providers will need to be supported by access to secondary and tertiary services where necessary, including ambulance and air transport services."

In its MAP submission, RWNZ calls for a move away from 'silos' of care with greater involvement from rural GPs and health nurses, alongside midwives.

"It may be beneficial for the mother to receive care from a range of people who may be qualified to assist at different stages such as ante-natal assistance and post-natal support."

This is a priority area and RWNZ would like to see the prompt removal of funding and administrative barriers to promote a seamless maternity journey for pregnant women with a collaborative approach.

The Government must also address the issue of chronic underfunding of rural midwifery, including travel costs, in order to retain rural midwives.

“Rural women are finding it increasingly difficult to find a midwife, as midwives are not taking on rural clients or locum work because of the impact on income and workload stress. In some instances a midwife may be making a round trip of 100km to visit a client, making it uneconomic for them to operate,” says Marie Appleton.

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To view RWNZ’s submission to on the **Draft Maternity Action Plan 2008-2012** go to <http://www.ruralwomen.org.nz/submissions.htm>